

Version 1 (Prior to Program or Service Addition to the Working List Under Review)

Program or Service: PROGRAM NAME(S)

Developer Name: [Insert]

Developer Email: [Insert]

Dear [Developer Name],

We are contacting you on behalf of the [Title IV-E Prevention Services Clearinghouse](#). The Clearinghouse was established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) to systematically review research on programs and services intended to provide enhanced support to children and families and prevent foster care placements.

Programs and services reviewed by the Clearinghouse must be clearly defined and replicable. To meet this criterion, programs and services must have available written protocols, manuals, or other documentation that describe how to implement or administer the practice. We are writing to verify information about the available written protocols, manuals, or other documentation for PROGRAM NAME(S). This information will help us determine the potential future eligibility of PROGRAM NAME(S) for review. For additional information about how the Clearinghouse assesses program eligibility and prioritizes programs and services for review, please see the [Handbook of Standards and Procedures](#).

Based on our review of publicly available information from the PROGRAM NAME(S) website and publications, our understanding is that PROGRAM NAME(S) is manualized. We have used these sources to inform the draft citation below for PROGRAM NAME(S). We are asking for your help in reviewing the accuracy of this citation and providing any potential clarifications. If there are more recent versions of these materials, either published or under development, please let us know.

Author. (Year). *Manual title*. Publisher.

We are also interested in accessing the manual, including the current and any earlier versions of the manual and supporting documentation. The purpose of this request is to ensure that Clearinghouse staff understand the program as it is designed to be delivered. We will not make these materials public or re-distribute them. If possible, we would prefer to access electronic versions. However, if that is not possible, please let us know and we can provide an address for mailing hard copies.

If possible, we would like to receive this information by ADD DATE - ONE WEEK FROM SEND DATE.

If you have any questions about this request, please feel free to let us know. You may also find it helpful to visit the [Clearinghouse website](#), which includes the [Handbook of Standards and Procedures](#), responses to [frequently asked questions \(FAQs\)](#), and a working list of the next [programs & services planned for review](#). Finally, we also encourage you to sign up for the Clearinghouse's [email list](#), which we use to announce additions to the working list and new content published on the site.

Thank you in advance for your timely consideration of this request!

Sincerely,

The Title IV-E Prevention Services Clearinghouse



PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to ensure the accuracy of information presented on the Prevention Services Clearinghouse website. Public reporting burden for this collection of information is estimated to average 30 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0356 and the expiration date is 02/29/2024. If you have any comments on this collection of information, please contact Sandra Wilson, Prevention Services Clearinghouse Project Director (Sandra_Wilson@abtassoc.com).

Version 2 (After Program or Service Addition to the Working List Under Review)

Program or Service: PROGRAM NAME(S)

Developer Name: [Insert]

Developer Email: [Insert]

Dear [Developer Name],

We are contacting you on behalf of the [Title IV-E Prevention Services Clearinghouse](#). The Clearinghouse was established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) to systematically review research on programs and services intended to provide enhanced support to children and families and prevent foster care placements. As you may be aware, PROGRAM NAME(S) was selected for review by the Clearinghouse (for additional information please see “What are the next programs and services planned for systematic review?” on the [FAQ page of our website](#)).

Programs and services reviewed by the Clearinghouse must be clearly defined and replicable. To meet this criterion, programs and services must have available written protocols, manuals, or other documentation that describe how to implement or administer the practice.

Based on our review of publicly available information from the PROGRAM NAME website and publications, our understanding is that PROGRAM NAME(S) is manualized. We have used these sources to inform the draft citation below for PROGRAM NAME(S). We are asking for your help in reviewing the accuracy of this citation and providing any potential clarifications. If there are more recent versions of these materials, either published or under development, please let us know.

Author. (Year). *Manual title*. Publisher.

Finally, we are interested in accessing the manual, including the current and any earlier versions of the manual and supporting documentation. The purpose of this request is to ensure that Clearinghouse staff understand the program as it is designed to be delivered. We will not make these materials public or redistribute them. If possible, we would prefer to access electronic versions. However, if that is not possible, please let us know and we can provide an address for mailing hard copies.

If you have any questions about this request, please feel free to let us know. If possible, we would like to receive this information by **ADD DATE - ONE WEEK FROM SEND DATE**. Thank you in advance for your timely consideration of this request.

Sincerely,

The Title IV-E Prevention Services Clearinghouse



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