

**Attachment W: The Child Assessment and The Obesity & Type II Diabetes Risk Assessment Tracking Emails/Texts**

*If you require information to be presented in an accessible format or reasonable accommodations to participate in this study, please contact us with any specific requests by calling XXX-XXX-XXXX or emailing XXXX@XXXX.XXX. If you require language assistance to participate in this study, please contact us with any specific language assistance requests or needs.*

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**Paperwork Reduction Act Burden Statement**

This collection of information is voluntary and will be used to evaluate the US Department of Housing and Urban Development’s Community Choice Demonstration. Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, gathering, and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this collection is OMB 2528-0337 which expires on XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NAME at [XXXX@XXXXXX.XXX](mailto:XXXX@XXXXXX.XXX) or call XXX-XXX-XXXX.

**Privacy Act Statement**

**Authority:** Section 502 of the Housing and Urban Development Act of 1970 (Public Law 91-609) (12 U.S.C. §§ 1701z-1; 1701z-2(d) and (g)).

**Purpose:** This information is being collected to evaluate changes in the housing quality and health and well-being of families who enrolled in the Community Choice Demonstration (CCD). Data collection will occur between January 2024 and June 2027.

**Routine Use:** Please refer to System of Record Notice.

**Disclosure:** Your participation in this information collection is voluntary and you can choose not to answer any question that is asked. Your responses will not affect your current or future receipt of housing assistance or other benefits. Some study activities are being funded by the National Institute of Diabetes and Digestive and Kidney Diseases.

**SORN ID:** Housing Choice Voucher (HCV) Mobility Demonstration Evaluation Data Files, PD&R/RRE 09

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Dear [name] [lname]

My name is X. I am a researcher from Abt Associates. I am emailing you because you are part of a research study that I am working on called Mobility Opportunity Vouchers to Eliminate Disparities or “MOVED.” In [date of baseline assessment] you agreed to participate in the MOVED study. At that time, researchers told you that we would contact you every few months over the next two years. It’s time to update or confirm your contact information.

The MOVED study will help researchers from Johns Hopkins University, Abt Associates and the US Department of Housing and Urban Development (HUD) understand how housing and neighborhood environments affect the lives of adults and children.

For the study to be successful, we need to make sure that we know how to reach you when it is time to do the follow-up survey, about [MONTHS OR YEARS UNTIL FOLLOW-UP] from now. This email request is to check to make sure we have your correct phone number, email, and street address in our secure database.

**Your experiences are unique and will help us learn about the impact of housing on health and well-being so we can help families like yours in the future.** To make sure you are represented, please verify your contact information. This should take about 8 minutes and you can do it **right now** in **one** of two ways:

**Easy Ways to Verify Your Contact Information:**

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| <ol style="list-style-type: none"><li>1) <b>Visit the MOVED study online at [StudyWebsite]</b><ol style="list-style-type: none"><li>a. Enter your unique PIN: [ABTID_]</li><li>b. Make any updates to your phone number, address, or email.</li><li>c. If there are no changes, please visit the website to confirm your information is correct.</li></ol></li><br/><li>2) <b>Call the Abt MOVED study toll-free line XXX-XXX-XXXX.</b><ol style="list-style-type: none"><li>a. Have your unique PIN [ABTID_] when you call.</li><li>b. Let us know if there are any updates to your phone number, address or email.</li><li>c. If there are no changes, let us know that your information is correct.</li></ol></li></ol> |
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Your participation in this study is completely voluntary. You can choose not to respond at any time. However, the team of researchers at Abt Associates and Johns Hopkins University greatly appreciate your continued participation. Know that any information you provide will be kept private.

Thank you, again, for being part of this important study! Please contact us, toll-free, at XXX-XXX-XXXX or XXXX@abtassoc.com if you have any questions.

Sincerely,

Survey Director  
Abt Associates