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| DETAIL OF CHANGES TO BASELINE INFORMATION FORM 01/11/2024 | | | |
| Location | **Original Text** | **Revised Text** | **Reason for change** |
| Page 1, list of contact variables | A. First Name, Middle Name, Last Name, Suffix  B.           Date of Birth (MM/DD/YYYY)  C.           Social Security Number  D.          [If no SSN] Alien Registration Number  E.           [PHA] Household ID Number | 1. First Name, 2. Middle Name, 3. Last Name, 4. Suffix 5. Date of Birth (MM/DD/YYYY) 6. Social Security Number 7. [If no SSN] Alien Registration Number 8. [PHA] Household ID Number 9. Email Address 10. Mode of Enrollment | Made each name component a separate field; added email address to send copies of consent form and incentive payment, capture mode of enrollment to aid in consent prompts. |
| Q1 | 1 Not at all satisfied  2  3  4  5  6  7  8  9  10 Extremely satisfied | 1 Not at all satisfied  2  3  4  5 Neither Satisfied nor Dissatisfied  6  7  8  9  10 Extremely satisfied | Added a mid-point description to help guide respondent |
| Q3 | 1 Very  2 Somewhat  3 Neutral  4 Not much  5 Not at all | 1 Very Important  2 Somewhat Important  3 Neutral  4 Not very Important  5 Not at all Important | Added “Important” to response options for clarity |
| Q11 | What is the best method to contact you (phone call, text, email)?  IF EMAIL: What is your email address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IF PHONE OR TEXT: What is your phone number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | What is the best method to contact you (phone call, text, email)   * Phone: What is your phone number? * Text: What is your phone number? * Email: What is your email address? * No preference * What is your email address? * What is your phone number? | Added a no preference option and linked collection of phone and email to their preferred option. |
| Incentive Module | N/A | A1: Confirms spelling of name information captured at the start of enrollment  A2: captures address information  A3 and A4: confirms or captures email address  A5 confirms or captures address to send incentive if virtual is not an option. | Added items to confirm information needed to send virtual incentives and to have contact information for recruiting for implementation study interviews |
| Page 6, text box | The OMB number and expiration date for this collection are OMB #: XXX-XXXX Exp: XX/XX. | The OMB number and expiration date for this collection are OMB# 2528-0345 Exp: 01/31/2027. | Updated to reflect OMB number issued upon approved on 1/10. |
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| SUMMARY OF CHANGES TO RENT REPORTING INFORMED CONSENT – 01/12/2024 | | | |
| Location | **Original Text** | **Revised Text** | **Reason for change** |
| Page 1, paragraph 1 | [EVALUATOR] | Abt Associates, MEF, and their partners (the research team) | Replaced the placeholder for Evaluator with the names of the firms conducting the research. |
| Throughout the document | EVALUATOR | Research team | We decided to refer to the team conducting the research as the research team instead of the evaluator. |
| Page 2, second bullet | **Group Two**: This group have their rent payment information reported to credit bureaus. | **Group Two**: This group will not have their rent payment information reported to credit bureaus. | Fixed typo. |
| Page 3, first paragraph | During the 24-month study the PHA will submit… | During the study the PHA will submit… | Removed reference to a 24-month study period given uncertainty about when exactly the study will be completed. |
| Page 3, first paragraph | and dates of birth of all study participants to collect the following information about all households participating in the program. | and dates of birth of all study participants to collect the following information. | Made edit to clarify that this information will be collected of all study participants, not just those assigned to group 1. |
| Page 6, text box | The OMB number and expiration date for this collection are OMB #: XXX-XXXX Exp: XX/XX. | The OMB number and expiration date for this collection are OMB# 2528-0345 Exp: 01/31/2027. | Updated to reflect OMB number issued upon approved on 1/10. |
| Privacy Act Statement on BIF and ICF | [Add SORN name and number] | The SORN name and number are: Moving to Work Asset Building Cohort Evaluation Data Files, HUD/PDR-11 | Added SORN name and number |