

**New Applicant Survey**

c/o Westat

1600 Research Blvd

Rockville, MD 20850-3129

\*012345\*

«Name»

«Address1»

«Address2»

«City», «State» «Zip»

«012345»

**New Applicant Survey**

You are invited to participate in the **New Applicant Survey**, a national survey conducted by Westat on behalf of the Social Security Administration (SSA)**.**

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**Make your voice heard.**

A week ago, we sent you a letter with **2 dollars** and an **Information Sheet** to participate in the **New Applicant Survey.** If you have already responded, **thank you!**

Your participation is voluntary. Your input will help SSA understand your experiences of applying for SSDI and SSI and may help improve the application process. All your responses will be kept confidential.

To participate, use your Internet browser to go to the website link provided below [DROP IF EMAIL: or scan the QR code]. Then, when asked, enter your unique PIN (password) to access the survey. [IF CONCURRENT GROUP DISPLAY: You can complete the survey by paper if you like.]

* [IF SEQUENTIAL, NO EARLY BIRD DISPLAY: To get **$40,** complete the survey **on the website**.]
* [IF SEQUENTIAL, EARLY BIRD DISPLAY: To get **$40,** complete the survey **on the website** by {INSERT DATE}. You will receive **$30** if you complete the survey after {INSERT DATE}.]
* [IF CONCURRENT, NO EARLY BIRD DISPLAY: To get **$40,** complete the survey **on the website**. If you prefer to complete the survey **on paper**, answer the questions in the enclosed booklet. Place your completed survey in the attached postage-paid return envelope to return it to us. You will get **$30** after you send us your completed survey.]
* [IF CONCURRENT, EARLY BIRD DISPLAY: To get **$40,** complete the survey **on the website** or **on paper** by {INSERT DATE}. You will receive **$30** if you complete the survey after {INSERT DATE}. To complete the survey on paper, answer the questions in the enclosed booklet. Place your completed survey in the attached postage-paid return envelope to return it to us.]
* **Website:** [https://xxxxx.org](https://xxxxx.org/)  **PIN:** XXXXXX 

Thank you for helping improve SSDI and SSI application experiences for applicants!

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OMB Control Number: xxxx-xxxx Expiration Date: xx/xx/xxxx