



SOCIAL SECURITY ADMINISTRATION



**New Applicant Survey**

OMB Approval Number: XXXX-XXXX

Approval Expires: mm/dd/yyyy

[Date]

Dear [Respondent Name]:

**There's still time for you to help.**

A week ago, we sent you an invitation asking you to participate in the **New Applicant Survey**. If you have already responded, **thank you!**

Your participation is important to the Social Security Administration (SSA). By participating you may help SSA improve the disability application process. The survey will ask questions about your health, your employment, your experience with the disability application process, and things you might have needed help with. SSA hired Westat, a national research company, to carry out the survey.

[DISPLAY IF HOUSEHOLD IS GETTING A SECOND \$2 INCENTIVE: Enclosed is **2 dollars** for your consideration to participate in the survey.] Completing the survey will take 35 minutes or less. You can choose not to answer one or more questions and you can stop answering at any time without penalty.

Deciding to participate or not to participate will not affect your eligibility for benefits now or in the future. As described in the **Information Sheet** included with this letter, your participation is voluntary. SSA will protect your information and use it for limited purposes in accordance with the Privacy Act and other Federal laws, regulations, and directives. Your name and other identifying information will not be included in any reports.

To participate, use your Internet browser to go to the website link provided below [DROP IF BEING SENT VIA EMAIL: or scan the QR code]. Then, when asked, enter your unique PIN (password) to access the survey. [IF IN THE CONCURRENT EXPERIMENT GROUP DISPLAY: You can also 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}.]
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- [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.

Attachment A-8. Third Mailing to Nonrespondents

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> **PIN:** XXXXXX

For questions about the survey, please call the Help Desk at **1-855-450-6464**. For questions about your rights and welfare as a research participant, call the Westat Human Subjects Protections office at 1-888-920-7631. Leave a message with **only** your first name, the name of the research study (New Applicant Survey), and a phone number beginning with the area code. Someone will get back to you as soon as possible.

Thank you for helping improve the application process for future applicants.

Sincerely,

[Signature of SSA Official]