

[DATE]

FIRST NAME LAST NAME
ADDRESS
CITY, STATE ZIP

Dear [FIRST NAME] [LAST NAME],

We need your help with an important survey, the Youth Transition Exploration Demonstration (YTED) follow-up survey. You joined YTED about one year ago and agreed to take part in this survey. The survey will ask about your education, work, and training experience; your earnings; your health; and satisfaction with any services you may have received in the past year. The Social Security Administration (SSA) awarded a grant to Mathematica, an independent research company, to study YTED and conduct the survey.

Please use the login information below to access the survey online. You can complete the survey on a computer, tablet, cell phone, or other mobile device.

Link: [\[insert link\]](#)

User name: [user name]

Password: [password]

Enclosed is \$5 to thank you for taking this survey. Once you complete the survey, Mathematica will send you a \$50 gift card. You can complete the survey by telephone with an interviewer from Mathematica if you prefer. To do so, please call Mathematica toll-free at **1-8xx-xxx-xxxx**.

Taking part in this survey is your choice. Your answers will not affect your benefits. The answers from all study volunteers will be combined and written up in a report to SSA. Your name will never be used in any report and no information you provide will be included in a report that in any way can identify you.

If you have any questions, please call Mathematica toll-free at the number above.

We look forward to hearing from you. Thank you for your help.

Stacie Feldman
YTED Survey Director
Mathematica

**Privacy Act Statement
Collection and Use of Personal Information**

Sections 205 and 1110 of the Social Security Act, as amended, allow the Social Security Administration (SSA) to collect this information, which SSA will use to evaluate the Youth Transition Exploration Demonstration research study. Providing this information is voluntary; not providing all or part of the information will not affect any SSA benefit. As law permits, SSA may use and share the information you submit, including with other Federal agencies, contractors, cooperative agreement awardees, and others, as outlined in the routine uses within System of Records Notices (SORN) 60-0089, 60-0218, and 60-0320 available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer the survey questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is **xxxx-xxxx**; expiration date **xx/xx/202x**. We estimate that it will take about 20 minutes to read the instructions and answer the survey questions. You may send comments about our time estimate to: Social Security Administration, 6401 Security Blvd, Baltimore, MD 21235-6401

