Attachment A.2: The Home Assessment Advance Letter

[Sent to Head of Household]

[Date]

[First Name] [Last Name]
[Street Address]
[City], [State] [Zip]

Dear <First Name><Middle Initial><Last Name>,

Thank you for agreeing to participate in the Community Choice Demonstration study.

We are writing to invite you to take part in a Home Assessment, which is an optional part of the study. The Home Assessment is funded by the U.S. Department of Housing and Urban Development (HUD) like the overall Community Choice Demonstration. Staff from Abt Associates, a research company, are helping with the study. The [name of PHA] has agreed to allow the Home Assessment to be offered to families participating in the Community Choice Demonstration.

HUD wants to know if the neighborhoods people live in affect the indoor air quality of the homes of Housing Choice Voucher program recipients. When you enrolled in the Community Choice Demonstration study at [name of PHA], you were given a flyer that mentioned the Home Assessment. A copy of that flyer is also included with this letter.

In the next couple of weeks, a research team member from Abt Associates will contact you to explain the study over the phone. They will be available to answer any questions you may have. The research team member will ask if you would like to set up a time to have an interviewer visit your home. You can pick a time that is best for you. During the appointment at your home, the interviewer will explain the study further. If you want to participate, they will request your consent and then conduct the Home Assessment.

The study team hopes to conduct the Assessment once now, and once a year from now. There are three parts to the Home Assessment.

- **Measurements of pest allergens and indoor air quality in the home**. The interviewer will use small devices to measure these things in your home:
    - temperature and relative humidity
    - carbon dioxide
    - carbon monoxide
    - mouse and cockroach allergens
    - particulate matter (particulate matter are tiny pieces of solids or liquids that are in the air)
    - volatile organic compounds or VOCs. (VOCs are chemicals that enter the air from things like paint and cleaner)

- **Observations by the interviewer**. The interviewer will use a checklist to look for risk factors for asthma and other breathing conditions in your home. The checklist is focused mainly on things that are known to contribute to asthma or other breathing conditions, like mold. It also includes a small number of other items related to the quality and safety of your home. The interviewer will not be looking at other details of your home.

- **Short survey**. The interviewer will ask you to complete a survey on things that might be risk factors for asthma and other breathing conditions and child health conditions.

The whole assessment should take about an hour of your time. The interviewer will give you a $45 gift card as a token of appreciation.

Your participation is voluntary. Your decision to participate will not affect your current or future receipt of housing assistance or other benefits. You can choose to end the visit at any time.

If you have any questions or would like to schedule your Home Assessment, please contact [NAME] by phone at XXX-XXX-XXXX or by email at XXXX@XXXX.XXX. We will try our best to schedule the visit at a time most convenient for you.

If you would like to see this letter translated or to complete this interview in a language other than English or Spanish, please let us know and we will try to accommodate you. If you need this letter or the study materials to be presented in an accessible form, such as Braille or large type, if you need the materials read to you, or if you need a sign language interpreter let us know.

Please expect a call from us in the next few weeks. On behalf of the research team, we look forward to talking with you soon.

Sincerely,

XXX

Community Choice Demonstration Study Researcher

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.

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 5 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@XXXXX.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: Evaluation of the Community Choice Demonstration (CCD).
Routine Use: The information will be used for the purpose set forth above and may be provided to Congress or other Federal, state, and local agencies, when determined necessary.
Disclosure: Records will be used for research and statistical analysis and will not be used to make decisions that affect the rights, benefits, or privileges of specific individuals.
SORN ID: Community Choice Demonstration Evaluation Data Files, HUD/PDR-09