ATTACHMENT K: Mobility Services Provider Interview Outreach
Evaluation of the Community Choice Demonstration

[Date]

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

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

Thank you for all of your work related to the [MOBILITY PROGRAM] so far. The U.S. Department of Housing and Urban Development (HUD) has funded an evaluation of the [MOBILITY PROGRAM] as part of an overall evaluation of the Community Choice Demonstration. A team of researchers, including staff from Abt Associates and the Urban Institute, are conducting the evaluation for HUD. The research team and HUD want to determine whether and to what extent mobility services are effective in helping Housing Choice Voucher (HCV) families move to higher-opportunity, lower-poverty neighborhoods. This study will help HUD understand how the mobility services were implemented and to learn more about operations and programming among the participating Public Housing Agencies (PHAs) and their partners, the agencies' experiences with implementation, their perceptions of how effective services are, and their perceptions on short-term outcomes for participating households.

As part of this evaluation, we are talking with mobility service providers participating in the [MOBILITY PROGRAM]. I am writing now to invite you to participate in interviews we plan to conduct as part of the evaluation. Researchers plan on visiting [NAME OF CITY] between [DATE RANGE]. We would like to set up interviews with you during our visit. Please know that we are not assessing the performance of your agency or its services. We just want to understand your experiences implementing the [MOBILITY PROGRAM].

[INSTRUCTIONS: IF THE SAME INDIVIDUAL WILL COVER BOTH PARTS OF THE INTERVIEW, USE THE PARAGRAPH BELOW.]

There are two parts to this interview, and depending on schedules, it may be best to do them at different times. In the first part of the interview, we will ask you questions about the [MOBILITY PROGRAM], including questions about your role in providing mobility services, your perspective on the [MOBILITY PROGRAM], and how well you feel the [MOBILITY PROGRAM] meets the needs of participating families. In the second part of the interview, we will ask you questions that can help us better understand the costs of the services that you are providing through [MOBILITY PROGRAM]. We expect the combined time for both interviews to take no more than 3.5 hours.

[INSTRUCTIONS: IF THE INDIVIDUAL BEING INTERVIEWED WILL ONLY COVER THE FIRST PART OF THE INTERVIEW, USE THE PARAGRAPH BELOW. IN THIS CASE, THE INDIVIDUAL HANDLING THE COST COMPONENT WILL RECEIVE A SEPARATE LETTER FOR THE COST INTERVIEW.]

In the interview, we will ask you questions about the [MOBILITY PROGRAM], including questions about your role in providing mobility services, your perspective on the [MOBILITY

PROGRAM], and how well you feel the [MOBILITY PROGRAM] meets the needs of participating families. We expect the interviews to take no more than 1 ½ hours.

A member of the research team will reach out to you over the next couple of weeks to explain more about the upcoming interviews and set up an appointment. In the meantime, if you have any questions or would like to schedule your interview, please contact [NAME] by phone at 1-xxx-xxx-xxxx or by email at XXX.XXXX@xxxx.com.

If you would like to see this letter translated or to complete this interview in a language other than English, please let us know and we will try to accommodate you. If you need information to be presented in an accessible format, for example, Braille, audio, large type, or sign language interpreters, or a reasonable accommodation (a change or adjustment) so that you can participate, please let us know.

On behalf of the research team, we look forward to talking with you soon.

Sincerely,

Diane Levy

Housing Choice Voucher Mobility Demonstration Study Researcher

The 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 10 minutes per review. 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 control number for this collection is XXXX-XXXX and it expires 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; Attn: OMB-PRA (xxxx-xxxx).

This research is conducted under the authority of the Secretary of the U.S. Department of Housing and Urban Development to undertake programs of research, studies, testing and demonstration related to the mission and programs of HUD (12 USC 1701z-1 et seq.).