

ATTACHMENT A.3
SURVEY REMINDER LETTER 1

ATTACHMENT 3: SURVEY REMINDER LETTER 1



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

[DATE]

[PARTICIPANT NAME]

[ADDRESS 1]

[ADDRESS 2]

[CITY, STATE, ZIP]

Dear [PARTICIPANT NAME]:

Your experience is important! You have been picked for a very important study to help make the Supplemental Nutrition Assistance Program (SNAP) better. SNAP, also called the [INSERT STATE SNAP PROGRAM NAME], helps millions of people buy food every year. The United States Department of Agriculture (USDA), Food and Nutrition Service (FNS) will conduct this study. Your participation will help us to learn about your experiences with SNAP, working, and going to training.

We will send you a VISA gift card as a thank you as a token of our appreciation! If you fill out the survey on the website or call us, *we will send you a \$40 gift card*. If the study team calls you to take the survey, we will send you a \$20 gift card.

Everything that you say will be private. We will not share your answers with anyone, and we will not use your name in any reports. *Taking the survey will not affect any of your benefits* or the benefits anyone else in your household receives.

We need you! You do not have to take the survey, but it would be very helpful if you did. If you have any questions, please call us at: [1-800-XXXX]. For more information about the study team, go to www.mathematica-mpr.com.

Sincerely,

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is <<xxxx-xxxx>>. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.