

**Supporting Statement A
For the Paperwork
Reduction Act of 1995:
Approval for the Participant
Tracking, Interim Surveys
and Six-Month Follow-up
Survey for the Job Search
Assistance Strategies
Evaluation**

**Attachment B: Interim
Surveys**

OMB No. 0970-0440

November 9, 2015

Submitted by:
Office of Planning, Research & Evaluation
Administration for Children & Families
U.S. Department of Health and Human
Services

Federal Project Officer
Erica Zielewski

TEXT IN ALL CAPS AND BRACKETS INDICATE INFORMATION THAT WILL BE INSERTED FROM THE SAMPLE FILE.

PROGRAMMER NOTES ARE IN ALL CAPS, BRACKETS, AND PREFACED WITH "PROGRAMMER:"

A. INTRODUCTION

INTRO. Hello [FNAME]! It is time for your monthly Job Search Assistance Survey. This survey is part of a study of the [TANF/AGENCY NAME] program conducted by an independent research company. This is a study about job search assistance activities provided by the program and the jobs people obtain. This voluntary survey takes 5 minutes and is open for 7 days. Please respond by [PROGRAMMER CALCULATE: SEVEN DAYS FROM TODAY] to earn your \$2. Any information you provide to us will be kept private.

Click here for more information about this survey. [PROGRAMMER: INSERT HYPERLINK TO STATIC WEBPAGE THAT IS THE SAME AS THE STUDY BROCHURE – POST ON WEB AS PDF].

OMB CONTROL NUMBER: 0970-0440 EXPIRES: xx/xx/xxxx. [PROGRAMMER: INSERT HYPERLINK TO THIS TEXT: According to the Paperwork Reduction Act (PRA), 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 0970-0440 and it expires xx/xx/xxxx. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, please contact Karin Martinson, Study Project Director, at (301)-652-7322.]

[PROGRAMMER: DISPLAY FOR TEXT SURVEY ONLY:

Text **REMAIL** to have information about this study re-mailed to your home address.

STAY SAFE: DON'T TEXT AND DRIVE.

Text **STOP** to opt out of the study, text **SKIP** to opt out of this month's survey, or text **NEXT** to begin the survey.]

[PROGRAMMER: DISPLAY FOR WEB SURVEY ONLY:

REMAIL. Would you like us to re-mail the study information to your home address?

Yes [PROGRAMMER: ADDRESS CONFIRM THEN GO TO B1]

No [PROGRAMMER: GO TO B1]]

B. SCREENER/VERIFICATION:

- B1. First it is important to confirm that the correct person is answering this survey. Please enter the month and day of your date of birth. For example, if your birthday was March 17, please enter 0317.

[PROGRAMMER: IF DOB AGREES WITH THE BIRTH DATE ON THE FILE, SKIP TO C1. IF THERE IS A MISMATCH IN DOB, DISPLAY B2.]

- B2. We are sorry but the system is unable to pull up the correct questionnaire. Researchers will re-contact you when the problem is resolved. Thank you for your time.

C. EMPLOYMENT STATUS

- C1. Are you currently working for pay in a job?

Enter **1** for **YES**

Enter **2** for **NO**

- C2. Are you currently participating in any programs or classes through the [TANF/ AGENCY NAME] program?

Enter **1** for **YES**

Enter **2** for **NO**

D. CONTACT INFORMATION

We want to be sure that if you lose your phone or change plans that we can still reach you.

- D1. Have you moved since [RA DATE]?

Enter **1** for **YES**

Enter **2** for **NO**

- D2. Do you have any plans to move in the next six months?

Enter **1** for **YES**

Enter **2** for **NO**

[WEB PROGRAMMER: SHOW THANK1, THANK2, AND INFO1 ON ONE SCREEN]

THANK1. As a reminder, you will be asked to participate in a short survey like this once a month until [6 MONTH/YEAR]. At the end of the five month period, we will send you \$2 for each survey you complete as a token of appreciation for your time. THANK2. In order to make sure we can reach you, it is important that we have your current contact information. Your current contact information is important because it helps us keep our records up to date so that we can reach you again next month.INFO1. Please click on the link to confirm or update your contact information and complete the survey. You will need to enter your PIN to access the information we have on file for you: [KEY]. [PROGRAMMER: DISPLAY WEB LINK].

[PROGRAMMER: DISPLAY FOR TEXT SURVEY ONLY:

Or if you prefer you can,

Text TOLLFREE to receive a toll-free number you can call to update your contact information

Text CALL ME to have a member of the research team call you to update or confirm you contact information (within 24 hours)

Text MAILFORM to have an address update form mailed to address provided on XX/XX/XXXX

Text EMAIL to have the link to the online update form **emailed** to you

If you have any questions, please email [STUDYEMAIL].

[PROGRAMMER: IF RESPONDENT TEXTED **TOLLFREE** DISPLAY:] Please call 1-888-xxx-xxxx to speak to an interviewer and update your contact information.

[PROGRAMMER: GO TO THANK3]

[PROGRAMMER: IF RESPONDENT TEXTED **CALL ME** DISPLAY:] A member of the research team will call you from [CALLERID DISPLAY] within 24 hours to update your contact information.

[PROGRAMMER: GO TO THANK3]

[PROGRAMMER: IF RESPONDENT TEXTED **MAILFORM** DISPLAY:] You should receive a contact update form in the mail within [X days]. Please review the contact information, make any corrections needed, and return the form in the enclosed postage paid envelope.

[PROGRAMMER: GO TO THANK3]

[PROGRAMMER: IF RESPONDENT TEXTED **EMAIL** DISPLAY:] We will send an email to [EMAIL ADDRESS] inviting you to click a link to the online contact update form. Please follow the link, review the contact information and make any corrections needed.

[PROGRAMMER: GO TO THANK3]

THANK 3. Thank you for completing the monthly survey. You have a total of \$ [CUMULATIVE TOTAL OF INCENTIVES ACCUMULATED AT TIME OF SURVEY] which you will receive in [6MONTH/YEAR] after the last monthly survey. We will send you the next survey in about a month.

[REVIEWERS: The following information will be displayed when the respondent clicks the link to online contact update form or opts to have an email link emailed to them.]

LOGIN SCREEN

Job Search Assistance Strategies Study

Please enter your PIN and select NEXT.

Enter your PIN here:

According to the Paperwork Reduction Act (PRA), 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 0970-0440 and it expires xx/xx/xxxx. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, please contact Karin Martinson, Study Project Director, at (301)-652-7322.

NEXT>>

CONTACT1. Below you will find the last contact information we have for you. Please update any new information and press the **SAVE AND CONTINUE** button. Check the box if there are no changes.

Check here if information is correct Check here to update information

[PRE FILL]	[PRE FILL]
First Name/Nombre	Last Name/Apellido
[PRE FILL]	
Street/Calle	
[PRE FILL]	
Apartment #/Número de Apt.	
[PRE FILL]	
City/Ciudad	
[PRE FILL]	[PRE FILL]
State/Estado	Zip Code/Código Postal
[PRE FILL - FORMAT (XXX) XXX-XXXX]	
Home Phone/Número de teléfono del hogar	
[PRE FILL - FORMAT (XXX) XXX-XXXX]	
Cell Phone/ Número de teléfono del celular	
[PRE FILL - FORMAT email@email.ext]	
Email Address	

SAVE AND CONTINUE

[PROGRAMMER: If sample information was provided for 1 or more alternate contacts, please auto-fill that information so that the respondent can update. If no alternative contact information is available, the respondent should be able to add]

CONTACT2. Please take a moment to confirm or update the contact information for these close friends or relatives you told us we can contact in case you move and we cannot easily locate you for the follow-up interview 6 months after you enrolled in the Job Search Assistance Study.

--	--	--

Name/Nombre	Phone/Número de teléfono	Email address
-------------	--------------------------	---------------

Check here if information is correct
information

Check here to update

--	--	--

Name/Nombre	Phone/Número de teléfono	Email address
-------------	--------------------------	---------------

Check here if information is correct
information

Check here to update

--	--	--

Name/Nombre	Phone/Número de teléfono	Email address
-------------	--------------------------	---------------

Check here if information is correct
information

Check here to update

[PROGRAMMER: If sample information was provided for 1 or more alternate contacts, please auto-fill that information so that the respondent can confirm or update.]

CONTACT3. Is there anyone else that you would like us to contact in case you move and we cannot easily locate you for the follow-up interview 6 months after you enrolled in the Job Search Assistance Strategies Study? This could be a relative or friend, who doesn't live with you but usually knows how to reach you.

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Name/Nombre

Relation to you/Parentesco con usted

Address/Dirección

Apartment #/Número de Apt.

City/Ciudad

<input type="text"/>	<input type="text"/>
----------------------	----------------------

State/Estado

Zip Code/Código Postal

Phone/Número de teléfono

Email address