



[ADDRESS 1], [ADDRESS 2]
[CITY], [STATE] [ZIP]

[DATE]

Dear [FIRST NAME] [LAST NAME]:

Thank you for enrolling in the PROMISE/ASPIRE study. The Social Security Administration (SSA) hired Mathematica to evaluate this program. The study will help SSA learn how to better help young adults and their families.

When you enrolled, PROMISE/ASPIRE explained that Mathematica would reach out to you about completing two interviews. We now want to complete the final one with you. We will ask about your education, work, and well-being. It should take about 20-35 minutes for youth to complete and 25-35 minutes for parents.

Please call us to:



- **Complete your interview now.** You will receive a \$30 gift card for completing an interview.
- **Make an appointment to complete your interview in the future.** We can call you back at a day and time that works best for you, seven days a week.
- **Decline to take part.** Your input is very important to the success of the study, but completing this interview is your choice. If you decide to take part, you may skip any questions you do not want to answer. Whatever you decide, it will not affect any benefits your family receives, now or in the future. This includes Supplemental Security Income (SSI) benefits. To protect your privacy, we will not share your answers in any way that reveals who you are.

We look forward to hearing from you soon!

Sincerely,

Holly Matulewicz – Survey Director for the PROMISE/ASPIRE Evaluation

For more information, visit the SSA website at
<https://www.ssa.gov/disabilityresearch/promise.htm>
Para información e instrucciones en español, llame 844-306-5011 por favor

Privacy Act Statement

Section 1110 of the Social Security Act, as amended, authorizes us to request this information. We will use this information to evaluate the impact of services provided to you (the minor participant or household member) during your participation in the Promoting Readiness of Minors in SSI (PROMISE) project. Providing us this information is voluntary. Failing to provide us with all or part of the information will not affect the SSI benefits that you, your child, or other household members receive now or in the future. We may use the information for the administration of our programs, including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and the Department of Veterans Affairs); and, 2. To facilitate audit, investigative, or statistical research activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice entitled, Supplemental Security Income Studies, Surveys, Records and Extracts (Statistics), 60-0203. Additional information about this and other system of records notices and our programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

According to the Paperwork Reduction Act of 1995, no persons are 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 0960-0799. The time required to complete this information collection is estimated to average 20 to 35 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.