



OMB # 0960-0821
OMB Expiration Date: 06/30/2024



Address 1
Address 2

Date

Dear Name:

About two months ago, you enrolled in a national study funded by the Social Security Administration (SSA). This study is called "Retaining Employment and Talent After Injury/Illness Network (RETAIN)" study. SSA hired a company called Mathematica to carry out the study. When you enrolled, RETAIN staff explained that SSA and Mathematica would reach out to you about taking two surveys. This is the first one. The second survey will take place one year after you enrolled in the study.

To complete the survey online, go to: <https://RETAINEvaluation.org>

Enter your username: **username** and password: **password**

Please complete the survey by Date.

The survey will help us learn about the experiences of people who recently experienced an illness or injury. It will also inform us about the services and supports that help people return to work or stay at work. We will use this information to improve programs and services in the future.

Your input matters! To show our thanks, we have enclosed \$5. When you complete the survey, Mathematica will send you a \$25 gift card. This survey takes about 10-12 minutes to complete. There are questions about your work, health, and any training and services you may have received.

The survey is voluntary. You may skip any questions you do not want to answer. To protect your privacy, we will not share your answers in any way that reveals who you are. Your decision to take part in the survey will not affect any benefits you receive, now or in the future.

Have questions? Call the study team at Mathematica toll-free at: 833-937-3178. More information on RETAIN can be found at:

<https://www.ssa.gov/disabilityresearch/retain/Phase2surveyinfo.htm>

Sincerely,

Susan Wilschke

Acting Associate Commissioner
Office of Research, Demonstration, and Employment Support
Social Security Administration

Para información e instrucciones en español, llame 833-937-3178 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 the Retaining Employment and Talent After Injury/Illness Network (RETAIN) project. Providing us this information is voluntary. Failing to provide us with all or part of the information will not affect the SSI or SSDI 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 ensure 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 titled, Disability Studies, Surveys, Records and Extracts (Statistics), 60-0196. Additional information about this and other system of records notices and our programs are available from our website at www.socialsecurity.gov or at your local Social Security office.

According to the Paperwork Reduction Act of 1995, nobody is required to respond to a collection of information unless it displays a valid OMB control number. The valid Office of Management and Budget (OMB) control number for this information collection is 0960-0821. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.