

## **Outcome Evaluation: Virtual Interviews with Program Participants**

### **Introduction**

The purpose of this interview is to learn more about the citizenship program that [THIS ORGANIZATION] provided as part of a study we are conducting. We will ask you questions about your experiences with the English and civics instruction, and naturalization application services provided by [THIS ORGANIZATION]. We would appreciate your honest responses to these questions. Your participation is voluntary, and your responses will have no impact on any pending immigration requests you or your family may have submitted. USCIS and Optimal Solutions Group, LLC will maintain the confidentiality of your responses, as applicable by law. No individual or organization responses will be identified in the final report.

The Office of Management and Budget Control authorized this survey under OMB Survey control number 1615-NEW, which expires [MM-DD-YYYY]. For more details on OMB authorization, please visit the following [website](#).

### **DHS Privacy Notice**

**AUTHORITIES:** USCIS is collecting the information requested on this survey, and the associated evidence, under the Immigration and Nationality Act (INA) sections 8 U.S.C. § 1443(h) (section 332(h)), Section 538 of the Department of Homeland Security Appropriations Act, 2016 (Pub. L. No. 114-113), Foundations for Evidence-Based Policymaking Act of 2018 ('Evidence Act'), (Pub. L. No. 115-435, 132 Stat. 5529), Program Management Improvement Accountability Act of 2016 (PMIAA), (Pub. L. No. 114-264, 130 Stat. 1371), Government Performance and Results Act of 1993 (GPRA), (Pub. L. No. 103-62, 107 Stat. 285), and Government Performance and Results Act Modernization Act of 2010 (GPRAMA), (Pub. L. No. 111-352, 124 Stat. 3866).

**PURPOSE:** The primary purpose for providing the requested information on this survey is to assess the degree to which USCIS programs are meeting their overall goal of integrating immigrants and refugees into American society. The study encompasses data collection of program participants (refugees and lawful permanent residents who enrolled in a program offered by one of the grantees between FY 2018 and FY 2021).

**ROUTINE USES:** DHS may, where allowable under relevant confidentiality provisions, share the information you provide on this survey and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/ALL-002 DHS Mailing and Other Lists System and DHS/USCIS/ICE/CBP-001 - Alien File, Index, and National File Tracking System] and the published privacy impact assessments [DHS/USCIS/PIA-056 USCIS Electronic Immigration System, DHS/USCIS/PIA-066 Citizenship and Integration Grant Program, DHS/ALL/PIA-069 DHS Surveys, Interviews, and Focus Groups, and DHS/USCIS/PIA-089 USCIS Outreach and Engagement Program ] which

you can find at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may prevent USCIS from determining whether its programs are effective in integrating immigrants and refugees into American society.

### **Paperwork Reduction Act Statement**

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 45 minutes per response, including the time for reviewing instructions, completing, and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Citizenship and Immigration Services, Office of the Chief Financial Officer, Evaluation Branch, 5900 Capital Gateway Drive, Mail Stop # 2130, Camp Springs, MD 20588-0009. OMB No. 1615-NEW. **Do not return the completed form to this address.**

### **Interview Questions**

1. Did the activities from [THIS ORGANIZATION] help you achieve the following outcomes? Please share your experience(s) *[Probe: Please ask each of the activities below and have the participant elaborate]*
  - Increase your motivation to become a U.S. citizen
  - Increase English language proficiency
  - Increase civics knowledge
  - Increase knowledge of the citizenship process
  - Successfully complete the Application for Naturalization (including filling out and submitting application of Form N-400, assistance with fees, access to legal aid, etc.)
  - Gain access to additional assistance services
  - Pass the naturalization test
  - Become a naturalized citizen
  - Become more engaged in U.S. society and culture
  - Other outcomes, please specify \_\_\_\_\_
2. Did you experience any of the following problems during the process to become a U.S. citizen? Please share your experience(s) with us *[Prompt: Examples of potential barriers:*
  - *Limited information about eligibility requirements to become a U.S. citizen*
  - *Limited information about how to apply for U.S. citizenship*
  - *Issues completing the application form*
  - *Difficulties gathering documents required for eligibility*
  - *Preparing for the civics test*

- *Preparing for the English test*
  - *Getting access to an immigration attorney*
  - *Challenges paying the application fee (too expensive)*
  - *Needing more assistance, specify*
  - *Other problems (please specify)*
3. What more could have been done by [THIS ORGANIZATION] to help increase your English proficiency?
  4. What more could have been done by [THIS ORGANIZATION] to help increase your civics proficiency?
  5. Have you received referral(s) to other organizations or programs providing support and services for obtaining citizenship or other assistance?
    - a. If yes, what type of service did they provide?
    - b. What organization(s) were you referred to?
    - c. How helpful were these organization(s)?
  6. Finally, we would like to ask you how this program could be improved. What would you change to improve the program?
    - a. Thinking about other program participants, are there any unmet needs in the program?

**Thank you for your time and input.**