ATTACHMENT D

**Cash Receipt Form**

**CASH RECEIPT FORM**

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| **CHATS Cash Receipt Form – Parent/Guardian**  RTI International would like to thank you for your participation in Children’s Health after the Storms. As a token of our appreciation for your participation in each aspect of this research study, we would like to present you with the following:   * **$40.00** for Interview and Environmental Equipment Set-Up (Session 1) * **$35.00** for Interview and Environmental Equipment Retrieval (Session 2)   **$\_\_\_\_\_\_\_\_\_\_\_ Total Cash Amount**   |  | | --- | | 🞏 Accepted Cash Amount  🞏 Declined Cash Amount |   Name of Respondent (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Respondent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Field Interviewer:  Case ID: Date: \_\_\_ / \_\_\_\_ / \_\_\_\_ |

Disposition: Top White to Respondent, Yellow to FS, Pink to FI

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| **CHATS Cash Receipt Form – Child (8 – 15)**  RTI International would like to thank you for your participation in Children’s Health after the Storms. As a token of our appreciation for your participation in each aspect of this research study, we would like to present you with the following:   * **$15.00** for Child Health Assessment (Session 2) * **$20.00** for Blood Sample (Session 2) * **$30.00** for Wearing Personal Exposure Measuring Device (Session 2)   **$\_\_\_\_\_\_\_\_\_\_\_ Total Cash Amount**   |  | | --- | | 🞏 Accepted Cash Amount  🞏 Declined Cash Amount |   Name of Respondent (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_  Signature of Field Interviewer:  Case ID: Date: \_\_\_ / \_\_\_\_ / \_\_\_\_ |

Disposition: Top White to Respondent, Yellow to FS, Pink to FI