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**

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| --- |
|  🞏 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**

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| --- |
|  🞏 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