

## **Consent for Participation in Research Evaluation of [The Financial Clinic/SFLUM]**

### **Introduction/Purpose**

[The Financial Clinic/SFLUM] is participating in a national study to understand how financial coaching programs such as the one provided by this organization can help improve the financial outcomes for coaching participants. The study is funded by the Consumer Financial Protection Bureau, the federal agency established in 2010 to protect consumers' interests. We would like to have you complete our application form today, and we would like to interview you by telephone in early 2014.

We want to assure you that the information that we collect in the application form and in the later outcomes survey will be kept private. This information will be combined with information from all other study participants and will not be reported or shared in a way that would allow anyone to link what you tell us with who you are. We will not publish your name or other personal identifying information in anything we write or talk about. We also will not share information that identifies you, including your name or information from your credit report, with anyone outside of the research team, including the Consumer Financial Protection Bureau. All of your answers will be stored in databases with secured password protection and accessed only by research staff who are committed to ensuring your privacy, and who have signed data privacy pledges. Your participation in this study is voluntary.

### **Benefits of Participating in the Study**

We want to know from people like you, who are seeking out financial coaching programs like [The Financial Clinic/SFLUM]'s coaching program, what your relationship with your finances is like. Your participation in the study is incredibly important because you can contribute information from first-hand experience that can help to improve programs for others in financial distress throughout the country. The report that results from this study will help researchers and policymakers understand how these programs can better serve individuals like you and communities like yours. Again, please remember that the information you provide will be combined with information from all other study participants and will not be reported or shared in a way that would allow anyone to link what you tell us with who you are. Without the information we gather through this study, no one can be sure if the services help individuals like you or how current programs can be improved.

### **Possible Risks to You of Participating**

You should know that we will ask you to talk about your personal financial situation, as well as circumstances that may have contributed to your desire to seek out financial coaching. This may remind you of difficult situations or cause negative feelings. If this happens, you should know that the interviewer will be able to refer you to resources in the community to help you, if you would like it.

### **Who Is Conducting this Study?**

The Urban Institute, a research organization based in Washington, D.C., [The Financial Clinic/SFLUM], and [Survey Organization] are conducting this study. The principal investigator is Dr. Margaret Simms of the Urban Institute. If you are willing to be part of the study, you will complete an application administered by your financial coach, and an interviewer from [Survey Organization] will call you for an interview in early 2014 for a final telephone survey.

### **What Will I Be Asked About?**

You will be asked about your:

- Family members, including your education level and employment status;
- Income, including any public benefits ;
- Expenses, bills, as well as how you pay your bills;
- Kinds of bank accounts you have, and other alternative financial providers you may rely on for services;
- Financial goals you have, and plans and progress you made towards achieving them; and
- Kinds of financial stress that you may experience.

### **Contact Information**

You will be asked to provide the study with safe ways to contact you by telephone, either at your home or through trusted friends and relatives who will know where and how to reach you. [Survey Organization] will receive this contact information, and will use it only to contact you for the interviews.

### **What Other Information Will the Researchers Collect?**

If you agree to participate, the research staff will collect information that you give to [The Financial Clinic/SFLUM] when you apply for its financial coaching program, and that [The Financial Clinic/SFLUM] stores in its computer databases. We will also ask for your social security or tax identification number so that we can retrieve your credit report as a part of the research study. If the interviewer loses touch with you while we are conducting the outcomes survey, he or she may try and find you by reaching out to the contact individuals you list on the application form, or the employees at [The Financial Clinic/SFLUM].

### **Procedure**

If you agree to participate, a [The Financial Clinic/SFLUM] financial coach will ask you to fill out a study application form and will give [Survey Organization] your contact information. In late 2013, a [Survey Organization] staff member will contact you to schedule a telephone interview for the final telephone survey. They will not leave messages for you if you ask them not to, and will follow your instructions for how to reach you safely by telephone. Each interview should each take about 40 minutes of your time to complete.

### **Privacy**

You should understand that no researcher, financial coach, or interviewer will reveal the fact that you are participating in this study—no one will know unless you tell them yourself. The information that we collect in the application form and in the later outcomes survey will be kept

private. This information will be combined with information from all other study participants and will not be reported or shared in a way that would allow anyone to link what you tell us with who you are. We will not publish your name or other personal identifying information in anything we write or talk about. We also will not share information that identifies you, including your name or information from your credit report, with anyone outside of the research team, including the Consumer Financial Protection Bureau. All of your answers will be stored in databases with secured password protection and accessed only by research staff who are committed to ensuring your privacy, and who have signed data privacy pledges.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid control number assigned by the Office of Management and Budget (OMB).. The OMB control number for this collection is 3170-XXXX. The collection expires on XX/XX/XXXX. Also, a federal law called the Privacy Act directs how the federal government treats the personally identifiable information contained in your answers to these questions. To understand how and when your personally identifiable information may be shared, you can read the Privacy Act Statement on the CFPB's website at [www.consumerfinance.gov](http://www.consumerfinance.gov) and search for CFPB.021 Consumer Education and Engagement Records. Additionally, the CFPB will treat the information received from you consistent with its privacy regulations at 12 C.F.R. Part 1070, *et seq.* We anticipate the application form taking about 10 minutes of your time, and the follow-up survey taking about 40 minutes of your time.

### **Compensation**

You will receive a \$30.00 gift card as a token of appreciation for participating in the follow-up survey, which will be given to you after completing the final telephone survey. These funds are offered as a way to thank you for completing the outcome survey.

### **Questions**

If you have any questions about the study you can contact the Urban Institute research staff at (202) 261-5574.

### **Signature of Subject or Legally Authorized Representative**

My rights as a study participant have been explained to me and my signature below indicated that I understand my rights. I am willing to participate in this study of how financial coaching programs help participants. I have been given a copy of this form. I understand that by agreeing to participate in this study I grant the research team of [Survey Organization] and the Urban Institute the following permissions:

- Permission to use the contact information I provide only for the purposes of reaching me for an interview;
- Permission to obtain access to my credit report from a third party credit reporting agency;
- Permission for [The Financial Clinic/SFLUM] to share information that I give to [The Financial Clinic/SFLUM] when I apply for the financial coaching program and information that [The Financial Clinic/SFLUM] uses to keep track of participants using their services with the Urban Institute and Consumer Financial Protection Bureau;

- Permission to contact [The Financial Clinic/SFLUM] and the individuals I list as contacts on the application form, in case the interviewer and I lose touch.

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Signature

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Date

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Printed Name

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Signature of Staff

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Date (must be same as respondent's)

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Printed name of Staff