

**Supporting  
Statement for OMB  
Clearance Request**

**Appendix N:  
Previously Approved  
Supplementary  
Documents**

**National Implementation  
Evaluation of the Health  
Profession Opportunity  
Grants (HPOG) to Serve  
TANF Recipients and  
Other Low-Income  
Individuals and HPOG  
Impact Study**

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*Submitted by:*  
Office of Planning,  
Research & Evaluation  
Administration for Children & Families  
U.S. Department of Health  
and Human Services

*Federal Project Officers:*  
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**Appendix N: Previously Approved Supplementary Documents**

**HPOG Participant Informed Consent**



## **AGREEMENT TO TAKE PART IN THE HEALTH PROFESSION OPPORTUNITY GRANT PROGRAM AND STUDY**

This program is part of a new national project to train people for health care jobs. The program is funded by the U.S. Department of Health and Human Services in Washington, DC. That agency is also funding research to study how well our program works in helping people get training and jobs. Over the next several years, researchers will be using information about people in the program to do their studies. Researchers from Abt Associates and the Urban Institute are doing the current study. Other researchers may engage in future studies. You are invited to take part in this important research.

The researchers need your permission to get information about you so they can understand the types of people in the program and how well the program is working. They want: 1) information about the training and services you get in the program; (2) information about you and your family, your education, and work history; and (3) personal data such as your Social Security number so they can get information from government sources about your future employment, earnings, education, and public benefits like welfare.

Abt Associates, The Urban Institute and future researchers will use data security procedures to keep all of the study data private and to protect your personal information. All of the information used in research will be kept private to the extent allowed by law. Your name will never appear in any report or with any research findings. The researchers will combine the information about everyone in the program to analyze how the program helps people find and keep a job in health care. Any forms or other papers that include your name will be kept in a locked storage area, and any computer files with your name will be locked and protected. Any researchers using information to study the program must follow all data security procedures and sign a privacy agreement.

Participating in research studies is voluntary. You may withdraw your permission to share data at any time. Refusing to provide permission for research now, or withdrawing permission for research later, will not affect your eligibility for any services in this program or elsewhere. If you withdraw, researchers may continue to use information that was collected about you during the period that you did give permission for research.

By participating in the study, you will help us, the federal government, and programs around the country learn about the best way to provide training and help participants get a health care job. You will be asked for information at certain times during your participation in the program and after you leave the program. You may be contacted by a researcher after you leave the program



to answer some questions about your experiences. While we encourage you to answer their questions, you may refuse to answer them.

This agreement is effective from the date you sign it (shown below) until the end of the research studies or when you choose to withdraw permission.

For questions or concerns about your rights as a research participant, call Teresa Doksum at the Abt Associates Institutional Review Board at toll-free 877-520-6835. For questions or concerns about the research, call either Alan Werner (Abt Associates) at 617-492-7100, EXT 2832 (toll call) or Demetra Nightingale (the Urban Institute) at 202-261-5571 (toll call).

**Statement**

“I have read this form and agree/do not agree to allow information about me to be used in the national Health Profession Opportunity Grant Program research studies. I know that my participation in the research study is voluntary, that Abt Associates, the Urban Institute and any future researchers will use data security procedures to keep all of the study information private as described above, and that my name will never appear in any public report. I know that I can refuse to answer any questions researchers might ask me, and that I can stop being included in the research at any time without penalty. I understand that Abt Associates, the Urban Institute and other researchers will use my personal information to get information about me from other sources, as described above.”

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PRINT NAME OF STUDY PARTICIPANT

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IF YOU AGREE TO LET RESEARCHERS USE YOUR INFORMATION, SIGN ABOVE

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DATE

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IF YOU DO NOT AGREE TO LET RESEARCHERS USE YOUR INFORMATION, SIGN ABOVE

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DATE



**HPOG Participant Informed Consent (Spanish)**

**ACUERDO DE PARTICIPAR EN  
EL ESTUDIO DEL PROGRAMA DE SUBVENCIONES DE OPORTUNIDAD  
PARA LAS PROFESIONES DE SALUD [SOPS]**

Este programa es parte de un nuevo proyecto nacional para entrenar a personas para trabajos el área del cuidado de salud.. El programa es financiado por el Departamento de Salud y Servicios Humanos Estadounidense en Washington, DC. Esta agencia también está financiando la investigación para estudiar cómo funciona nuestro programa en ayudar a las personas a conseguir entrenamiento y empleo. En los próximos años, los investigadores van a utilizar la información acerca de las personas en el programa para hacer sus estudios. Los investigadores de Abt Associates y el Urban Institute están llevando a cabo el estudio actualmente. Otros investigadores pueden participar en estudios futuros. Usted está invitado a participar en esta importante investigación.

Los investigadores necesitan su permiso para obtener información sobre usted para poder entender cuales tipos de personas están en el programa y qué tan bien está funcionando el programa. Ellos quieren: (1) información acerca del entrenamiento y los servicios que recibe en el programa, (2) información sobre usted y su familia, su educación y experiencia laboral, y (3) los datos personales tales como su número de Seguro Social para poder obtener información de fuentes gubernamentales acerca de su empleo en el futuro, ingresos, educación, y servicios públicos, tales como servicios de beneficencia.

Abt Associates, el Urban Institute, y otros investigadores involucrados en el futuro utilizarán los procedimientos de seguridad de datos para mantener privados todos los datos del estudio y para proteger su información personal. Toda la información utilizada en la investigación se mantendrá privada hasta la medida permitida por la ley. Su nombre nunca aparecerá en ningún informe o con cualquier resultado de la investigación. Los investigadores juntarán la información sobre todos en el programa para analizar cómo el programa ayuda a las personas a encontrar y mantener empleo en el área del cuidado de salud. Todos los formularios u otros documentos que incluyen su nombre se mantendrán en un lugar bajo llave, y todos los archivos de computadora con su nombre serán protegidos. Todos los investigadores que utilizan la información para estudiar el programa deben seguir todos los procedimientos de seguridad de datos y firmar un acuerdo de privacidad.

Participación en los estudios es voluntaria. Usted puede retirar su permiso para compartir los datos en cualquier momento. Negarse a proporcionar el permiso para que la investigación ahora, o retirar el permiso para que la investigación más tarde, no afectará su elegibilidad para los servicios de este programa ni en otro lugar. Si retira su participación, los investigadores pueden seguir utilizando la información recopilada sobre usted durante el tiempo que dio el permiso para la investigación.

Al participar en el estudio nos va a ayudar a nosotros, el gobierno federal, y programas en todo el país a aprender acerca de la mejor manera de proporcionar entrenamiento y ayudar a los participantes conseguir un trabajo en el área del cuidado de la salud. Le pediremos información en ciertos momentos durante su participación en el programa y después de salir del programa. Es posible que un investigador se ponga en contacto con usted después de salir del programa para hacerle algunas preguntas acerca de sus experiencias. Aunque le invitamos a responder a esas preguntas, usted puede negarse a contestar.

Este acuerdo es efectivo desde la fecha en que usted firme (abajo) hasta el fin de los estudios de investigación o cuando usted decida retirar el permiso.

Si tiene preguntas o dudas acerca de sus derechos como participante en la investigación, favor de llamar a Teresa Doksum en la Junta de Revisión Institucional de Abt Associates en el teléfono libre de cargos al 877-520-6835. Si tiene preguntas o dudas acerca de la investigación, llame a Alan Werner (Abt Associates) en el 617-492-7100, EXT 2832 (llamada de larga distancia con cargo) o Pamela Loprest (el Urban Institute) en el 202-261-5659 (llamada de larga distancia con costo).

## Declaración

“He leído esta forma y [estoy de acuerdo / no estoy de acuerdo] en permitir que mi información se utilice en los estudios del programa de subvenciones de oportunidad para las profesiones de salud [SOPS]. Yo sé que mi participación en el estudio de investigación es de carácter voluntario, que Abt Associates, el Urban Institute y cualquier otro investigador involucrado en el futuro seguirán los procedimientos de seguridad de datos para mantener toda la información del estudio privada, como se ha descrito anteriormente, y que mi nombre nunca aparecerá en ningún informe público. Sé que puedo negarme a contestar cualquier pregunta que los investigadores me podrían preguntar, y que puedo dejar de ser incluido en la investigación en cualquier momento sin penalización. Entiendo que Abt Associates, el Urban Institute y otros investigadores utilizarán mi información personal para obtener información de parte de otras fuentes, como se describió anteriormente.”

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NOMBRE [LETRA DE MOLDE]

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SI ESTA DE ACUERDO Y LOS INVESTIGADORES TIENEN SU PERMISO DE USAR SU INFORMACION,  
FIRME ARRIBA

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FECHA

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SI NO ESTA DE ACUERDO Y LOS INVESTIGADORES NO TIENEN SU PERMISO DE USAR SU  
INFORMACION, FIRME ARRIBA

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FECHA



**ISIS Informed Consent**

## **Agreement to Take Part in the Innovative Strategies for Increasing Self-Sufficiency (ISIS) and Health Profession Opportunity Grant (HPOG) Studies**

ISIS and HPOG are two important studies of services that may help people improve their skills, find a job, and advance in their careers. Both studies are funded by the U.S. Department of Health and Human Services.

ISIS is a study looking at the effectiveness of career pathways programs designed to help people improve their careers in a number of occupations. A research organization called Abt Associates is conducting the ISIS study. ISIS expects to recruit 10,800 people across 9 different programs to be in the study.

HPOG is a study of programs training people for jobs in health care. Abt Associates and The Urban Institute are conducting the HPOG study. HPOG expects to recruit over 30,000 people to be in the study.

[Name of site] is trying innovative approaches to help individuals improve their education and employment outcomes. To learn about how well the program is working, researchers will compare participants who receive the innovative program services to those who receive other services. Other researchers may engage in future studies. Your participation in the studies is voluntary. You can end your participation at any time. There are no penalties for declining to participate. We hope you will agree to be in these studies. It will help us learn how well the program is working and how to improve services for future participants.

### **What Does Participation Mean?**

If you agree to be in the study, we will assign you to one of two groups. One group will be able to participate in [Program Name]. The other group will not be able to participate in this program but may be eligible for other services in the community. We will use a lottery-like procedure to determine which group you will be in. This procedure makes sure that assignments are fair. Everyone who agrees to join the study has the same chance of receiving [Program Name] services. People who are not selected for this program can re-apply after a period of 48 months. If you decide not to participate in the study, you will not be able to get these services at [name of site]. If you are not selected for the program or decline to participate, you will be given a list of other resources available in the community.

If you agree to be in the study, ISIS and HPOG researchers and program staff will collect information from you to help understand how well the services you receive are working. We will ask you to fill out two forms today. They will take about 38 minutes to complete. They will ask about your educational background, family structure, work history, and other experiences. You may feel that some questions are personal or sensitive. The information will help us to understand what contributes to people's success, and we encourage you to provide it. You may refuse to answer any question. Your answers will not affect your placement into the program or non-program group. In exchange for your time, we will provide you with a \$25 gift card before you leave today.

ISIS and HPOG researchers will collect additional information about you in the future, regardless of which group you are in. This information will help us understand how well the program is working.

- 1) We will ask you to participate in one or more additional surveys sometime in the next few years. You will receive a payment for your time completing each additional survey. You can refuse to participate in the interviews or answer any of the questions.

2) We will collect information about you, including data maintained by this program, other schools, your employer, and government agencies. This information may include information about government services you have received, such as TANF or SNAP (food stamps) and employment records. We will collect records from schools you have attended including but not limited to grades and test scores, coursework, support services, and financial aid. To do this, we need to collect your Social Security Number.

3) We are interested if programs like [name of site] benefit children. If you have children, we may collect information about them from school records and other agencies. We also may ask your permission to talk with or observe your children. Your participation in these activities is voluntary. You or your children can choose to stop participating at any time.

If you withdraw, researchers may continue to use information that was collected about you during the period that you did give permission for research.

### **Potential Risks**

We are committed to keeping your personal information private. All information you provide will be protected under the federal Privacy Act of 1974. Only the interviewer and authorized project staff and researchers evaluating the new programs will see your survey responses. However, there is a small risk of a breach of privacy. We will take strong precautions to make sure this does not happen. We will keep any paper that includes your name and other personal information in a locked storage area and destroy the files after the study ends. We will password protect any computer files with personal information and store them on a secure network.

We will give the Department of Health and Human Services a dataset with your answers but not your name or anything that might identify you such as date of birth, Social Security Number, address, or phone number. The information we give to the Department of Health and Human Services will not be available to the public. Your personally identifiable information, like your name or the names of your children, will not appear in any public document produced as part of the study. Your information will be used only for the purpose of the study and will be kept private to the extent allowed by law.

### **Questions about participation**

If you have any questions about the study, contact Karen Gardiner, ISIS Project Director, at ISIS@abtassoc.com (email) or 301-634-1700 (phone). If you have any questions about your rights as a study participant, contact Teresa Doksum with the Abt Associates Institutional Review Board at IRB@abtassoc.com (email) or 877-520-6835 (toll-free).

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### **Agreement to Participate**

By signing this participation agreement, I confirm that I have read and understand the description of the ISIS and HPOG studies. I have had the opportunity to ask questions. I understand I will be put into one of two groups at random. One group will get the innovative program services. The other group will have access to other services. I understand that my participation is voluntary. I understand that I can refuse to answer any questions or stop being in the study at any time without penalty. I understand that I will be given a copy of this consent form to keep. I understand that Abt Associates and The Urban Institute will get information about me as described above. I understand that researchers may ask me for permission to talk with or observe my children. I understand that participation in these activities is voluntary. I

understand this information will be used only for the purpose of the study and will be kept private to the extent allowed by law.

**Participant:**

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Name of Participant (Printed)

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Signature of Participant

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Date