

## **APPENDIX B: INFORMED CONSENT AND AGREEMENT TO PARTICIPATE**

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You are being asked to participate in this focus group to assist with evaluating Getting to Work: A Training Curriculum for HIV/AIDS Service Providers and Housing Providers (Getting to Work or GTW). Please read this informed consent and agreement to participate form carefully and ask as many questions, as you like before you decide whether you want to participate in this focus group session. You are free to ask questions at any time before, during, or after your participation in this session. A person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The OMB number for this data collection is <insert OMB number>, which expires on <insert date>. If you have questions regarding this data collection request, please contact Meredith DeDona at the USDOL, [DeDona.Meredith@dol.gov](mailto:DeDona.Meredith@dol.gov), 202-693-7880.

**Project Title:** Evaluating Getting to Work: A Training Curriculum for HIV/AIDS Service Providers and Housing Providers

**Facilitator:** <insert name>

**Note Taker:** <insert name>

**Purpose of the Focus Group:** To capture, in your own words, your experiences, perceptions, and challenges related to employment and training for your clients who are living with, or at risk of HIV/AIDS.

**Procedures:** You will be asked to share your experiences and honest opinions about your experiences during a 90 minutes session.

**Privacy and Anonymity:** All of the information we collect in the survey will be kept private to the extent permitted by law and will be used for research purposes only. Your name will never be used in any reports. Only members of the study team will have information about you. Your individual responses will not be shared with the U.S. Departments of Labor or Housing and Urban Development. Your answers will be combined with the answers of other survey participants.

**Participant Consent and Agreement:** I have read the information presented above about the focus group being facilitated by IMPAQ. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions and any additional details I wanted.

I am aware that I have the option of allowing my interview to be tape recorded to ensure an accurate recording of my responses.

I am also aware that excerpts from the interview may be included in a report, with the understanding that the quotations will be anonymous.

I agree, of my own free will, to participate in this focus group session and to keep in confidence information that could identify specific participants and/or the information they provided.

YES  NO

I agree to have my interview tape recorded.

YES  NO

I agree to the use of anonymous quotations in any reports that comes from this focus group session.

YES  NO

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Participant Name: \_\_\_\_\_ (Please print)

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Witness Name: \_\_\_\_\_ (Please print)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_