

A.7.1 Consent Form: NAP Participant Focus Group

You have been selected to participate in a research study being conducted by the United States Department of Agriculture, Food and Nutrition Service. The purpose of this study is to understand how NAP participants use cash benefits in food stores and the benefits and barriers to accepting the Family Card by retailers.

If you agree to participate, here are some things you should know:

- Your participation is completely voluntary (not required), and will not affect your NAP benefits in any way.
- Your name will never be used in any reports about this interview.
- All information collected during this study will be kept private and your responses will not be identified individually in any way.
- With your permission, the discussion will be recorded. Since we are talking with a lot of people across Puerto Rico, this will help us keep track of and accurately report who said what. We will not share the recording with anyone from the NAP office, and we will destroy the recording when the study is over.
- Your input will help the program in charge of the Family Card understand participants' experiences, circumstances and needs with using their Family Card benefits and will help lawmakers make decisions about the Family Card program in the future.
- You may choose to not answer any questions. You may also leave the discussion at any time. You will not be affected in any way if you stop the discussion or decide not to answer a question.
- The discussion leader will answer any questions you have about the discussion.
- The discussion will last about 90 minutes.
- You will receive a \$50 gift card at the end of the focus group as a token of appreciation.

Contact Information: The United States Department of Agriculture has authorized Insight Policy Research to conduct this study. If you have any concerns about your participation in this discussion or have any questions about the study, please contact the study director Carole Trippe at Insight Policy Research at (586) 505-8949.

Certification: By signing this document, you are certifying that you have read this agreement and that you [CHECK ONE in each line]:

agree/ disagree to participate in study
 agree/ disagree to have the interview recorded

Name [PRINT]: _____ Signature: _____ Date: _____

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