

**APPENDIX F**

**VSS CUSTOMER CONSENT FORM**

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## VETERANS SUPPLEMENTAL STUDY

### CONSENT TO PARTICIPATE

The U.S. Department of Labor is sponsoring a study of some of its employment and training programs that serve adults and dislocated workers to learn how well these programs are working and how they can be improved. As part of this national study, called the Workforce Investment Act (WIA) Adult and Dislocated Worker Programs Gold Standard Evaluation, the department is also undertaking a Veterans Supplemental Study to learn specifically about the services provided to veterans. The study is being conducted by a team of researchers at Mathematica Policy Research, Social Policy Research Associates, and MDRC.

By signing this consent form, you are agreeing to take part in this very important study. As a participant in this supplemental study, the following will happen:

- You will complete a short form to provide a description of your background, military service, and current employment status.
- You will participate in a group discussion with researchers and other veterans to talk about your experiences with the American Job Center and the employment and training services you have received.
- Researchers may access your case file to learn more about the employment and training services that you have received.

The decision to participate in the study is up to you. All information that is collected about you through interviews or agency records will be kept private to the extent allowed by federal law and will be used for research purposes only. Your name will never be used in any reports and no information will be reported in any way that can identify you. You may also refuse to answer any questions in the short form or during the group discussion.

***I have read this consent form (or it has been read to me). I understand the information provided in these materials and voluntarily agree to participate. If I have questions I can call the study toll-free number at 1-800-925-0356.***

\_\_\_\_\_  
CUSTOMER'S NAME (Printed)

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

\_\_\_\_\_  
DATE

Public reporting burden for this collection of information is estimated to average 2 minutes per respondent. Send comments concerning this burden estimate or any other aspect of this collection of information to the U.S. Department of Labor, Employment and Training Administration, WIA Evaluation Room N-5641, 200 Constitution Ave. NW, Washington, DC, 20210. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is xxxx-xxxx. Expiration Date xx/xx/20xx.