

**PRIVACY NOTICE AND CONFIRMATION OF INFORMED CONSENT
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TWO-PARENT TANF) STUDY**

Privacy Statement:

This data collection effort is intended for the purpose of describing TANF programs' operations and needs specific to two-parent families. The study team will use what we learn today and from other interviews to contribute to a report to the federal Department of Health and Human Services (HHS) and others interested in TANF programs. Our study began in September 2014 and will end in March 2016. Your participation is voluntary and your statements are private to the extent permitted by law. This interview is not part of an audit or a compliance review. Your comments will not affect the program's management or your involvement with the program.

The OMB control number for the described information collection is 0970-XXXX and it expires XX/XX/XXXX.

By initialing below, I confirm that my participation in this discussion is voluntary, and understand any statements I make will be kept private to the extent permitted by law:

Initials: _____

Date: _____

The OMB control number for the described information collection is 0970-XXXX and it expires XX/XX/XXXX.