

Evaluation of the Young Offenders Grants
OMB SUPPORTING STATEMENT APPENDICES

APPENDIX A

CONSENT TO PARTICIPATE FORM

AGREEMENT TO PARTICIPATE IN THE EVALUATION OF GRANTS

Serving Youth Offenders

You are invited to be part of the Evaluation of Grants Serving Youth Offenders. This form explains what it means to be in the study. To join the study, sign your name at the end of the form. If you are younger than 18 years old, your parent or guardian will also need to sign the form.

What is the Evaluation of Grants Serving Youth Offenders?

It is a study to learn whether the programs for youth offenders improve youth educational and employment opportunities and reduce reentry into the criminal justice system. The study is run by two organizations: Mathematica Policy Research (Mathematica) and Social Policy Research Associates. The U.S. Department of Labor is sponsoring the study.

Who can be in the study?

Every volunteer who is eligible and appropriate for the [FILL PROGRAM NAME] program can be in the study.

What does it mean to be in the study?

Because there are not enough funds to help everyone eligible to participate, and because the research team plans to study ways in which youth offender programs help improve youth educational and employment opportunities and services, a process called “random assignment” will be used. Random assignment is like a lottery. It has nothing to do with your age, race, gender or other personal traits. If you do not get an invite, you will not be able to enroll in the program for 30 months. However, you will continue to be part of the study, and you will receive a list of other service providers in the community.

What information will the research team collect?

The study team will collect information on you for up to ten years.

- **Background information.** Some information will come from your program application.
- **Interviews.** Some information will come from you. The study team may interview you up to three times. You will receive a payment for each interview you do. You do not have to do the interview or answer any questions that make you uncomfortable.
- **Program and government records.** Other information will come from records about you. These records may include information from the program records. They may also include information at state and federal agencies about your employment and earnings and information from the criminal justice system. In addition, the study team

may collect information about your education from the National Student Clearinghouse.

How will the study use your information?

The study team will use your information for research purposes only. The team will follow strict rules to protect your privacy. Your information will be kept private to the extent permitted by law. **Your name will never be used in any report written for the project.** To help protect your privacy, the study has a Confidentiality Certificate from the U.S. government. It says we do not have to identify you, even under a court order or subpoena. Please keep in mind: This certificate does not mean the government approves or disapproves of the study. Also, the study team will have to report your information if you tell us that you or someone else is in danger. The government may see your information if it audits us, but it, too, will protect your privacy.

What are the benefits and risks of participating in the study?

You will help youth offender programs learn how to provide better services for young people like you. The risks are small. Even if you are not selected for the [FILL PROGRAM NAME] program, you will still be part of the study and will have access to other services in your community. The study team will follow strict rules to keep your data private.

Do I have to be in the study?

No. The decision to be in the study is your choice. However, **only people who are in the study will have a chance to be in the [FILL PROGRAM NAME] program.** You may drop out of the study at any time by contacting Mathematica (see below). If you drop out, the study team may use the information collected while you were in the study.

Statement

- I have read this form and understand the information presented.
- I agree to be in the Evaluation of Grants Serving Youth Offenders.
- I know the decision to be in the study is my choice.
- I know that I will have a chance to be in the [FILL PROGRAM NAME] program. If I am not selected, I will not be able to be in the program for 30 months.
- I understand I can drop out of the study at any time.
- I know that the study team will follow strict rules to protect my privacy. My name will never appear in any public document.
- I understand that the study team will get information about me. The information will come from myself and program records.
- I understand that my education records are protected under a federal law called the Family Educational Rights and Privacy Act (FERPA). I further understand that I may waive that protection and give the study team access to my records. I agree to waive my rights under FERPA; the study team can get education records about me.

EGYO OMB Supporting Statement, Appendices

- I understand that I will be contacted to take part in a follow-up survey. I know I do not have to answer any questions that make me uncomfortable.

APPLICANT DATE OF BIRTH (E.G. 01/01/1995)

NAME OF APPLICANT (PLEASE PRINT)

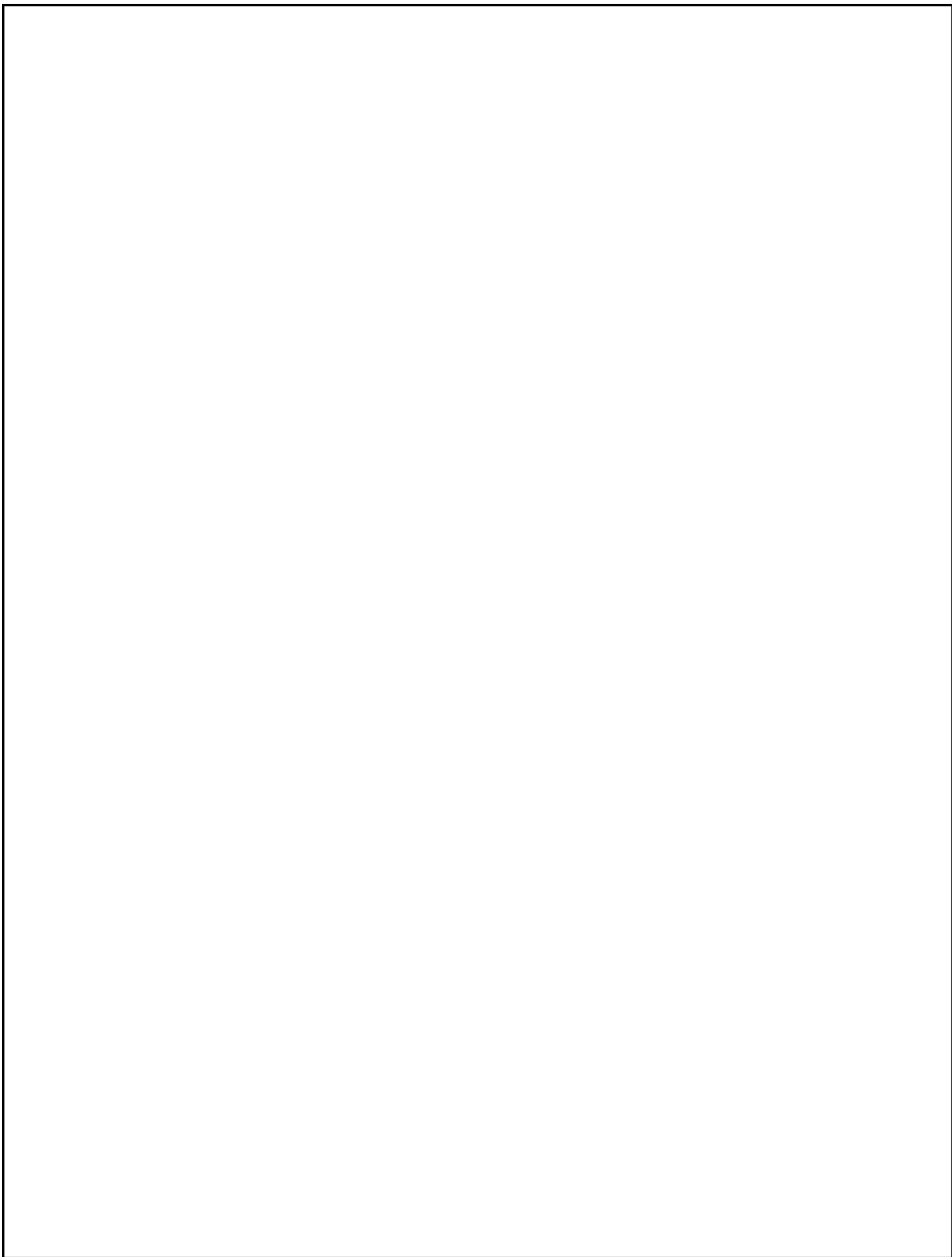
NAME OF PARENT/GUARDIAN IF UNDER 18
(PLEASE PRINT)

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT/GUARDIAN

DATE

DATE



Questions about the Evaluation of Grants Serving Youth Offenders? Please contact [insert email address] or call [insert phone number].

APPENDIX B
INTAKE FORM

Participant ID #: _____

(For Office Use Only)

The OMB Control Number for this information collection is XXXXX and the expiration date is XX/XX/XXXX.

Public reporting burden for this collection of information is estimated to average 13 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to: XX.

Evaluation of Grants Serving Youth and Chicanos BACKGROUND INFORMATION FORM

Today's Date: ____/____/____

Please Print Clearly. Use pen only.

CONTACT INFORMATION

1. _____
First Name Middle Initial Last Name

2. _____
Address Apt. #

Code _____
City State ZIP

3. Nickname(s): _____ 0 None

For the purpose of the study, the research team will need to contact you once or twice a year.

4. What is the best phone number to reach you?

(____) - ____ - _____
Area Code

Type: 1 Home 2 Cell 3 Cell - pre-paid 4 Work

4a. May we send you text messages (standard message and data rates may apply)?

1 Yes 0 No

4b. Whose name is that phone listed in?

1 My own name
2 Someone else _____

5. What is the second best phone number to reach you?

(____) - ____ - _____
Area Code

Type: 1 Home 2 Cell 3 Cell - pre-paid 4 Work

5a. May we send you text messages (standard message and data rates may apply)?

1 Yes 0 No

5b. Whose name is that phone listed in?

1 My own name
2 Someone else _____

6. What is your primary email address?

7. What is your secondary email address?

8. Do you have a personal blog or website?

1 Yes – URL Address: _____

0 No

9. Select all social networking accounts you are actively using?

CHECK ALL THAT APPLY

1 Facebook?

Name: _____

2 Instagram?

Name: _____

3 Twitter?

Tag: _____

10. Do you have any other social networking accounts?

1 Yes – URL Address: _____

0 No

DEMOGRAPHICS AND BACKGROUND CHARACTERISTICS

11. Social Security Number:

* _____

12. Date of Birth: ____/____/____
Month Day Year

13. Gender: 1 Male 2 Female

14. Are you Spanish/Hispanic/Latino?

1 Yes 0 No

15. What is your race?

CHECK ALL THAT APPLY

1 Hawaiian Native or other Pacific Islander

2 White

3 Black or African American

4 Asian

5 American Indian or Alaskan

6 Not specified

16. What is your primary language?

1 English

2 Spanish

3 Other Specify: _____

17. Have you ever been in foster care?

1 Yes 0 No

* Disclosure of SSN is voluntary and not required to participate in this study.

18. Do you have any children?

1 Yes 0 No

TURN FORM OVER



19. Are you or anybody in your household receiving welfare, Food Stamps, SNAP, or other forms of cash assistance?

1 Yes 0 No

20. Have you ever had a paid job lasting for at least one month?

1 Yes 0 No

21. Are you currently employed?

1 Yes 0 No

22. Are you currently enrolled in school?

1 Yes 0 No

23. What is the last grade you completed in school?

CHECK ONE

- 1 6th or below
- 2 7th
- 3 8th
- 4 9th
- 5 10th
- 6 11th
- 7 12th
- 8 Some college

24. Have you received a:

- 1 High school diploma
- 2 GED
- 3 Certificate of Completion
- 4 No – none of these

25. Which of the following best describes your current housing status?

CHECK ONE

- 1 Living with own family
- 2 Own/rent apartment, room, house
- 3 Permanently living at someone's apartment, room, house
- 4 Temporarily staying at someone's apartment, room, house
- 5 Staying with foster guardian/In foster system
- 6 Halfway house/Transitional house
- 7 Residential Treatment
- 8 Juvenile facility/ Correctional facility
- 9 Homeless

26. Have you been diagnosed with a learning disability?

1 Yes 0 No

27. Do you have any health problem such as physical or emotional disabilities?

1 Yes 0 No

CRIMINAL JUSTICE INVOLVEMENT

28. Who referred you to [insert program name]?

CHECK ONE

- 1 Judge
- 2 Probation/parole officer
- 3 Case manager
- 4 School counselor/Truant officer
- 5 Family member
- 6 Friend
- 7 I decided myself
- 8 Someone else (specify: _____)

29. Were you required to participate in [insert Program Name]?

1 Yes 0 No

30. Have you ever been arrested?

1 Yes 0 No

31. If yes, how many times have you been arrested?

_____|_____|_____|_____|

32. Have you ever spent time in a juvenile detention facility?

1 Yes 0 No

33. If so, how long was your longest confinement?

_____|_____| 1 Days 2 Months 3 Years

34. Are you on probation or parole?

- 0 No
- 1 Probation
- 2 Parole

35. How would you prefer to be contacted in the future?

- 1 Regular Mail
- 2 Email
- 3 Cell Phone
- 4 Text
- 5 Facebook
- 6 Twitter
- 7 MySpace
- 8 Other

THANK YOU FOR YOUR TIME

FOR COUNSELOR USE ONLY:

A. Counselor's Name: _____

First Name MI Last Name

B. What are the three primary services you expect this participant to receive?

- 1 Education services
- 2 Vocational services
- 3 Community service placement

* Disclosure of SSN is voluntary and not required to participate in this study.

Job search assistance

Mentoring therapy

Legal assistance

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ID: | | | | | | | | | | | | | | | | | |

FOR OFFICE USE ONLY

- No Friends/Relatives
- Refused

EVALUATION OF GRANTS SERVING YOUTH OFFENDERS

CONTACT INFORMATION FORM

START HERE

1. YOUR NAME: _____ <small>FIRST MIDDLE INITIAL LAST</small>	2. DATE OF BIRTH: / / <small>Month Day Year</small>	3. TODAY'S DATE: / / <small>Month Day Year</small>
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SOCIAL SECURITY NUMBER: | | | | - | | | | - | | | | | * Disclosure of SSN is voluntary and not required to participate in this study.

CONTACT INFORMATION - RELATIVES AND FRIENDS

INSTRUCTIONS: In the space below, please provide contact information for three close relatives or friends who are likely to know how to reach you over the next year. We will only contact these people if we are unable to contact you directly. Please complete all three boxes if possible.

1. NAME AND ADDRESS OF RELATIVE OR FRIEND

NAME: Last _____ First _____ Middle _____

ADDRESS: Number and Street _____ Apt. No. _____

City _____ State _____ ZIP Code _____

How is this person related to you? 1 Mother 2 Father 3 Sister/Brother 4 Friend 5 Grandmother/Grandfather 6 Other (Specify) _____

TELEPHONE and EMAIL:

Home: (____) - ____ - _____ Cell: (____) - ____ - _____ Work: (____) - ____ - _____
Area Code Number Area Code Number Area Code Number

Whose name is home phone listed under? _____ Email Address #1: _____ Email Address #2: _____

Which of the following is the primary social network used by this person? 1 Facebook 3 Personal blog 2 Twitter 4 Other (Specify) _____

What name does this person use in that social network? _____

2. NAME AND ADDRESS OF RELATIVE OR FRIEND

NAME: Last _____ First _____ Middle _____

ADDRESS: Number and Street _____ Apt. No. _____

City _____ State _____ ZIP Code _____

How is this person related to you? 1 Mother 2 Father 3 Sister/Brother 4 Friend 5 Grandmother/Grandfather 6 Other (Specify) _____

TELEPHONE and EMAIL:

Home: (____) - ____ - _____ Cell: (____) - ____ - _____ Work: (____) - ____ - _____
Area Code Number Area Code Number Area Code Number

Whose name is home phone listed under? _____ Email Address #1: _____ Email Address #2: _____

Which of the following is the primary social network used by this person? 1 Facebook 3 Personal blog 2 Twitter 4 Other (Specify) _____

What name does this person use in that social network? _____

3. NAME AND ADDRESS OF RELATIVE OR FRIEND

NAME: Last _____ First _____ Middle _____

ADDRESS: Number and Street _____ Apt. No. _____

City _____ State _____ ZIP Code _____

How is this person related to you? 1 Mother 2 Father 3 Sister/Brother 4 Friend 5 Grandmother/Grandfather 6 Other (Specify) _____

TELEPHONE and EMAIL:

Home: (____) - ____ - _____ Cell: (____) - ____ - _____ Work: (____) - ____ - _____
Area Code Number Area Code Number Area Code Number

Whose name is home phone listed under? _____ Email Address #1: _____ Email Address #2: _____

Which of the following is the primary social network used by this person? 1 Facebook 3 Personal blog 2 Twitter 4 Other (Specify) _____

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