Attachment N:

ODPHP Physical Activity Guidelines, 2nd Edition

Incentive Receipt Form for Child and Adolescent Focus Groups

OMB Control Number: 0990-0281

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**Submitted to:**

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Office of the Chief Information Officer

U.S. Department of Health and Human Services

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U.S. Department of Health and Human Services

# Incentive Receipt Form for Child and Adolescent Focus Groups

My child has received $40 for participating in a focus group for CommunicateHealth and the Office of Disease Prevention and Health Promotion (ODPHP). I have received $35 for supporting my child’s participation..

Minor’s Name (Print):

Parent Name (print):

Parent Signature:

Date: