

## Attachment 2A-15: FAQ Letter for Caregivers 8-15

### FAQ Letter for Caregivers

*This letter will be on the CAPP agency letterhead.*

*(Insert Date Here)*

**Dear Prospective Participant,**

We want you to take part in a study with the *(insert CAPP agency here)*. The U.S. Department of Health and Human Services hired Westat, a research organization based in Maryland, to do the study. Westat has no connection to *(insert CAPP agency here)* except the study. Before you decide if you want to be in this study, we want you to understand why it is being done and what it will involve. The study is described below.

#### **What is the study for?**

This study will find out if the service program in *(insert CAPP agency here)* helps you and the children in your care stay out of foster care or leave foster care sooner.

#### **Do I have to take part in the study?**

You do not have to be in the study. You can stop being in the study at any time. Your choice will not affect your case or the services that you and your family get. We hope that you will be part of the study so that we can learn ways to better serve families.

#### **What do you want me to do now?**

We would like you to let *(insert CAPP agency here)* share your contact information with Westat. If you do not want *(insert CAPP agency here)* to give your contact information to Westat, please call the number below by *(insert date)*. If you do not call the number below by *(insert date)*, *(insert CAPP agency here)* will give your contact information to Westat. Westat will then mail a questionnaire to you. A Westat researcher may also send you a postcard about the study or call you about the study. Your decision to participate will not affect the services that you and your family currently receive.

#### **How does the study work?**

We need your help in finding out which services work better. Westat will do this through a questionnaire that asks questions about how you work with your social worker and the support and service you receive from your social worker. Other questions will be about other family members' and friends' involvement with one of the cases of a child in your care.

The questionnaire will take about 36 minutes to answer. You can skip questions that you do not feel comfortable answering. There are no right or wrong answers. We just want you to answer the questions honestly.

***Please note that not everyone who wants to be in the study will receive a questionnaire.***

#### **What are the possible risks and discomforts?**

This questionnaire has questions that may make you feel upset or uncomfortable. If that happens please speak to your social worker. You can also skip questions that you do not want to answer.

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### **Will everything I tell you during the study be kept private?**

We will keep your information private to the extent permitted by law. We will not include information that specifically names you or your family in any reports. All responses will be compiled with responses from other families and will be used for research only.

To help us keep your information private, we received a Certificate of Confidentiality from the U. S. Department of Health and Human Services. With this Certificate, no one can force us to share information that may identify you, even in any court or legal proceeding or under a court order or subpoena. We are mandated reporters, so if we are informed of any abuse or neglect we are required by law to report this information to child welfare. We are also required to report to authorities if we are concerned that you might harm yourself or others.

### **What are the benefits to participating in the study?**

Your participation will help **(insert CAPP agency here)** find better ways to serve families and children.

### **Are there other ways to participate in the study?**

There are no other ways to participate in the study other than completing this questionnaire.

### **Could I be injured by participating in the study?**

We do not expect that you will experience any injuries because of participating in the study. Therefore, no treatment will be available to address any injuries.

### **Does Westat have a conflict of interest with DSS?**

Westat has no financial or other relationships with **(insert CAPP agency here)** that will affect conducting this study, including interpreting and reporting the study results.

### **Will I get anything for taking part in the study?**

We will mail you a \$50.00 Visa gift card to thank you for participating in the study.

### **What if I do not want **(insert CAPP agency here)** to share my information?**

If you do not want **(insert CAPP agency here)** to give your contact information to Westat, please call **\_\_\_\_\_** at **\_\_\_\_-\_\_\_\_-\_\_\_\_** by (DATE TBD Pending OMB and IRB CLEARANCE).

If you have any questions about your rights as person taking part in the study, please contact the Committee for the Protection of Human Subjects at (916) 326-3660. You can also learn more about your rights as a part of the study from the *Research Participant's Bill of Rights* document in this packet.

**Again, please note that not everyone who wants to be in the study will receive a questionnaire.**

**Date of IRB approval of this consent:** TBD

**Expiration date of IRB approval of this consent:** TBD

**OMB NO:** TBD

**EXPIRATION DATE:** TBD

**Burden Statement:** Public reporting burden for this collection of information is estimated to average .6 hours per respondent. These estimates include the time for reviewing instructions, and completing and reviewing the collection of information. 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.