Attachment 8: Pre-Release Participant Focus Group Consent Form  
  
Linking to Employment Activities Pre-Release (LEAP) Evaluation

Site Visit Protocols

March 2016

**This page has been left blank for double-sided copying.**

**Agreement to Participate in the [Grantee Program Name] Group Discussion**

You are invited to be part of a [Grantee Program Name] group discussion. This form explains what it means to participate. To agree to be a part of the group discussion, sign your name at the end of the form.

**Here are some questions you might have about the group discussion:**

**What is the group discussion for?**

The group discussion is part of a U.S. Department of Labor research study called “Evaluation of the Linking to Employment Activities Pre-Release Program.” The goal of the study is to learn how [Grantee Program Name] and similar programs work. Two organizations are running the study—Mathematica Policy Research and Social Policy Research Associates.

**What will happen in the group discussion?**

The first thing you will be asked to do is to fill out a short form to provide us with information about your background. Then, the group will talk about what you think is working well in [Grantee Program Name] and what you think could work better. You will also have the chance to talk about how [Grantee Program Name] has affected your life. You will not have to share anything you do not want to share. The group discussion will last about 60 minutes.

**How will the study use my information?**

The study team will only use the information you provide on the background form and during the discussion in its research to learn how [Grantee Program Name] and similar programs work. The team will follow strict rules to protect your privacy to the fullest extent allowed by federal law. [Placeholder – insert once we have received CoC approval: To further protect your privacy, the study team has obtained a Certificate of Confidentiality from the National Institutes of Health, which allows researchers to refuse to hand over identifying information in response to legal demands.] **Your name will never be used in any report that the team writes**. None of the information you share on the background form or in the group discussion will affect your eligibility for any services you receive through any program, your incarceration spell, or any justice proceedings against you. After the study is over, the team will destroy the information you provide.

**What are the benefits and risks of participating in the group discussion?**

A benefit to participating in the group discussion is that you will help [Grantee Program Name] and other programs learn how to provide better services for people like you. The risks to participating are minor but include being asked about topics that are personal and the risk that other group members may reveal information that you have said during the discussion. To limit these risks, the focus group leader will remind all group members that no one has to answer questions that make them uncomfortable and that all information shared during the discussion should be kept private.

**Will participating in the group discussion affect my parole or probation?**

No. Whether or not you participate in the group discussion will not affect your parole or probation in any way. What you say on the background form and in the group discussion will also not affect your parole or probation in any way.

**Do I have to be in the group discussion?**

No. The decision to be in the group discussion is your choice. If you choose to participate, you can stop at any time. You can also choose not to answer any question on the background form or in the discussion. There is no penalty for stopping or for not answering questions.

**Who do I contact if I have a question, complaint, or concern about the study?**

[MATHEMATICA POLICY RESEARCH STAFF]

[PHONE NUMBER]

[EMAIL ADDRESS]

**I agree to take part in this discussion group. I have read the information above. A focus group leader explained anything I did not understand. All my questions were answered.**

Printed Name

Signature Date

*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 valid OMB control number for this information collection is fill. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*