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**Parent or Legal Guardian Permission Form for Youth Participation in the Evaluation of the Transitional Living Program**

**Successful Transitions to Adulthood Research Study (STARS)**

The **Successful Transitions to Adulthood Research Study (STARS)** **is a** study about a program called the Transitional Living Program, like **<<Name of TLP>>**. The study is being run by a company called Abt Associates and its partner Abt SRBI. It is paid for by the Administration for Children and Families in the U.S. Department of Health and Human Services. This form gives information about the study and your child’s role as a study participant. At the end of the form, you can tell us whether or not you will allow your child to be in the study. **It is really important that you read the entire form.**

**What is the study about?** The study focuses on young adults, like your child, and how well programs like **<<Name of TLP>>** can help them find a place to live, build relationships, find education and employment, and feel good about themselves. The information learned from the study will help improve programs for young adults like your child. Over 1,200 young adults will be part of this important study.

**How long will the study last?** Your child’s participation in the study will last for about 12 months. It is possible that the Administration for Children and Families may extend the study for 6 more months. If that happens, your child’s participation in the study could be about 18 months.

**Will all youth in the study get into the <<Name of TLP>>?** No. Someyouth who agree to be in the study will get into this program. But some will not**.** Who gets into the program is decided by chance, like flipping a coin. A computer will “flip the coin” so that everyone is treated fairly. This means that the staff at **<<Name of TLP>>** do not choose who gets into the program. If the computer does not select your child for the program, your child will get a list of other services in the community to help him or her. Your child can re-apply to the **<<Name of TLP>>** when he or she is done with the study in about 12 to 18 months.

**Does my child have to be in the study?** No. Being in the study is completely up to you and your child. This means you and your child get to decide if your child wants to be in the study or not. It also means your child can decide to quit the study at any time**.** If your child decides to leave the study in the future, it is okay. Leaving the study will not harm your child in any way or result in the loss of services, including services provided by **<<Name of TLP>>**.

**What will my child be asked to do if he or she is in the study?** All youth who agree to be in the studywill be asked to take 3 surveys and 2 short contact updates. Everything is done online. Even if your child does not get into the **<<Name of TLP>>**, we will still ask your child to do the surveys and contact updates. The survey and contact updates take different amounts of time. The surveys take about 40 minutes, and contact updates take about 10 minutes. If the study is extended, your child may be asked after 15 months and 18 months for an additional contact update and survey.

**Does my child receive anything for completing the surveys and contact updates?** Each time your child finishes a survey or online contact update, he or she will get an electronic gift card (e-gift card) to Amazon.com to thank him or her for their time. Your child can get up to a total of $120 in e-gift cards to Amazon.com if he or she completes all the surveys and contact updates. For the first two surveys, your child will get a $30 e-gift card for each survey. For the last survey, at the end of the study, your child will get a $40 e-gift card. Each time your child completes a contact update, he or she will get a $10 e-gift card. Your child will receive additional e-gift cards if the study is extended.

**Where will my child take the surveys?** The first time your child takes a survey will be right after he or she agrees to be in the study. Your child will do it by him- or herself on a computer at the **<<Name of TLP>>**. After your child finishes the first survey, the computer will “flip the coin” to decide if he or she gets into the program or not. The answers your child gives on the survey have *no effect* on whether he or she gets into the program.

The other surveys and contact updates are done online. The study team (Abt and its research partner, Abt SRBI) will send your child a link to a secure website, so your child can do them wherever he or she chooses, like a library, school, or at the **<<Name of TLP>>**. The study team may also call your child to remind him or her about the surveys. If your child has trouble doing the survey online, he or she can complete the surveys by phone. If the study team has trouble contacting your child, we may use the contact information he or she provides for a friend or relative to help us reach your child. If your child agrees, one of the ways the study may contact him or her is through Facebook, Twitter, or another form other social media. We would *only send your child private messages* on social media.

**What kinds of questions are on the surveys?** The surveys have some general questions about your child’s background. The surveys also ask about your child’s experiences, feelings, thoughts, and opinions on different parts of his or her life, like housing, education, employment, and relationships. Some of the questions are sensitive and ask about your child’s feelings and behaviors, including actions that are unlawful, alcohol and drug use, sexual experiences, mental health care, violence, and trauma. *All questions are completely voluntary*. This means that your child can skip any question he or she does not want to answer.

**What are the possible benefits if my child participates in the study?** By being in the study, your child will help us learn more about the issues affecting young adults and the kinds of programs and services that can help them build strong futures. The information learned from the study will improve services for young adults like your child. There are no direct benefits to your child.

**What are the possible risks if my child participates in the study?** There is very little risk for your child to participate in this study. All your child’s answers to the survey will be kept private. Only the STARS team and authorized researchers will see your child’s answers. Your child may feel uncomfortable answering some questions on the survey. But *your child can skip any survey question he or she does not want to answer, and your child can stop the survey at any time.*

**Privacy.** The study team will keep your child’s answers to the survey private, as much as the law allows. This means that the staff at the **<<Name of TLP>>**, your child’s family members, parents, guardians, friends, teachers, and other service providers *will never see your child’s answers*. Only the STARS research team and authorized study team members can see your child’s answers to the survey.

We train all the people who work on the study to follow strict rules to protect your child’s privacy. There is *very little risk* of your child’s survey answers and personal information being seen by people who do not have permission. We have many safety measures to prevent this from happening. These safety measures include restricted access, password protection, high levels of data encryption, firewalls, and use of secure clustered servers.

The study team will write reports about what was learned from the study. When we write a report, the information your child gives us will be combined and reported with information from all the other people in the study. Your child’s name will never be used in a report. It is possible that at the end of the study, a data file with all the answers to all the surveys will be made available to the funder of the study (Administration for Children and Families) and authorized researchers. If so, all names and other identifying information would be deleted. The study’s funder may also view the study data to audit the project or evaluate the program.

To help us protect your child’s privacy, we have a special certificate called a Certificate of Confidentiality from the National Institutes of Health. It adds special protection to your child’s information. The Certificate allows the study team to legally refuse to give information that may identify your child in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. In other words, it says that we do not have to tell anyone who your child is or that your child is in the study. Even under a court order from a judge, we can say “no” to the request for information. The only time that we may have to tell someone is if we find out that your child or someone else could be harmed or in danger.

**It’s important you and your family protect your child’s information.** You should understand that the Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about your child or your child’s involvement in this research. If you give written permission for an insurer, employer, or other agency to receive your child’s research information, then the study team may not use the Certificate to withhold that information. This means that you and your family must also actively protect your child’s privacy.

**Who should I contact if I have any questions about the study?** If you have any questions about the study, contact the STARS team at **855-579-6654** (toll-free call) or **STARS@abtassoc.com**. You can also contact Alvaro Cortes, Abt Associates Study Director. You can call him at 301-634-1857 (toll call) or email him at Alvaro\_Cortes@abtassoc.com. For questions about your child’s rights in the study, contact Katie Speanburg at Abt Associates. You can call her at 877-520-6835 (toll-free call) or email her at IRB@abtassoc.com.

**Permission:** Here, you tell us if you agree to allow your child to be in the study. Please read this carefully and ask a staff member if you have any questions about what you are agreeing to.

**Parent or Legal Guardian Statement:**

* I have read the description of the **Successful Transitions to Adulthood Research Study (STARS)** being conducted by Abt Associates and its research partners.

**Please select one:**

**Yes**, **I agree** to allow my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print child’s name) to be in the study and have a chance to get into the program. I allow the researchers conducting this study to contact my child about the study or invite my child to participate in a survey or contact update.

**No**, I do **not** agree to allow my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print child’s name) to be in the study. I do **not** want my child to have a chance to get into the program.

**To confirm your selection, please print your full legal name and sign and date where indicated below.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE date

*OMB Control No: 0970-0383*

*Expiration Date: 07/31/2018*

*THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)*

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