

**Consent Form—Youth Education and Relationship Services Interviews**

Child Trends, an independent research organization, is contracting with the Administration for Children and Families in the U.S. Department of Health and Human Services to conduct a research study to describe Office of Family Assistance (OFA)-funded youth-serving Healthy Marriage and Relationship Education (HMRE) programs, including participant and partner characteristics, and program implementation characteristics. We are interviewing program directors/administrators and facilitators, and staff from partnering organizations. This form has information to help you decide if you want to take part in the study.

IRB # xxxx.xx.xxx  
 Approved on: xx/xx/xxxx  
 Valid until: xx/xx/xxxx

**1. PURPOSE:**  
 We would like to ask you about your experiences providing HMRE services to youth aged 14-24. Our goal is to better understand the OFA-funded HMRE services being provided to youth aged 14-24.

**2. PROCEDURES:**  
 If you agree, you will participate in a 60 minute interview. During the interview, we will ask you about how your organization provides HMRE services to youth aged 14-24. The topics covered in the interview include youth characteristics, implementation characteristics, staff characteristics, and characteristics about your organization.

**3. RISKS AND/OR DISCOMFORTS:**  
 Risks associated with participation include potential loss of privacy. To protect your or your organization’s privacy, your name or your organization’s name will not be used in reports and your individual responses will not be shown to anyone outside of the study team. Some questions may make you uncomfortable. If we come to a question you do not wish to answer, you can let the interviewer know and he/she will move on to the next question.

**4. VOLUNTARY PARTICIPATION:**  
 This collection of information is voluntary and will be used to better understand and improve HMRE programs. You can choose to stop the interview at any point. If after completing the

interview you no longer wish to participate, you can let the interviewer know or you can contact Shelby Hickman at 240-223-9341 to be removed from the study.

Participant ID: \_\_\_\_\_  
 Interviewer Initials: \_\_\_\_\_

**5. PRIVACY:**  
 All information will be kept private to the extent permitted by law. The interview will be audio-recorded, if you agree to it. All recordings and written notes will be kept secure and no one outside of the study team will have access to them. Reports will describe findings in general terms and will not include identifiable information. OFA will not know which organizations participated in the study, and your organization’s participation will not affect current or future funding from OFA.

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**6. COSTS AND BENEFITS:**  
 There are no costs associated with the study other than the time you spend completing the interview. You will not benefit personally from being involved in the study.

**7. INCENTIVE:**  
 To thank you for your participation, you will receive a \$25 gift card.

**8. QUESTIONS:**  
 If you have any comments or concerns about participating in this study, you can contact Mindy Scott, Study Director, at 240-223-9324. If you wish, you may also contact the Child



[irbparticipant@childtrends.org](mailto:irbparticipant@childtrends.org) or by writing to  
7315 Wisconsin Avenue Suite 1200W  
Bethesda, MD 20814.

you say. Once the study is complete, we will  
destroy all recordings. You can still be part of  
the study even if you do not want to be  
recorded. Do you agree to be audio recorded?  
Do you agree to participate?

**9. VERBAL CONSENT:**

We would like to audio record our talk so that  
we can make sure that we don't miss anything

NOTE: The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to better understand the Healthy Marriage and Relationship Education (HMRE) services provided for youth aged 14-24. Public reporting burden for this collection is estimated to average 90 minutes, including the time for reviewing instructions, gathering and maintaining the data needed, 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. The OMB control number for this collection is XXXX-XXXX and it expires on XX/XX/XXXX.

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Participant ID: \_\_\_\_\_  
Interviewer Initials: \_\_\_\_\_

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