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## Evaluation of the ACL Title VI Programs

### Title VI Tribal Caregivers Focus Group – Informed Consent Form

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#### **Purpose of the Study**

The Administration for Community Living (ACL) has hired ICF to find out how well the elders' programs in our country are serving their communities. ICF will be talking to program leaders, elders, and caregivers to learn how the services in their communities help to make their lives better. We will also be looking for ideas to share with programs all over the country. In order to do this, we will be talking with elders' program staff, elders, and caregivers to ask their ideas and thoughts. We will roll all of the ideas into a report which talks about the benefits and the best way to run elders programs.

#### **Description of Participation**

You have been asked to participate because your tribal elders program told us you are a caregiver who received some services from them. The focus group will last 2 hours.

Here are some things we want you to know about the focus group before agreeing and consenting to participate:

#### Risk & Benefits

Participating in this focus groups is unlikely to cause any problems for you in any way. You can choose not to answer any question for any reason. You can leave the focus group at any time. Your answers will not give you any benefits or change any benefits that you currently may be receiving. Your input will be used to help improve programs in tribal communities.

#### Compensation

If you agree to take part in this focus group, you will receive [insert incentive].

#### Privacy

Everyone in the focus group will be asked not to share the names of those who participated or what was said, but we cannot guarantee that everyone will keep the discussion private. We will be taking notes during the focus group about what is said, but your name and answers will be kept private to the extent permitted by law. To help with our notes, we also will audio tape the focus group. We will keep the notes and tape records in locked files and only study staff will be allowed to see them. The information that we report will be grouped together with the results from all tribes and will not contain any information about you or your community. While not the focus of our questions, if you tell us about child or elder abuse or neglect, we have to report to the appropriate authority per tribal and state legal codes.

#### Rights Regarding Decision to Participate

Participation in the focus group is completely voluntary. You can refuse to participate with no penalty or negative results. You do not have to answer questions that you do not want to answer. You may choose to leave the focus group at any time, for any reason.

#### Contact Information

If you have any concerns about your participation in this focus group or have any questions about the evaluation, please contact the project manager, Gretchen Clarke, at [gretchen.clarke@icf.com](mailto:gretchen.clarke@icf.com) or

*Public Burden Statement: 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 project is xxxx-xxxx. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time to review instructions. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to [title], [address, city, state, zip].*

(907) 747-7124, or contact the ACL Contract Officer Representative, Kristen Hudgins, at [kristen.hudgins@acl.hhs.gov](mailto:kristen.hudgins@acl.hhs.gov) or (202) 795-7732.

### Voluntary Consent

Before we begin the focus group, I would like to get verbal consent to proceed. If you agree to take part in the focus group, you are confirming that (1) this form has been read to you, (2) that you understand what it says, and (3) all of your questions have been answered. A copy of this form will be provided to you.

Do you agree to participate in this focus group?

- Yes → *Thank-you. I am confirming you are willing to answer questions during this focus group and will note your verbal consent. We also would like to record the discussion to make sure we don't miss anything.*
- No → *Thank participant for their time.*

Do I have your permission to turn on the audio recorder?

- Yes → *Thank-you. Turn on recorder.*
- No → *Thank-you. I will refrain from recording the session.*

Do you have any questions for me before we begin?

*Pause for participant response(s). Answer any questions the respondents have. Proceed to conducting the focus group using the Moderator Guide*

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### Purpose of the Study

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### Description of Participation

You have been asked to participate because your tribal elders program told us you are a caregiver who received some services from them. The focus group will last 1-2 hours.

Here are some things we want you to know about the focus group before agreeing and consenting to participate:

#### Risk & Benefits

Participating in this focus groups is unlikely to cause any problems for you in any way. You can choose not to answer any question for any reason. You can leave the focus group at any time. Your answers will not give you any benefits or change any benefits that you currently may be receiving. Your input will be used to help improve programs in tribal communities.

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If you agree to take part in this focus group, you will receive [*insert incentive*].

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#### Contact Information

If you have any concerns about your participation in this focus group or have any questions about the evaluation, please contact the project manager, Gretchen Clarke, at [gretchen.clarke@icf.com](mailto:gretchen.clarke@icf.com) or (907) 747-7124, or contact the ACL Contract Officer Representative, Kristen Hudgins, at [kristen.hudgins@acl.hhs.gov](mailto:kristen.hudgins@acl.hhs.gov) or (202) 795-7732.