**Parent or Legal Guardian Permission Form for Youth Participation in the Evaluation of the TLP Outcomes Study**

The **TLP Outcomes Study** is astudy about a program called the Transitional Living Program (TLP), like **<<Name of TLP>>**. The study is being run by a company called Abt Associates. 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 if he or she decides to be part of the study. 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. About 600 young adults will be part of this important study.

**How long will the study last?** The study will last for about 12 months.

**Why is my child being asked to be in a study?** Allpeople who enroll in **<<Name of TLP>>** are invited to be in the study.

**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. Your decision will not result in the loss of services for your child, including services provided by **<<Name of TLP>>**. It also means your child can decide to quit the study at any time**.**. 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>>**.

**Does my child have to be in <<Name of TLP>> to be in the study?** Your child has to enroll in this program to be invited to be in the study. But if your child leaves the program, he or she can stay in the study.

**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. Each survey takes about 37 minutes. Agreeing to participate also means that you give the **<<Name of TLP>>** staff and researchers permission to use information that was collected about your child by this program or other programs in this community to locate your child for surveys. It also means that the **<<Name of TLP>>** staff may share information such as your child’s program entry and exit dates with the study team.

**Does my child receive anything for completing the surveys and contact updates?** Each time your child finishes a survey, 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 $100 in e-gift cards to Amazon.com if he or she completes all the surveys. Your child will get a $30 e-gift card for each of the two surveys he or she completes. For the last survey, at the end of the study, your child will get a $40 e-gift card.

**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. The second time will be 6 months after he or she completes the first survey. The third time will be 12 months after he or she completes the first survey. A staff member at the **<<Name of TLP>>** will help to get your child set up on a secure tablet (like an iPad), a laptop, or other computer, where he or she will take the first survey. For the last 2 surveys, your child can complete them at **<<Name of TLP>>** or do them by him or herself in any place where he or she has access to a computer or tablet, for example at a library, school, or cafe. A staff member at **<<Name of TLP>>** may try to get in touch with your child to complete the last 2 surveys.

**How will you find my child for the last 2 surveys?** If your child is still staying at **<<Name of TLP>>**, a staff member will remind him or her about the survey. If your child has left **<<Name of TLP>>**, we will use the contact information he or she gives the study or the program to reach him or her. The staff at the **<<Name of TLP>>** may also use shared data systems or contact other service providers in the community to help find your child.

**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 study 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 study 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 other authorized researchers. If so, all names and other identifying information would be deleted.

**Certificate of Confidentiality.** To help us protect your child’s privacy, the researchers have received a Certificate of Confidentiality. The certificate is issued by the National Institutes of Health. It adds special protection to your child’s information. It is important to understand what the Certificate can and cannot do. Because the researchers have this certificate, they can:

(1) Legally refuse to give information that may identify your child in any federal, state, or local proceedings. This includes if there is a court subpoena.

(2) Resist any demands for information that would identify your child.

In other words, because of the Certificate, the researchers do not have to tell anyone who your child is or that he or she is in the study.

However, even with the Certificate, the researchers may:

(1) Tell state or local authorities if they find out that your child or someone else could be hurt or in danger.

(2) Not resist a request from the study’s funder (the U.S. Department of Health and Human Services) to view the study data to audit the project or evaluate the program.

**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 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 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](mailto: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 **TLP Outcomes Study** being conducted by Abt Associates.

**Please select one:**

**Yes**, **I agree** to allow my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print child’s name) to be in the study, and agree to allow the staff at the **<<Name of TLP>>** to share information about my child with the study team and to contact other service providers in the community to help find my child for surveys.

**No**, I do **not** agree to allow my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print child’s name) to be in the study.

**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: xx/xx/xxxx*

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