Attachment A: Participant Consent Form  
  
Reentry Employment Opportunities (REO) Evaluation

*June 2019*

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Participant Consent Form

**Agreement to Participate in the   
Reentry Employment Opportunities (REO) Evaluation**

You are invited to be part of the Reentry Employment Opportunities (REO) Evaluation. This form explains what it means to be in the study. To join the study, sign your name at the end of the form.

**What is the REO Evaluation?**

It is a study to learn how the [**PROGRAM NAME**] program helps the people it serves. The U.S. Department of Labor contracted with a third-party evaluator to conduct this study. The study will compare the differences between those that have access to the full range of **[PROGRAM NAME]** services and those who do not have access to the full range of services but are offered a different package of services from the **[PROGRAM NAME**] program or are given a list of other services available in the community.

**Who can be in the study?**

Every volunteer who is eligible and appropriate for the [**PROGRAM NAME**] program can be in the study.

**What does it mean to be in the study?**

Because more people want **[PROGRAM NAME]** program services than the **[PROGRAM NAME]** can serve, and because the research team plans to study the ways in which these services help improve participants’ lives, we will use a lottery to select who gets into the treatment group and receives the full package of **[PROGRAM NAME]** services. If you are not selected, you can still be a part of the study but you will not be able to receive the full package of **[PROGRAM NAME]** services for a period of 2 years. All eligible applicants have an equal chance of getting into the treatment group. The selection is random and it has nothing to do with your age, race, gender, criminal history, or anything else about you.

The study team will collect information on you for up to four years.

* **Background information.** Some information about your employment and criminal justice history as well as demographic and contact information.
* **Interviews and focus groups.** Some information will come from you. The study team may ask to interview you about one or two years after you enroll in the study. The interview will take approximately 30 minutes. To thank you for your participation, we will provide you with a $25 gift card. The study team may also invite you to participate in a one-hour focus group and will provide you with a $20 gift card for your participation. You do not have to participate in the interview or focus group or answer any questions that make you uncomfortable.
* **Program and government records**. Other information will come from records about you. These records may include information from [**PROGRAM NAME**] about your program activities. They may also include information at local, state and federal government agencies about your employment and earnings and information from the juvenile and adult criminal justice systems.

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

The study team will use your information for research purposes only. The team will follow strict rules to protect your privacy and keep your information private. **Your name will never be used in any report written for the project**. The government may see your information if it audits us.

**What are the benefits and risks of participating in the study?**

You will help [**PROGRAM NAME**] and other programs learn how to provide better services for people like you.

The risks are small. Even if you are not selected to receive the full range of [**PROGRAM NAME**] program services, you can still be part of the study and access other services in your community. The study team will follow strict rules to keep your data private. Personally identifying information such as Social Security Numbers will be kept private to the extent permitted by law. Furthermore, your name and contact information will be removed from data before we provide the results to DOL in a public- or restricted-use file. There is a small risk of a breach of privacy; however, strong precautions will be taken to protect your information.

**Do I have to be in the study?**

No. The decision to be in the study is your choice. However, **only people who are in the study will have a chance to receive the full range of [PROGRAM NAME] program services**. You may drop out of the study at any time by contacting the study team (see contact information below). If you drop out, the study team still may use the information collected while you were in the study.

**Statement**

* I have read this form and understand the information presented.
* I agree to be in the REO Evaluation.
* I know the decision to be in the study is my choice.
* I know that I will have a chance to receive the full range of **[PROGRAM NAME**] program services. If I am not selected, I will not be able to be in the full program for 2 years.
* I understand I can drop out of the study at any time.
* I know that the study team will follow strict rules to protect my privacy. My name will never appear in any public document.
* I understand that the study team will get information about me. The information will come from programs and government agencies, as described above.
* I understand that I may be contacted to take part in a survey or focus group. I know I do not have to participate or answer any questions that make me uncomfortable.

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Applicant Date of Birth (e.g. 01/01/1995)

Name of Applicant (Please Print)

Signature of Applicant

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

Date

Questions about the REO Evaluation? Please contact Jillian Stein from Mathematica at [STUDY EMAIL ADDRESS] or call 1-888-XXX-XXXX. You may also contact the Health Media Lab Institutional Review Board if you have any questions about your rights as a study participant or other questions, concerns or complaints about the study: Health Media Lab Institutional Review Board; 1-202-753-5040; www.healthmedialabirb.com