



**Consent Form – Program and Partner Staff Interview
Copingarenting and Healthy Relationship and Marriage Education for Dads (CHaRMED)**

Child Trends is an independent research organization that is funded by the Administration for Children and Families in the U.S. Department of Health and Human Services to conduct a research study. The purpose of the study is to understand how fatherhood programs support and can better support fathers’ healthy coparenting and romantic relationships. We are interviewing program directors and facilitators, as well as staff from partnering organizations. This form has information to help you decide if you want to take part in the study.

IRB No.: 1828
Approved on: 01/10/2020
Valid until: 03/24/2021

1. PURPOSE: We would like to ask you about your experiences providing services to fathers and families in fatherhood programs. Our goal is to better understand how fatherhood programs promote healthy coparenting and romantic relationships.

2. PROCEDURES: We would like to interview you for about 90 minutes. During the interview, we will ask you about how your organization supports and promotes healthy coparenting and romantic relationships among fatherhood program participants. The topics covered in the interview include understanding your perspectives on healthy romantic relationship and coparenting services, and how these services might be improved.

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 without your permission. 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 they will move on to the next question.

4. VOLUNTARY PARTICIPATION: This interview is voluntary and will be used to better understand fatherhood programs. You can choose to stop the interview at any time. There is no penalty or loss of benefits for not participating or withdrawing.

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 responses will be stored securely, and no one outside the study team will have access to the information you share during the interview. Your information will not be used for any future research. Reports will describe findings in general terms and will not include your name or the name of the organization without your permission. Your participation will not affect your current or future funding. Your participation will not affect your employment.

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. QUESTIONS: If you have any comments or concerns about participating in this study, you can contact Mindy Scott, Study Director, at 240-223-9324. You may also contact the Child Trends Institutional Review Board by calling 1-855-288-3506, by emailing irbparticipant@childtrends.org or by writing to 7315 Wisconsin Avenue Suite 1200W Bethesda, MD 20814.

8. VERBAL CONSENT: We would like to audio record our discussion so that we can make sure we do not miss anything you say. We will destroy all recordings within two years of completing the study. You can still be part of the study even if you do not want to be recorded. Do you agree to participate? Do you agree to be audio recorded?

Participant ID: _____
Interviewer Initials: _____
OMB Control No. 0970-0540
Expiration Date: 02/28/2021



NOTE: The Paperwork Reduction Act Statement: The described collection of information is voluntary and will be used to better understand the services fatherhood programs provide around healthy coparenting and romantic relationships. Public reporting burden for the described collection is estimated to average 120 minutes, including 90 minutes of time for the interview and 30 minutes for scheduling and coordination. 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 the described collection is 0970-0540 and it expires on 02/28/2021.

IRB No.: 1828
Approved on: 01/10/2020
Valid until: 03/24/2021

Participant ID: _____
Interviewer Initials: _____

OMB Control No.:0970-0540
Expiration Date: 02/28/2021



**Consent Form - Nonparticipating Fathers Interview (Form A)
Coparenting and Healthy Relationship and Marriage Education for Dads (CHaRMED)**

Child Trends is an independent research organization that is funded by the Administration for Children and Families in the U.S. Department of Health and Human Services to conduct a research study. The purpose of the study is to understand how fatherhood programs support and can better support fathers' healthy coparenting and romantic relationships. This form has information to help you decide if you want to take part in an interview for this study.

what keeps fathers from participating in healthy relationship services. We also want to know how fatherhood programs could be better.

IRB No.: 1828
Approved on: 01/10/2020
Valid until: 06/29/2021

2. PROCEDURES: We would like to interview you for about 60 minutes. We will discuss things like your experiences as a father and with the fatherhood program. We will ask you what could have improved your experiences with the fatherhood program. At the end of the interview, we would like you to complete a brief questionnaire about yourself that will take no more than 15 minutes.

- 3. **RISKS AND/OR DISCOMFORTS:** The main risk of being interviewed is loss of privacy. To protect your privacy, your name will not be used in any reports. Some questions may make you uncomfortable. You do not have to answer any questions you do not want to answer.
- 4. **VOLUNTARY PARTICIPATION:** This interview is voluntary. You can choose to stop the interview at any time. There is no penalty for not participating or withdrawing. Your participation in this interview will not affect any services you receive at [FATHERHOOD PROGRAM] or any other program. You will receive a \$30 gift card to thank you for participating in this interview.
- 5. **PRIVACY:** Your information will be kept private to the extent possible. It will not be shared with [FATHERHOOD PROGRAM]. The interview

We have a Certificate of Confidentiality from the National Institutes of Health. This means that we do not have to give out identifying information about you even if we are asked to by a court of law. However, even with the Certificate of Confidentiality, we would still have to release information in some situations required by law, such as if we learn of child abuse and neglect, or harm to yourself or others.

Participant ID: _____
Interviewer Initials: _____
OMB Control No.: 0970-0540
Form Date: 02/28/2021

- 6. **COSTS AND BENEFITS:** There are no costs associated with the study other than the time you spend in the interview. You will not benefit personally from being involved in the study.
- 7. **QUESTIONS:** If you have any concerns about participating in this study, you can contact the Study Director, Mindy Scott. Her phone number is 240-223-9324. You may also contact the Child Trends Institutional Review Board. Their phone number is 1-855-288-3506. Their email is irbparticipant@childtrends.org. To write to them, their address is 7315 Wisconsin Avenue Suite 1200W Bethesda, MD 20814.
- 8. **VERBAL CONSENT:** We would like to audio record our discussion so that we can make sure we do not miss anything you say. We will destroy all recordings within two years of completing the study. You can still be part of the study even if you do not want to be recorded. Do you agree to participate? Do you agree to be audio recorded?



NOTE: The Paperwork Reduction Act Statement: The described collection of information is voluntary and will be used to better understand the services fatherhood programs provide around healthy coparenting and romantic relationships. Public reporting burden for the described collection is estimated to average 105 minutes, including 60 minutes of time for the interview, 15 minutes to complete the brief questionnaire, and 30 minutes for scheduling and coordination. 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 the described collection is 0970-0540 and it expires on 02/28/2021.

Consent Form - Nonparticipating Father Interview (Form B) Coparenting and Healthy Relationship and Marriage Education for Dads (CHaRMED)

Child Trends is an independent research organization that is funded by the Administration for Children and Families in the U.S. Department of Health and Human Services to conduct a research study. The purpose of the study is to understand how fatherhood programs support and can better support fathers' healthy coparenting and romantic relationships. This form has information to help you decide if you want to take part in an interview for this study.

IRB No. 1828
Approved on 01/19/2020
Valid until: 03/24/2021

- PURPOSE:** We are interviewing you because you are a father who are or used to be enrolled in [FATHERHOOD PROGRAM] but did not complete the healthy relationship services. We would like to ask you about your experiences as a father and how a fatherhood program could help you more. We want to understand better what keeps fathers from participating in healthy relationship services. We also want to know how fatherhood programs could be better.
- PROCEDURES:** We would like to interview you for about 60 minutes. We will discuss things like your experiences as a father and with the fatherhood program. We will ask you what could have improved your experiences with the fatherhood program. At the end of the interview, we would like you to complete a brief questionnaire about yourself that will take no more than 15 minutes.
- RISKS AND/OR DISCOMFORTS:** The main risk of being interviewed is loss of privacy. To protect your privacy, your name will not be used in any reports. Some questions may make you uncomfortable. You do not have to answer any questions you do not want to answer.
- VOLUNTARY PARTICIPATION:** This interview is voluntary. You can choose to stop the interview at any time. There is no penalty or loss of benefits for not participating or withdrawing. Your decision to participate in this study will not impact your parole or probation. Your participation in this interview will not also not impact any services you receive at [FATHERHOOD PROGRAM]. You will

receive a \$30 gift card to thank you for participating in this interview.

Participant ID: _____
Interviewer Initials: _____

- PRIVACY:** Your information will be kept private to the extent possible. It will not be shared with [FATHERHOOD PROGRAM] or your parole officer. The interview will be audio-recorded, if you agree to it. No one outside the study team will have access to the information you share with us during your interview. Your responses will be stored securely. Your information will not be used for any future research. Reports will describe findings in general terms and will not include your name.

We have a Certificate of Confidentiality from the National Institutes of Health. This means that we do not have to give out identifying information about you even if we are asked to by a court of law. However, even with the Certificate of Confidentiality, we would still have to release information in some situations required by law, such as if we learn of child abuse and neglect, or harm to yourself or others.

- COSTS AND BENEFITS:** There are no costs associated with the study other than the time you spend in the interview. You will not benefit personally from being involved in the study.
- QUESTIONS:** If you have any concerns about participating in this study, you can contact the Study Director, Mindy Scott. Her phone number is 240-223-9324. You may also contact the Child Trends Institutional Review Board. Their phone number is 1-855-288-3506. Their email is irbparticipant@childtrends.org. To write to them, their address is 7315 Wisconsin Avenue Suite



1200W Bethesda, MD 20814.

8. VERBAL CONSENT:

We would like to audio record our discussion so that we can make sure we do not miss anything

you say. We will destroy all recordings within two years of completing the study. You can still be part of the study even if you do not want to be recorded. Do you agree to participate? Do you agree to be audio recorded?

NOTE: The Paperwork Reduction Act Statement: The described collection of information is voluntary and will be used to better understand the services fatherhood programs provide around healthy coparenting and romantic relationships. Public reporting burden for the described collection is estimated to average 105 minutes, including 60 minutes of time for the interview, 15 minutes to complete the brief questionnaire, and 30 minutes for scheduling and coordination. 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 the described collection is 0970-0540 and it expires on 02/28/2021.

IRB No.: 1828
Approved on: 01/10/2020
Valid until: 03/24/2021

Consent Form – Father Interview (Form A)

Coparenting and Healthy Relationship and Marriage Education for Dads (CHaRMED)

Child Trends is an independent research organization that is funded by the Administration for Children and Families in the U.S. Department of Health and Human Services to conduct a research study. The purpose of the study is to understand how fatherhood programs support and can better support fathers’ healthy coparenting and romantic relationships. This form has information to help you decide if you want to take part in an interview for this study.

Participant ID: _____
Interviewer Initials: _____
OMB Control No.:0970-0540
Expiration Date: 02/28/2021

1. PURPOSE: We would like to ask you about your experiences in [FATHERHOOD PROGRAM]. We want to understand your experiences as a father. We also want to know how well this program meets your needs around supporting healthy coparenting and romantic relationships.

2. PROCEDURES: We would like to interview you for about 90 minutes. We will ask you about your coparenting and romantic relationships. We want to know more about the services you have received on these topics and how well they meet your needs. At the end of the interview, we would like you to complete a brief questionnaire about yourself that will take no more than 15 minutes.

3. RISKS AND/OR DISCOMFORTS: The main risk of being interviewed is loss of privacy. To protect your privacy, your name will not be used in any reports. Some questions may make you uncomfortable. You do not have to answer any questions you do not want to answer.

4. VOLUNTARY PARTICIPATION: This interview is voluntary and you can choose to stop at any time. There is no penalty or loss of benefits for not participating or withdrawing. Your participation will not affect the program services you receive at [FATHERHOOD PROGRAM]. You will receive a \$30 gift card to thank you for participating in this interview.

5. PRIVACY: Your information will be kept private to the extent possible. It will not be shared with [FATHERHOOD PROGRAM]. The interview will be audio-recorded, if you agree to it. No one outside the study team will have access to the information you share with us during the interview. Your responses will be stored securely. Your information will not be used for any future research. Reports will describe findings in general terms and will not use names.

We have a Certificate of Confidentiality from the National Institutes of Health. This means that we do not have to give out identifying information about you even if we are asked to by a court of law. However, even with the Certificate of Confidentiality, we would still have to release information in some situations required by law, such as if we learn of child abuse and neglect, or harm to yourself or others.

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

7. QUESTIONS: If you have any concerns about participating in this study you can contact the Study Director, Mindy Scott. Her phone number is 240-223-9324. You may also contact the Child Trends Institutional Review Board. Their



phone number is 1-855-288-3506. Their email is irbparticipant@childtrends.org. To write to them, their address is 7315 Wisconsin Avenue Suite 1200W Bethesda, MD 20814.

that we do not miss anything you say. We will destroy all recordings within two years of completing the study. You can still be a part of the study even if you do not want to be recorded. Do you agree to participate? Do you agree to be audio recorded?

8. VERBAL CONSENT: We would like to audio record our discussion so that we can make sure

NOTE: The Paperwork Reduction Act Statement: The described collection of information is voluntary and will be used to better understand the services that certain programs provide around healthy coparenting and romantic relationships. Public reporting burden for the described collection is estimated to average 15 minutes, including 90 minutes of time for the interview, 15 minutes to complete the brief questionnaire, and 30 minutes for scheduling and coordination. 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 the described collection is 0970-0540 and it expires on 02/28/2021.

IRB No. 1828
Approved on: 01/10/2020
Valid until: 03/24/2021

Participant ID: _____
Interviewer Initials: _____

OMB Control No.:0970-0540
Expiration Date: 02/28/2021



Consent Form – Father Interview (Form B)
Coparenting and Healthy Relationship and Marriage Education for Dads (CHaRMED)

Child Trends is an independent research organization that is funded by the Administration for Children and Families in the U.S. Department of Health and Human Services to conduct a research study. The purpose of the study is to understand how fatherhood programs support and can better support fathers’ healthy coparenting and romantic relationships. This form has information to help you decide if you want to take part in an interview for this study.

1. PURPOSE: We would like to ask you about your experiences in [FATHERHOOD PROGRAM]. We want to know about your experiences as a father. We want to know how well this program meets your needs around supporting healthy coparenting and romantic relationships.
IRB No. 1828
Approved on 01/19/2020
Valid until 02/24/2021

access to the information you share with us during the interview. Your responses will be stored securely. Your information will not be used for any future research. Reports will describe findings in general terms and will not use names.

2. PROCEDURES: We would like to interview you for about 90 minutes. We will ask you about your coparenting and romantic relationships. We want to know more about the services you have received on these topics and how well they meet your needs. At the end of the interview, we would like you to complete a brief questionnaire about yourself that will take no more than 15 minutes.

We have a Certificate of Confidentiality from the National Institutes of Health. This means that we do not have to give out identifying information about you even if we are asked to by a court of law. However, even with the Certificate of Confidentiality, we would still have to release information in some situations required by law, such as if we learn of child abuse and neglect, or harm to yourself or others.
Participant ID:
Interviewer Initials:
OMB Control No.:0970-0540
Expiration Date: 02/28/2021

3. RISKS AND/OR DISCOMFORTS: The main risk of being interviewed is loss of privacy. To protect your privacy, your name will not be used in any reports. Some questions may make you uncomfortable. You do not have to answer any questions you do not want to answer.

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

4. VOLUNTARY PARTICIPATION: This interview is voluntary and you can choose to stop at any time. There is no penalty or loss of benefits for not participating or withdrawing. Your decision to participate in this study will not impact your parole or probation. Your participation will also not affect the program services you receive at [FATHERHOOD PROGRAM]. You will receive a \$30 gift card to thank you for participating in this interview.

7. QUESTIONS: If you have any concerns about participating in this study you can contact the Study Director, Mindy Scott. Her phone number is 240-223-9324. You may also contact the Child Trends Institutional Review Board. Their phone number is 1-855-288-3506. Their email is irbpparticipant@childtrends.org. To write to them, their address is 7315 Wisconsin Avenue Suite 1200W Bethesda, MD 20814.

5. PRIVACY: Your information will be kept private to the extent possible. It will not be shared with [FATHERHOOD PROGRAM] or your parole officer. The interview will be audio-recorded, if you agree to it. No one outside the study team will have

8. VERBAL CONSENT: We would like to audio record our discussion so that we can make sure that we do not miss anything you say. We will destroy all recordings within two years of completing the study. You can still be a part of the study even if you do not want to be recorded. Do you agree to participate? Do you agree to be audio recorded?

NOTE: The Paperwork Reduction Act Statement: The described collection of information is voluntary and will be used to better understand the services fatherhood programs provide around healthy coparenting and romantic relationships. Public reporting burden for the described collection is estimated to average 135 minutes, including 90 minutes of time for the interview, 15 minutes to complete the brief questionnaire, and 30 minutes for



scheduling and coordination. 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 the described collection is 0970-0540 and it expires on 02/28/2021.

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Approved on: 01/10/2020
Valid until: 03/24/2021

Participant ID: _____
Interviewer Initials: _____

OMB Control No.:0970-0540
Expiration Date: 02/28/2021

Consent Form – Coparent Interview

experiences with the father you are raising a child with who participates in [FATHERHOOD PROGRAM]. We will also ask about the services you both receive from [FATHERHOOD PROGRAM]. We want to understand how fatherhood programs support fathers’ coparenting relationships and what fatherhood programs can do better.

IRB No.: 1828

Approved on: 03/24/2021

Valid until: 03/24/2021

2. PROCEDURES: We would like to interview you for about 90 minutes. We will ask you about your relationship with the father you are raising a child with. We want your perspective on the coparenting services available through [FATHERHOOD PROGRAM]. We also want to know how these programs can serve you and fathers better. At the end of the interview, we would like you to complete a brief questionnaire about yourself that will take no more than 15 minutes.

3. RISKS AND/OR DISCOMFORTS: The main risk of being interviewed is loss of privacy. To protect your privacy, your name will not be used in any reports. Some questions may make you uncomfortable. You do not have to answer any questions you do not want to answer.

4. VOLUNTARY PARTICIPATION: This interview is voluntary and you can choose to stop at any time. There is no penalty or loss of benefits for not participating or withdrawing. If you currently attend services at a program, your participation, or decision not to participate, in this study will not affect those services. You will receive a \$30 gift card to thank you for participating in this interview.

5. PRIVACY: Your information will be kept private to the extent possible. It will not be shared with [FATHERHOOD PROGRAM]. The interview will

outside the study team will have access to the information you share with us during the interview. All responses will be stored securely. Your information will not be used for any future research. Reports will describe findings in general terms and will not include your name.

We have a Certificate of Confidentiality from the National Institutes of Health. This means that we do not have to give out identifying information about you even if we are asked to by a court of law. However, even with the Certificate of Confidentiality, we would still have to release information in some situations **Participant ID**, such as if we learn of child abuse and neglect, or harm to yourself or others. **Interviewer initials**

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

7. QUESTIONS: If you have any concerns about participating in this study, you can contact the Study Director, Mindy Scott. Her phone number is 240-223-9324. You may also contact the Child Trends Institutional Review Board. Their phone number is 1-855-288-3506. Their email is irbparticipant@childtrends.org. To write to them, their address is 7315 Wisconsin Avenue Suite 1200W Bethesda, MD 20814.

8. VERBAL CONSENT: We would like to audio record our discussion so that we can make sure that we do not miss anything you say. We will destroy all recordings within two years of completing the study. You can still be part of the study even if you do not want to be recorded. Do you agree to participate? Do you agree to be audio recorded?

NOTE: The Paperwork Reduction Act Statement: The described collection of information is voluntary and will be used to better understand the services fatherhood programs provide around healthy coparenting and romantic relationships. Public reporting burden for the described collection is estimated to average 135 minutes, including 90 minutes of time for the interview, 15 minutes to complete the brief questionnaire, and 30 minutes for scheduling and coordination. 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 the described collection is 0970-0540 and it expires on 02/28/2021.



Consent Form - Curriculum Developer Interview

Coparenting and Healthy Relationship and Marriage Education for Dads (CHaRMED)

IRB No.: 1828

Approved on: 01/10/2020

Valid until: 03/24/2021

Child Trends is an independent research organization that is funded by the Administration for Children and Families in the U.S. Department of Health and Human Services to conduct a research study. The purpose of the study is to understand how fatherhood programs support and can better support fathers' healthy coparenting and romantic relationships. We are interviewing curriculum developers to better understand how current curricula used by fatherhood programs help promote healthy coparenting and romantic relationships among fathers. This form has information to help you decide if you want to take part in the study.

Participant ID:
Interviewer Initials:
OMB Control No: 0970-0549
Expiration Date: 02/28/2021

- 1. **PURPOSE:** We would like to ask you about the curriculum you developed. Our goal is to better understand how these curricula meet the needs of fatherhood programs as they promote healthy coparenting and romantic relationships.
- 2. **PROCEDURES:** If you agree, we will interview you for about 60 minutes. We will ask you about how the curricula that are being used in fatherhood programs support and promote healthy coparenting and romantic relationships among fatherhood program participants. The topics covered in the interview include the development and implementation of the curriculum you developed.
- 3. **RISKS AND/OR DISCOMFORTS:** Risks associated with participation include potential loss of privacy. To protect you or your organization's privacy, your name or your organization's name will not be used in reports without your permission. 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 they will move on to the next question.
- 4. **VOLUNTARY PARTICIPATION:** This interview is voluntary. You can choose to stop the interview at any point. There is no penalty or loss of benefits for not participating or withdrawing.
- 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 responses will be stored securely, and no one outside the study team will have access to the information you share with us during your interview. Your information will not be used for any future research. Reports will describe findings in general terms and will not include your name or the name of your curriculum without your permission.

- 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. **QUESTIONS:** If you have any comments or concerns about participating in this study, you can contact Mindy Scott, Study Director, at 240-223-9324. You may also contact the Child Trends Institutional Review Board by calling 1-855-288-3506, by emailing irbparticipant@childtrends.org or by writing to 7315 Wisconsin Avenue Suite 1200W Bethesda, MD 20814.
- 8. **VERBAL CONSENT:** We would like to audio record our discussion so that we can make sure we do not miss anything you say. We will destroy all recordings within two years of completing the study. You can still be part of the study even if you do not want to be recorded. Do you agree to participate? Do you agree to be audio recorded?



NOTE: The Paperwork Reduction Act Statement: The described collection of information is voluntary and will be used to better understand the services fatherhood programs provide around healthy coparenting and romantic relationships. Public reporting burden for the described collection is estimated to average 60 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 the described collection is 0970-0540 and it expires on 02/28/2021.

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Participant ID: _____
Interviewer Initials: _____

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