**ATTACHMENT H: HEAD OF HOUSEHOLD FAMILY INTERVIEW CONSENT FORM**

**Evaluation of the Housing Choice Voucher Demonstration**

* If you would like translated consent materials, or to complete this interview in a language other than English, please let us know and we will try to accommodate you. If you need information to be presented in an accessible format, for example, Braille, audio, large type, or sign language interpreters, or a reasonable accommodation (a change or adjustment) so that you can participate, please let us know.

My name is [name], and this is my colleague, [name]. We work for [Abt Associates/the Urban Institute]. Thank you for talking to us today. Before we begin, I want to tell you a few things about this study and your participation in it. Please feel free to ask me any questions you might have. We will also [email/give] you a copy of this information.

The U.S. Department of Housing and Urban Development (HUD) has contracted with a research team to conduct a study on HUD’s Housing Choice Voucher Mobility Demonstration (HCVMD) program. The research team, led by Abt Associates, includes the Urban Institute, MEF Associates, Social Policy Research Associates, Sage Computing, a team of consultants, and other researchers that may be added in the future. The research team and HUD want to determine whether and to what extent mobility services help families using Housing Choice Voucher (HCVs) move to different neighborhoods of their choice.

The [HCVMD] study will measure whether children and adults in households that move to these neighborhoods do better in school, earn more later in life, and show improvements in other areas than those who do not move to these special neighborhoods. The study will also look at the long-term outcomes for adults living in the household.

We are here to learn more about your experience with [the PHA’s mobility demonstration program, which you may know as [LOCAL MOBILITY PROGRAM] and any services you received. We would also like to know more about your experience finding housing and moving with your voucher, and how you feel about your housing and neighborhood.

Findings from this research will help develop recommendations to HUD and public housing agencies on how to improve housing assistance and mobility programs. We will be conducting at least two rounds of interviews for this study, and we may reach out to you again in a couple of years for a second interview.

This research is conducted under the authority of the Secretary of the U.S. Department of Housing and Urban Development to undertake programs of research, studies, testing, and demonstration related to the mission and programs of HUD (12 USC 1701z-1 et seq.). The information collected for this study will be used only for research. We want to assure you that all your responses will be kept private to the full extent provided by law and is protected and held private in accordance with 5 U.S.C. 552a (Privacy Act of 1974) and OMB Circular No. A-130.

Your responses will be deidentified, combined with about 180 other participants, and will be reported for groups of individuals. No results will be analyzed or reported for individuals so there will be no way to link a specific answer or personal attribute back to a specific person. The research staff has been trained in protecting private information. Choosing to take part or not will not change any current or future services or benefits you or your family may be receiving.

Before we start, we also want to make sure you know that:

1. Everyone who works on this study has signed a confidentiality pledge requiring us not to share your identity with anyone outside of the research staff or to identify you with anything you tell us. During the interview my colleague, [name], will be taking notes to make sure we capture everything you say accurately. We’d also like to record the session to back up the notes. We may contact you after the interview to ask for clarification. We will not allow anyone outside the research team to listen to the audio recordings or review the notes we take. The notes and recordings from our conversation will be kept private.
2. Although we may include what you tell us in research reports, we will remove your name and any identifying information, and we will combine what you say with what we hear from other residents. Your responses will be kept private with the one exception: the researcher may be required by law to report a suspicion of physical or emotional harm to yourself or to others. [*Pause for questions.]*
3. Your participation is voluntary. Your responses will not affect your current or future receipt of housing assistance or other benefits. You can choose not to answer questions. You can choose to end the conversation at any time. [*Pause for questions.]*
4. You will receive a $40 gift card, regardless of whether you choose to participate or not. The interview may take up to 90 minutes. Do you have any questions about the study or today’s discussion? *[Pause for response and to address any questions.]*

Do you agree to participate? *[Pause for response.]*

Are you comfortable with this interview being recorded? *[Pause for response.]*

Thank you, we are going to turn on the audio recorder now.

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to evaluate the US Department of Housing and Urban Development’s Housing Choice Voucher Mobility Demonstration. Public reporting burden for this collection of information is estimated to average 15 minutes per response, 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 number and expiration date for this collection are OMB #: XXX-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including

# INFORMATION ABOUT THE HOUSING CHOICE VOUCHER MOBILITY DEMONSTRATION STUDY

This document answers questions you may have about the interview in which you have been invited to participate. After you review this information, you can decide if you still want to participate in the interview.

* **Who is conducting this study?**

The U.S. Department of Housing and Urban Development (HUD) contracted with Abt Associates and their partners the Urban Institute, MEF Associates, Social Policy Research Associates, Sage Computing, a team of consultants, and other researchers that may be added in the future to conduct this study.

* **What is the purpose of this interview?**

The purpose of this interview is to learn more about your current neighborhood, your experiences, services you may have received, and your overall well-being.

* **Why are you being asked to participate in this study?**

We have asked you to participate in this study because you agreed to participate in the [MOBILITY PROGRAM]. At the time you agreed to participate, we explained that you may be asked to participate in interviews in the future. This is one of those interviews.

* **What will you be asked to do?**

We will ask you to answer some questions about your experiences with [MOBILITY PROGRAM] including your housing search and move experiences, your employment status, and the overall well-being of you and your family. The interview will last up to 90 minutes.

* **Why do you need to record the interview?**

We would like to audio record the interview so that we have an accurate record of what is said. However, we will not audio record the interview if you object to being recorded.

* **How will the information that is shared during the interview be used?**

The information we gather will be used to evaluate the program and to inform HUD’s efforts to understand the services that may help voucher holder families move to low-poverty, opportunity-rich neighborhoods.

* **Will anyone know what you say during the interview?**

We will combine what you tell us about your experiences with the mobility demonstration with what other households tell us. If we quote you, we will not include your name or other information that could be used to identify you. Additionally, we will not allow anyone outside the research team to listen to the audio recordings or review the notes we take.

* **Could you be harmed by participating in the interview?**

You may feel uncomfortable sharing your experiences or ideas, but you can always choose not to answer some or all the questions. You can also stop participating in the interview at any time.

* **Could you benefit from participating in the interview?**

It is unlikely that you will benefit directly from participating in the interview, but many people appreciate the opportunity to share their experiences. The information you and others provide through these interviews will be helpful for understanding how the [MOBILITY PROGRAM] is working and will be used for future policy and programming.

* **Will you receive anything if you participate in the interview?**

Yes. You will receive a $40 gift card, as a thank you for participating in the interview.

* **Are you required to participate in the interview?**

No. Your participation in the interview is voluntary and your decision to participate or not will not be shared beyond the research team. Your responses will not affect your current or future receipt of housing assistance or other benefits.

* **Who can you call if you have any questions about the study?**

If you have any questions about the study, you can call:

|  |  |
| --- | --- |
| Mary Cunningham  Urban Institute  202-261-5764  [mcunningham@urban.org](mailto:mcunningham@urban.org) | Jeffrey Lubell  Abt Associates  301-634-1752  [Jeffrey\_Lubell@abtassoc.com](mailto:Jeffrey_Lubell@abtassoc.com) |

You may also contact one of HUD’s project officers for this study, Dr. Marina L. Myhre, PhD, at (202) 402-5705 or Dr Leah M. Lozier, PhD, at (202) 402-3013.

* **If you have any questions about your rights as a participant in the study, you may contact**:

Abt Associates IRB Administrator: toll-free, at 877-520-6835 or [IRB@abtassoc.com](mailto:Katie_Speanburg@abtassoc.com).