

Family Options StudyINSTRUMENT B2-INFORMATION RELEASE FORM

We are very grateful for your time and cooperation in the Family Options Study. The information you have provided during the study is very useful to the Department of Housing and Urban Development (HUD), researchers and policy makers. Your information provides important information to help families like yours. HUD may want to conduct additional research about the housing and services that are part of this study—rapid rehousing, permanent subsidies, transitional housing, and the services provided by local shelters—to see how these kinds of programs could help address homelessness in the future.

Abt Associates and Abt SRBI will maintain the confidentiality of the information you provided from the start of the study until this follow-up has been completed and findings delivered to HUD. We would like to ask for your permission to release your personal information to HUD. If you give your permission Abt will transfer your personally identifiable information securely to HUD in July 2019. The information we will transfer using secure methods is this:

- full name,
- current address and telephone number,
- Social Security Number, and
- your answers to the questions asked in all of the surveys including this follow-up study to HUD.

At that point, HUD will take responsibility for protecting your information and maintaining its confidentiality. Your answers will be kept separate from your name and other information that can identify you. HUD will use this information only for research. **HUD will not use these data to determine your eligibility for any housing assistance or receipt of other benefits.**

Part of HUD's research may include getting information about you from Social Security, welfare, or other government agencies and local homeless providers. The agencies could include state departments of labor, local school districts, child welfare agencies, and state or other unemployment insurance agencies.

The information will be combined with your survey answers to help HUD understand how families that participated in the Family Options Study are doing now and will help HUD and its researchers learn how different kinds of housing and services helped families who were experiencing homelessness. Only HUD and members of the research team can see your records. You may still participate in this study if you do not want these records released to HUD. Again, this information will be used only for research, never to determine program eligibility.

Here are some examples of the types of information HUD and other researchers HUD funds may ask for:

- The dates and nature of your participation in shelter, housing, or services programs
- Records of how much money you earned from your state's department of labor or other earnings data;
- Information about receipt of public assistance or disability benefits
- Child welfare records—including dates when children may have been in foster care
- Information about new addresses from any of these sources
- Your children's school records, including information about how they scored on achievement tests, their school absences, if they repeated a grade, and how they are doing in school;
- Your and your children's records from the criminal justice system, including motor vehicle violations or arrests for other reasons;
- Your and your children's Medicare or Medicaid records;
- Your and your children's participation in TANF, Food Stamps, or other social programs.

I understand that if I agree to allow HUD or other researchers to request this information about me and my children, it means:

- a) I understand that HUD researchers may ask for information about me and my children from agencies like those listed above for five years after HUD receives the data.
- b) I understand that HUD may send a copy of this form to other agencies to authorize release of my and my children's records.
- c) I understand that I will sign this form only if I agree to do so. My participation is voluntary. I am NOT required to do this.
- d) I understand that if I choose not to sign this form there will be no penalty or loss of benefits I may receive now or in the future.
- e) I understand that even if I give permission to release my information, I can choose not to allow the release of my child's personally identifiable information, without any penalty or loss of benefits I receive now or in the future.
- f) The information from my records and my children's records will be kept private.
- g) I understand that I will not be paid for allowing records to be released to HUD.
- h) I will receive a copy of this form.

HUD may also use this information to contact you in the future to see if you would like to participate in additional research. Your participation in any future research HUD or HUD-funded researchers may want to do is strictly voluntary. If you choose not to participate in the future study there will be no penalty or loss of benefits you may receive now or in the future. If you choose to stop participating in this study, you can do so at any time without any penalty or loss of benefits you may receive now or in the future.

Even if you give us permission to release your information, you can choose not to allow us to release your child's personally identifiable information, without any penalty or loss of benefits you receive now or in the future.

Please look at the two items below and write your initials following the "yes" or "no" for each statement to let us know if you consent to release the identifiers to HUD for the purposes specified above.

Yes, I consent\_\_\_\_ No, I do not consent\_\_\_\_ to release **my personal data to HUD.**

Yes, I consent\_\_\_\_ No, I do not consent\_\_\_\_ to release **my child(ren)'s personal data to HUD. ( I understand Abt will release data only for children who participated in the research and are still under age 18 at the time of release.)**

I have read the above description and I understand the decision I have marked above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Participant (printed)                      Signature of Participant                      Date

**COMPLETE IF INTERVIEW COMPLETED BY PHONE:**

Verbal Consent Obtained:    YES    NO    DATE: \_\_\_\_\_

\_\_\_\_\_  
Name of Interviewer    Signature of Interviewer

**Questions About Participation**

If you have questions regarding the release of your personal identifiers to HUD or want to opt out of the study please contact the Abt Associates Inc. Project Director, Ms. Michelle Wood at 301-634-1777 (this is not a toll-free number). You may also call the study toll-free line at 1-xxx-xxx-xxxx.

If you have any questions about your rights or your child's rights as a participant in this study, you can call Ms. Katie Speanburg, the Abt Associates Institutional Review Board (IRB) Administrator, toll free at (877) 520-6835.

