

Appendix A

Consent and Assent Forms

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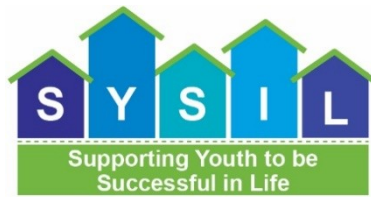
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Study Consent Letter and Form – Parent/Guardian

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OMB Control Number: XXXX-XXXX

Expiration Date: XX/XX/XXXX



Dear Parent or Guardian,

The *Supporting Youth to be Successful in Life* (SYSIL) study examines the effectiveness of programs designed to prepare youth and young adults with experience in the child welfare system for adulthood. These programs have an emphasis on helping youth and young adults to be successful once they exit the child welfare system. The Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services, is funding SYSIL. The study is being conducted by Mathematica, an independent policy research firm.

We are asking your permission for your youth/young adult to participate in the study. As part of the study, they will be asked to complete up to four surveys over the next two years. The surveys ask about demographics, attitudes and outlook towards the future, experiences with the child welfare system, education and employment history and goals, involvement with the criminal/juvenile justice system, access to available system resources, connections with adults and peers, and parenting. Participants will complete the first survey as soon as possible after consenting to the study. The additional surveys will be conducted approximately 6, 12, and 24 months after the first survey. Each survey will be web-based and will take approximately 30 minutes to complete. Study participants will receive a \$40.00 gift card for completing the first survey. When your youth/young adult completes the additional surveys, they will receive additional gift cards: \$45 for the 6 month survey, \$50 for the 12 month survey, and \$65 for the 24 month survey. The information your youth/young adult provides will be used to help understand what challenges youth in foster care face and will help shape programs provided to youth like them. The results of the study will be used to make improvements to the child welfare system and help other youth with similar experiences.

As part of the study, Mathematica will also request administrative records from [AGENCY] on your youth/young adult's child welfare placement history, services received, program participation, and education and employment data. The information collected from these records will be used along with the survey data to support a comprehensive picture of their experiences. Your youth/young adult might also be asked to participate in a focus group discussion later. If they are selected for a focus group, you will be asked to provide permission for their participation at that time.

All information collected for the study will be kept private to the extent permitted by law. We have also obtained a Certificate of Confidentiality from the National Institutes of Health. This helps us protect participants' privacy. This means no one can force the study team to give out information that identifies them, even in court. However, if your youth/young adult reports that they are going to hurt themselves or others, or that someone is hurting them, the study team may be required to report this to someone who can help make sure they are safe. Your youth/young adult's] name will not be attached to their

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survey responses, and no one outside the study team will see their responses. Your youth/young adult's information will be combined with information from other youth participating in the study and no names or other identifying information will be reported.

In the future, information from this study may be securely shared with qualified individuals to help learn more about the experiences of youth and young adults who have been in foster care. The information that is shared will only include a study ID number and not your youth/young adult's name.

Participation in the study is voluntary. The risk to your youth/young adult is that they may be uncomfortable answering some survey questions. If that happens, they can refuse to answer those questions. If you agree that your youth/young adult can participate, you or they can choose to stop participation at any time.

Please complete and sign the enclosed form indicating whether you will allow your youth/young adult to participate in the study and return the form to [NAME OF CONTACT AT ORGANIZATION] no later than [DUE DATE].

If you have questions about the surveys, please contact Melissa Thomas, Mathematica's Survey Director at [TOLL-FREE NUMBER] or via email at [CONTACT EMAIL]. If you have questions about your youth/young adult's rights as a participant in the study, you can contact the Health Media Labs Institutional Review Board (IRB) at [INSERT CONTACT INFORMATION].

Thank you for your time and consideration.

Sincerely,

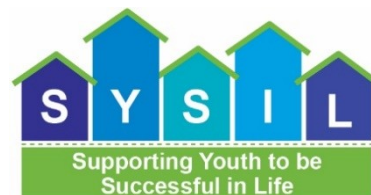
M. C. Bradley, Ph.D.
Project Director
Mathematica

THE PAPERWORK REDUCTION ACT OF 1995

The described collection of information is voluntary. Public reporting burden for the described collection of information is estimated to average XX 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 the described collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contractor Contact Name]; [Contractor Contact Address].

OMB Control Number: XXXX-XXXX

Expiration Date: XX/XX/XXXX



CONSENT FORM – PARENT/GUARDIAN

I have read the attached information cover letter describing the SYSIL Study. **If I give permission for my youth/young adult to participate in the study], it means:**

- I give permission for my youth/young adult to participate in up to four surveys over the next two years.
- I give permission for the study team to collect my youth/young adult's administrative records from Colorado-based organizations that are necessary to meet the goals of this evaluation. Access to these administrative records will be limited to the authorized research team members and the Colorado-based organizations with permission to handle these administrative records. This includes the Linked Information Network of Colorado (LINC) in the Governor's Office of Information Technology that is authorized to perform the data linkage responsibilities necessary for the research study and administrative systems maintained by the Center for Policy Research.
- I understand that participation in the study is voluntary. If I agree that my youth/young adult can participate, they or I can choose to stop participation at any time. There is no penalty for not participating in the study.
- I understand that some of the questions on the surveys may be sensitive, and my youth/young adult does not have to respond to any question they do not wish to answer.
- I understand that all information will be kept strictly private to the extent permitted by law. However, if your youth/young adult reports that they are going to hurt themselves or others, or that someone is hurting them, the study team may be required to report this to someone who can help make sure they are safe.
- In the future, information from this study may be securely shared with qualified individuals to help learn more about the experiences of youth and young adults who have been in foster care. The information that is shared will be de-identified, meaning it would only include a study ID number and no names.
- I understand that survey responses will be combined with those of other study participants, and individuals will not be identified in any reports.

Do you give permission for your youth/young adult to participate in the study?

_____ YES

_____ NO

YOUTH/YOUNG ADULT'S NAME: _____

Parent or Guardian Name: _____

(Printed)

Signature: _____ Date: _____

Street Address: _____ Apt: _____

OMB Control Number: XXXX-XXXX

Expiration Date: XX/XX/XXXX

City: _____ Zip Code: _____

Telephone: (____) ____ - _____ Home Email: _____

(____) ____ - _____ Work

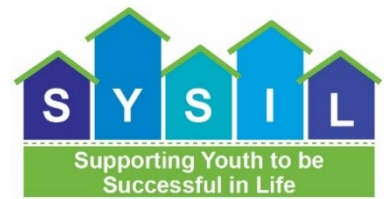
(____) ____ - _____ Cell

**WE NEED YOUR ANSWER WHETHER IT IS YES OR NO.
PLEASE RETURN THIS FORM TO [LOCATION] BY [DATE].**

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

Study Consent Letter and Form – Youth 18 and Older

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Hello,

The *Supporting Youth to be Successful in Life* (SYSIL) study examines the effectiveness of programs designed to prepare youth and young adults with experience in the child welfare system for adulthood. These programs have an emphasis on helping youth and young adults to be successful once they exit the child welfare system. The Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services, is funding SYSIL. The study is being conducted by Mathematica, an independent policy research firm.

We are inviting you to participate in the study. As part of the study, you will be asked to complete up to four surveys over the next two years. The surveys ask about demographics, attitudes and outlook towards the future, experiences with the child welfare system, education and employment history and goals, involvement with the criminal/juvenile justice system, access to available system resources, connections with adults and peers, and parenting. Participants will complete the first survey as soon as possible after consenting to the study. The additional surveys will be conducted approximately 6, 12, and 24 months after the first survey. Each survey will be web-based and will take approximately 30 minutes to complete. Study participants will receive a \$40.00 gift card for completing the first survey. When you complete the additional surveys, you will receive additional gift cards: \$45 for the 6 month survey, \$50 for the 12 month survey, and \$65 for the 24 month survey. The information you provide will be used to help understand what challenges youth in foster care face and will help shape programs provided to youth like you. The results of the study will be used to make improvements to the child welfare system and help other youth with similar experiences.

As part of the study, Mathematica will also request administrative records from [AGENCY] on your child welfare placement history, services received, program participation, and education and employment data. The information collected from these records will be used along with the survey data to support a comprehensive picture of your experiences. You might also be asked to participate in a focus group discussion later. If you are selected for a focus group, you will be asked to provide permission for your participation at that time.

All information collected for the study will be kept private to the extent permitted by law. We have also obtained a Certificate of Confidentiality from the National Institutes of Health. This helps us protect participants' privacy. This means no one can force the study team to give out information that identifies you, even in court. However, if you report that you are going to hurt yourself or others, or that someone is hurting you, the study team may be required to report this to someone who can help make sure you are safe. Your name will not be attached to your survey responses, and no one outside the study team will see your responses. Your information will be combined with information from other youth participating in the study and no names or other identifying information will be reported.

In the future, information from this study may be securely shared with qualified individuals to help learn more about the experiences of youth and young adults who have been in foster care. The information that is shared will only include a study ID number and not your name.

Participation in the study is voluntary. The risk to you is that you may be uncomfortable answering some survey questions. If that happens, you can refuse to answer those questions. If you agree to participate, you can choose to stop participation at any time.

Please complete and sign the enclosed form indicating whether you agree to participate in the study and return the form to [NAME OF CONTACT AT ORGANIZATION] no later than [DUE DATE].

If you have questions about the surveys, please contact Melissa Thomas, Mathematica's Survey Director at [TOLL-FREE NUMBER] or via email at [CONTACT EMAIL]. If you have questions about your rights as a participant in the study, you can contact the Health Media Labs Institutional Review Board (IRB) at [INSERT CONTACT INFORMATION].

Thank you for your time and consideration.

Sincerely,

M. C. Bradley, Ph.D.
Project Director
Mathematica

THE PAPERWORK REDUCTION ACT OF 1995

The described collection of information is voluntary. Public reporting burden for the described collection of information is estimated to average XX 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 the described collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contractor Contact Name]; [Contractor Contact Address].



CONSENT FORM – YOUTH 18 AND OLDER

I have read the attached information cover letter describing the SYSIL Study. **If I agree to participate in the study, it means:**

- I agree to participate in up to four surveys over the next two years.
- I give permission for the study team to collect my administrative records from Colorado-based organizations that are necessary to meet the goals of this evaluation. Access to these administrative records will be limited to the authorized research team members and the Colorado-based organizations with permission to handle these administrative records. This includes the Linked Information Network of Colorado (LINC) in the Governor's Office of Information Technology that is authorized to perform the data linkage responsibilities necessary for the research study and administrative systems maintained by the Center for Policy Research.
- I understand that participation in the study is voluntary. If I agree to participate, I can choose to stop participation at any time. There is no penalty for not participating in the study.
- I understand that some of the questions on the surveys may be sensitive, and I do not have to respond to any question I do not wish to answer.
- I understand that all information will be kept strictly private to the extent permitted by law. However, if I report that I am going to hurt myself or others, or that someone is hurting me, the study team may be required to report this to someone who can help make sure I am safe.
- In the future, information from this study may be securely shared with qualified individuals to help learn more about the experiences of youth and young adults who have been in foster care. The information that is shared will be de-identified, meaning it would only include a study ID number and no names.
- I understand that survey responses will be combined with those of other study participants, and individuals will not be identified in any reports.

Do you agree to participate in the study?

_____ YES

_____ NO

Your Name: _____

(Printed)

Signature: _____ Date: _____

If you said AGREE above, please fill in the following information. We will use the contact information below to reach out to schedule a study survey. We also ask you to provide contact information for up to three additional people who would know how to reach you in the event you move, and we cannot contact you. If we contact these people, we will not reveal any information about you or the study, other than to say we need to locate you to complete a survey. Thank you.

Your Street Address: _____ **Apt:** _____

City: _____ **Zip Code:** _____

Your Telephone:(____) ____ - _____ Home **Your Email:** _____

(____) ____ - _____ Work

(____) ____ - _____ Cell

May we text you about upcoming surveys and other study activities? ☐ Yes ☐ No

Alternate Contact Name#1: _____

Street Address: _____ **Apt.** _____

City: _____ **Zip Code:** _____

Telephone: (____) ____ - _____ Home **Email:** _____

(____) ____ - _____ Work

(____) ____ - _____ Cell

Alternate Contact Name#2: _____

Street Address: _____ **Apt.** _____

City: _____ **Zip Code:** _____

Telephone: (____) ____ - _____ Home **Email:** _____

(____) ____ - _____ Work

(____) ____ - _____ Cell

Alternate Contact Name#3: _____

Street Address: _____ **Apt.** _____

City: _____ **Zip Code:** _____

Telephone: (____) ____ - _____ Home

Email: _____

(____) ____ - _____ Work

(____) ____ - _____ Cell

**WE NEED YOUR ANSWER WHETHER IT IS YES OR NO.
PLEASE RETURN THIS FORM TO [LOCATION] BY [DATE].**

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

Study Assent Form – Youth Under 18

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Supporting Youth to be Successful in Life (SYSIL) Youth Assent Form – for youth under 18

I have read the information explaining the *Supporting Youth to be Successful in Life* (SYSIL) Study, which is being funded by the Administration for Children and Families within the U.S. Department of Health and Human Services and conducted by Mathematica.

I understand the following:

- I have been selected to be a part of this study and my parents/guardians have given their permission for me to participate in this study.
- As a participant in this study, I will be asked to complete up to four surveys over the next two years.
- My name will not be attached to any of my responses and I do not have to answer any questions I do not want to answer.
- The information I provide will be kept private to the extent permitted by law and will not be shared with anyone outside the study team. However, if I report that I am going to hurt myself or others, or that someone is hurting me, the study team is required to report this to someone who can help make sure I am safe.
- In the future, information from this study may be securely shared with qualified individuals to help learn more about the experiences of youth and young adults who have been in foster care. The information that is shared will only include a study ID number and not your name.
- As part of the study, Mathematica will collect records on my placement history, services received, program participation, and education and employment data. The information collected from these records will be used to provide a more complete picture of my experiences and progress.
- Throughout this study, I will be asked to provide updated contact information so the study team can contact me to complete the surveys.
- The decision to participate in the study is mine, and whether I participate in the study will not affect the services I receive. I can stop participating in the study at any time, without penalty.

Please mark your responses and fill in the requested information below. We will not share this information with anyone outside the study:

☐ **Yes, I understand the study procedures and agree to participate in the study**

☐ **No, I do NOT agree to participate in the study**

Name

Signature

Date

If you agree to participate, please fill in the information below. We will not share your contact information with anyone outside of the study. The information you provide will only be used to contact you to complete the surveys.

Cell phone

Email address

May we text you about upcoming surveys and other study activities? ☐ Yes ☐ No

Instagram handle: _____

Facebook name: _____

Street Address

Apt./Unit #

City

State

Zip code

In case we are unable to locate you using the information above, **please also provide contact information for up to three other people** who will be able to help us get in touch with you to complete the surveys. We will only contact these people if we are not able to contact you to complete a survey. If we contact these people, we will not reveal any information about you or the study, other than to say we need to locate you to complete a survey. Thank you.

Alternate Contact Name#1:

Street Address: _____ **Apt.** _____

City: _____ **Zip Code:** _____

Telephone: (____) ____ - _____ **Home** **Email:** _____

(____) ____ - _____ **Work**

(____) ____ - _____ **Cell**

Alternate Contact Name#2: _____

Street Address: _____ **Apt.** _____

City: _____ **Zip Code:** _____

Telephone: (____) ____ - _____ **Home** **Email:** _____

 (____) ____ - _____ **Work**

 (____) ____ - _____ **Cell**

Alternate Contact Name#3: _____

Street Address: _____ **Apt.** _____

City: _____ **Zip Code:** _____

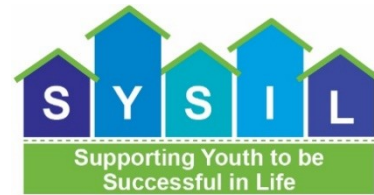
Telephone: (____) ____ - _____ **Home** **Email:** _____

 (____) ____ - _____ **Work**

 (____) ____ - _____ **Cell**

Focus Group Letter and Consent Form – Parent/Guardian

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Dear Parent/Guardian:

Earlier this year, you gave permission for your youth/young adult to participate in the Supporting Youth to be Successful in Life (SYSIL) study. As you may recall, SYSIL is sponsored by the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS) and is being conducted by Mathematica. SYSIL examines the effectiveness of programs that have an emphasis on helping youth and young adults to be successful once they exit the child welfare system.

As part of the study, members of the study team will be conducting a [virtual] focus group discussion with youth about their experiences with [PROGRAM NAME /CHILD WELFARE SERVICES THEY ARE CURRENTLY RECEIVING]. Youth, including your youth/young adult, have been randomly selected to participate in the focus group. We are requesting permission for your youth/young adult to participate in the focus group discussion. During the focus group, youth will be asked to discuss their experiences and level of satisfaction with [PROGRAM NAME /CHILD WELFARE SERVICES THEY ARE CURRENTLY RECEIVING], and how it could be improved. Youth will not be asked to share their own personal behaviors. For purposes of ensuring our notes are accurate, we plan to record the discussion. If any participant does not agree to the recording, the discussion will not be recorded. The focus group is expected to take no more than an hour and a half.

The study team will keep all information your youth/young adult provides private, to the extent permitted by law. However, if they reveal that they are going to hurt themselves, someone else, or that someone has hurt them, the study team may be required to report this information to someone who can ensure they are safe. If you choose to let your youth/young adult participate, the information they provide will be combined with information from other youth to characterize their experiences with [PROGRAM NAME/SERVICES THEY ARE RECEIVING]. Your youth/young adult's name will not be attached to the answers he or she gives, and no one outside the focus group and study team will see his or her answers. We have a Certificate of Confidentiality from the National Institutes of Health. The Certificate helps us protect your privacy and the privacy of your youth/young adult. This means no one can force the study team to give out information that identifies you, even in court.

Participation in the focus group discussion is voluntary. [IF IN PERSON: All current social distancing guidelines will be followed during the focus group.] Refusal to participate will not involve any penalty or loss of services. The study team will ask all participants to keep the information discussed in the focus group private however, there is a chance other participating youth may reveal information discussed in the focus group to people who were not in the focus group. If you agree that your youth/young adult can participate in the focus group, you or they can choose to stop participation at any time with no consequences. Your youth/young adult will receive a \$40.00 gift card for participating in the discussion. There are no additional benefits to your youth/young adult participating in the focus group.

Details for the date, time, and [location/dial-in information] of the focus group [are listed below/will be provided by your case manager].

[DATE:

TIME:

LOCATION/[IF VIRTUAL: DIAL-IN INFORMATION]:

OMB Number: XXXX-XXX

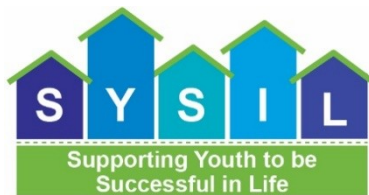
Expiration Date: XX/XX/XXXX

If you agree to allow your youth/young adult to participate in the focus group discussion, please complete and sign the attached form and return it to [CONTACT] **within a week.**

If you have any questions about the study, you can call Mathematica toll-free at 1-XXX-XXX-XXXX. If you have questions or concerns about your youth/young adult's rights as a research participant, please contact Health Media Labs Institutional Review Board (IRB) at [XXX-XXX-XXXX]. Thank you for your time and consideration.

Sincerely,

M.C. Bradley, Ph.D.
Project Director
Mathematica



PARENT/GUARDIAN CONSENT FORM - FOCUS GROUP

I have read the attached information sheet describing the focus group. **By signing this form, I am:**

☐ giving my permission ☐ not giving permission

for my youth/young adult, _____, to participate in the focus group discussion.
Print youth/young adult's name

If giving permission for my youth/young adult to participate in the discussion, I understand that my youth/young adult will be asked about their experiences with [PROGRAM /CHILD WELFARE SERVICES THEY ARE RECEIVING] and I agree to this information being collected. I understand that participation is voluntary and may be withdrawn at any time for any reason without penalty. I further understand that all information on my youth/young adult will be kept private to the extent permitted by law and that the information will be used only for the purposes of the study. However, if they reveal that they are going to hurt themselves, someone else, or that someone has hurt them, the study team may be required to report this information to someone who can ensure they are safe. I understand the team will instruct participants to keep the information discussed private, however there is a chance other participating youth may reveal information discussed in the focus group to people who were not in the focus group. I understand that with participants' permission, the focus group discussion will be recorded and only study team members will have access to the recordings. Furthermore, I understand that agreement or refusal to participate in the focus group discussion will not affect my youth/young adult's participation in the study or services received. If I have questions about the study or the focus group, I can call Mathematica at [XXX-XXX-XXXX]. If I have questions about my youth/young adult's rights as a research volunteer, I can call the Health Media Lab Institutional Review Board, toll-free at 1-XXX-XXX-XXXX.

Parent or Guardian Signature: _____ **Date:** _____

Youth/Young Adult's Name: _____ **Date of Birth:** _____ / _____ / _____
/ _____
Year **Month** **Day**

Please provide your phone number and email so we can remind you of the date and time of the focus group discussion:

Phone: _____ **Email:** _____

OMB Number: XXXX-XXX

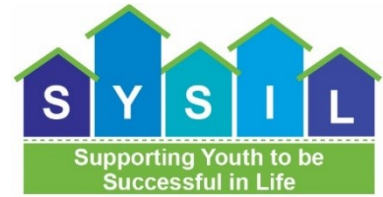
Expiration Date: XX/XX/XXXX

**IF YOU ALLOW YOUR YOUTH/YOUNG ADULT TO PARTICIPATE IN THE DISCUSSION,
PLEASE RETURN THIS COMPLETED FORM TO [CONTACT] BY [DATE].**

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Focus Group Assent Form – All Youth/Young Adults

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Supporting Youth and Young Adults to be Successful in Life (SYSIL) Focus Group - Youth Assent Form

Earlier this year, you agreed to participate in the *Supporting Youth to be Successful in Life (SYSIL)* study. SYSIL is sponsored by the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS) and conducted by Mathematica. As part of the SYSIL study, members of the study team will be conducting a [virtual] focus group discussion with youth and young adults about their experiences with [PROGRAM NAME /CHILD WELFARE SERVICES THEY ARE CURRENTLY RECEIVING].

You are being invited to participate in the focus group discussion [IF UNDER 18: and your parents/guardians have given their permission for you to participate in the focus group].

- During the focus group, you will be asked to discuss your experiences and views on [PROGRAM NAME /CHILD WELFARE SERVICES YOU ARE CURRENTLY RECEIVING], and how [IT /THEY] could be improved. You will not be asked to share your own personal behaviors with the group.
- The discussion will take no more than an hour and a half and you will receive a \$40.00 gift card for participating in the discussion.
- With each participant's permission, the discussion will be recorded. ***You can still participate in the focus group, even if you do not agree to be recorded.***
- Your name will not be attached to any of your responses and you do not have to answer any questions you do not want to answer. The information you provide will be kept private to the extent permitted by law and will not be shared with anyone outside the study team. However, if you report that you are going to hurt yourself or others, or that someone is hurting you, the study team may be required to report this to someone who can help make sure you are safe.
- In the future, information from this study may be securely shared with qualified individuals to help learn more about the experiences of youth and young adults who have been in foster care. The information that is shared will only include a study ID number and not your name.

- Participants in the focus group will be asked to keep all comments made during the focus group discussion private and not to talk about them with anyone outside of the discussion group.
- The decision to participate in the focus group is yours, and you can stop participating in the focus group discussion at any time, without penalty.

Please mark your responses below and sign the form if you agree to participate in the discussion.

1. I agree to participate in the focus group discussion, as part of the SYSIL study.

☐ Yes ☐ No

2. I agree to be recorded during the discussion.

☐ Yes ☐ No

3. I agree not to discuss any comments made during the discussion with anyone outside of the focus group.

Yes No

Name

Signature

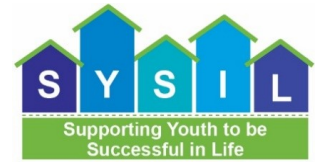
Date

Phone: _____

Email: _____

Frequently Asked Questions – Parent/Guardian

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FREQUENTLY ASKED QUESTIONS – PARENTS/GUARDIANS

What is the Supporting Youth to be Successful in Life (SYSIL) study about? SYSIL explores the effectiveness of programs designed to prepare youth and young adults with experience in the child welfare system for adulthood. These programs focus on helping youth and young adults to be successful once they exit the child welfare system.

SYSIL is being conducted by Mathematica on behalf of the Administration for Children and Families in the U.S. Department of Health and Human Services (HHS). Your youth/young adult's organization is participating in SYSIL and working with Mathematica to invite select youth to participate in the study.

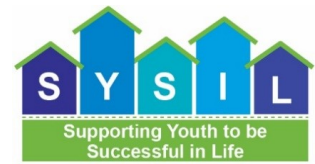
What will my youth/young adult be asked to do as part of the study? As part of the study, participants will be asked to:

- Complete up to four surveys over the next two years. Your youth/young adult will be asked to complete the first survey soon after they agree to participate in the study. The survey will take about 30 minutes to complete and can be completed on the web using a smartphone, tablet, or computer (which we will provide for them). After completing the survey, they will receive a \$40.00 gift card. They will be asked to complete three additional surveys over the next two years – one six months from now, and the others a year and two years from now. Each survey will take approximately 30 minutes to complete and can be completed over the web. They will receive a gift card after completing each survey (\$45 for the 6 month survey, \$50 for the 12 month survey, and \$65 for the 24 month survey).
- Provide updated contact information throughout the study so we can contact your youth/young adult to complete the surveys.
- Give permission for Mathematica to collect administrative records on your youth/young adult's placement history, services received, program participation, and education and employment data. The information collected from these records will be used to support a comprehensive picture of their experiences and progress.

As part of the study, youth may also be asked to participate in a focus group to share their experiences with services received.

Your youth/young adult's decision to take part in the study is up to them and will not affect the services they receive.

What are the surveys about? The surveys ask about attitudes and outlook towards the future, experiences with the child welfare system, your youth/young adult's education and employment history and goals, possible involvement with the criminal/juvenile justice system, access to available system resources, relationships with adults and peers, and parenting.



Why should my youth/young adult participate in the study? By taking part in this study, your youth/young adult has a chance to have their voice heard, to talk about their needs from their own point of view, and to help other young people in similar situations. The information they provide will be used to better understand the challenges youth with experience in foster care face as they transition to adulthood. The results of the study will be used to make improvements to programs designed to help other youth with similar experiences.

Are there any additional benefits to participating in the study? For each survey your youth/young adult completes, they will receive a gift card as a thank you for their time and providing important information in answering the study questions.

Are there any risks to participating in the study? Your youth/young adult may be uncomfortable answering some of the survey questions. If that happens, they do not have to answer any questions they do not want to answer.

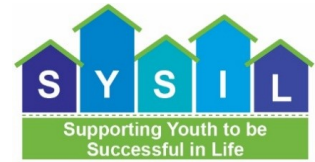
Will my youth/young adult's information be kept private? The information your youth/young adult provides to the study team will be kept private to the extent permitted by law. However, if they report that they are going to hurt themselves or others, or that someone is hurting them, we may be required to report this to someone who can help make sure they are safe.

Your youth/young adult's name will not be attached to any of their responses, and they can refuse to answer any questions they do not want to answer. Their information will be combined with information from other youth participating in the study and no names or other identifying information will be reported.

Who do I contact if I have questions about the study? If you have questions about the study, please contact Melissa Thomas, Mathematica's Survey Director at [TOLL-FREE NUMBER] or via email at [CONTACT EMAIL]. If you have questions about your youth/young adult's rights as a participant in the study, you can contact the Health Media Labs Institutional Review Board (IRB) at [INSERT CONTACT INFORMATION].

Frequently Asked Questions – Youth/Young Adults

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FREQUENTLY ASKED QUESTIONS – YOUTH

What is the Supporting Youth to be Successful in Life (SYSIL) study about? SYSIL explores the effectiveness of programs designed to prepare youth and young adults with experience in the child welfare system for adulthood. These programs focus on helping youth and young adults to be successful once they exit the child welfare system.

SYSIL is being conducted by Mathematica on behalf of the Administration for Children and Families in the U.S. Department of Health and Human Services (HHS). Our organization is participating in SYSIL and working with Mathematica to invite select youth to participate in the study.

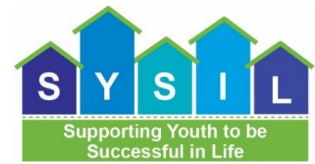
What will I be asked to do as part of the study? As part of the study, participants will be asked to:

- Complete up to four surveys over the next two years. You will be asked to complete the first survey soon after you agree to participate in the study. The survey will take about 30 minutes to complete and can be completed on the web using a smartphone, tablet, or computer (which we will provide for you). After completing the survey, you will receive a \$40.00 gift card. You will be asked to complete three additional surveys over the next two years – one six months from now, and the others a year and two years from now. Each survey will take approximately 30 minutes to complete and can be completed over the web. You will receive a gift card after completing each survey (\$45 for the 6 month survey, \$50 for the 12 month survey, and \$65 for the 24 month survey).
- Provide updated contact information throughout the study so we can contact you to complete the surveys.
- Give permission for Mathematica to collect records on your placement history, services received, program participation, and education and employment data. The information collected from these records will be used to provide a more complete picture of your experiences and progress.

As part of the study, you may also be asked to participate in a focus group to share your experiences with services received.

Your decision to take part in the study is up to you and will not affect the services you receive.

What are the surveys about? The surveys ask about attitudes and outlook towards the future, experiences with the child welfare system, your education and employment history and goals, possible involvement with the criminal/juvenile justice system, access to available system resources, relationships with adults and peers, and parenting.



Why should I participate in the study? By taking part in this study, you have a chance to have your voice heard, to talk about your needs from your own point of view, and to help other young people in similar situations. The information you provide will be used to better understand the challenges youth with experience in foster care face as they transition to adulthood. The results of the study will be used to make improvements to programs designed to help other youth with similar experiences.

Are there any additional benefits to participating in the study? For each survey you complete, you will receive a gift card as a thank you for your time and providing important information in answering the study questions.

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Will my information be kept private? The information you provide to the study team will be kept private to the extent permitted by law. However, if you report that you are going to hurt yourself or others, or that someone is hurting you, we may be required to report this to someone who can help make sure you are safe.

Your name will not be attached to any of your responses, and you can refuse to answer any questions you do not want to answer. Your information will be combined with information from other youth participating in the study and no names or other identifying information will be reported.

Who do I contact if I have questions about the study? If you have questions about the study, please contact Melissa Thomas, Mathematica's Survey Director at [TOLL-FREE NUMBER] or via email at [CONTACT EMAIL]. If you have questions about your rights as a participant in the study, you can contact the Health Media Labs Institutional Review Board (IRB) at [INSERT CONTACT INFORMATION].