

**UNDERSTANDING THE VALUE OF CENTRALIZED SERVICES**  
**APPENDIX C**

**UNDERSTANDING THE VALUE OF CENTRALIZED SERVICES  
INFORMED CONSENT FORM TO PARTICIPATE IN AN OBSERVATION**

We have invited you to be part of an observation for a study to learn about how [SITE NAME] provides services. This is part of a larger study we are doing about organizations that provide many different services, such as [CUSTOMIZE WITH SERVICES PROVIDED AT SITE], in a single location. This form will help you decide if you want to participate in this observation.

**What is the study about?**

The study is funded by the Administration for Children and Families in the U.S. Department of Health and Human Services. Researchers from two companies, MEF Associates and Mathematica, are doing the study. We want to learn about the services that organizations like [SITE NAME] provide to clients.

**What will I need to do?**

We are asking you to let us observe this meeting. You do not need to do anything other than participate in this meeting as you normally would. We will take some notes today on what we're observing.

**Could bad things happen if I participate in the observation?**

You may be uncomfortable having us here to observe. If that happens, you can ask us to leave at any time. You do not have to provide a reason for asking us to leave.

**Will the observation help me?**

The observation will not help you directly. By letting us observe this meeting, you may help the [SITE NAME] and organizations like it provide better services to clients in the future.

**Will you tell people what I say?**

Only the study team will see the notes from the observation. We will not use your name or other information that identifies you, and we will not include names of anyone else you mention in our notes. We will destroy the notes at the end of the study. Anything you say today will be kept private and will not be used to evaluate you in any way.

**Do I have to participate in the observation?**

No. Participating in this observation is voluntary. You do not have to allow us to observe if you do not want to and you can ask us to leave at any time.

**Questions:**

If you have questions about the study, you can call the project director, Mary Farrell at MEF Associates at 703-838-2723.

If you have questions or concerns about your rights as a study participant, you can contact Health Media Labs Institutional Review Board (IRB), a group that reviewed this study for your protection, at 202-549-1982 or by e-mail at [info@healthmedialab.com](mailto:info@healthmedialab.com).<sup>1</sup>

---

<sup>1</sup> Note to OMB: The VOCS project received research ethics review approval from Health Media Lab on October 5, 2021.

**UNDERSTANDING THE VALUE OF CENTRALIZED SERVICES**  
**INTRO SCRIPT**

My name is \_\_\_\_\_, and I'm a researcher with MEF/Mathematica. We are working with the Administration for Children and Families' Office of Planning, Research and Evaluation on a project called Understanding the Value of Centralized Services. We are conducting this study to learn more about how programs like [SITE NAME] provide services to clients. We are especially interested in how providing multiple services at a single location affects services for clients.

To help us do that, we would like to sit in on today's meeting. By observing this meeting, we'll be able to get a better understanding of the program and how [SITE NAME] provides services to clients.

If you agree to allow us to observe today, you can ask us to leave at any time without providing a reason. I will be taking some notes today in order to keep track of what we're observing. Your name will not be written down, and we won't write down the names of anyone else you mention during the interview. The notes I take will be used only by the research team, and only to understand the assessment and referral process at [SITE NAME].

The notes will be stored securely until we finish our project, at which time they will be destroyed. They will not be shared with anyone outside of the research team, including the staff at [SITE NAME].

Anything you say today will be kept private and will not be used to evaluate you in any way.

*[Give participants time to review the consent form]*

Do you have any questions?

Are you willing to allow us to observe?