# Agreement to Participate in the [Program Name] Group Discussion

You are invited to be part of a [Program Name] group discussion. This form explains what it means to participate. To agree to be a part of the group discussion, sign your name at the end of the form.

#### Here are some questions you might have about the group discussion:

#### What is the group discussion for?

The discussion is part of a U.S. Department of Labor (DOL) research study called the Pathway Home Grant Program Evaluation. The goal of the study is to learn more about how [Program Name] and similar programs help justice-involved individuals reenter the community by connecting them to job training and other services both pre- and post-release. This evaluation is being conducted by a third-party evaluator, on behalf of DOL. The study will include focus groups with up to 60 individuals across up to 6 Pathway Home programs across the United States.

### What will happen in the group discussion?

The first thing you and others in the group will be asked by the group leader is to tell the group a bit about your background. Then, you and the others will be asked about how and why you joined this program and the services you have received. The group will also be asked about what is working well in this program and what can work better. You will have the chance to answer these questions and to talk about how this program has affected your life. You will not have to share anything you do not want to share. The group discussion will last about 60 minutes.

#### How will the study use my information?

The study team will use your information for research purposes only. The team will follow strict rules to protect your privacy to the fullest extent allowed by law. Only members of the study team will have access to the information you provide. **Your name will never be used in any report that the team writes**. You may also use a pseudonym (a fake name) during the focus group discussion. None of the information you share in the group discussion will affect your eligibility for any services you receive through any program, nor will it affect any justice proceedings against you. After the study is over, the team will destroy the information you provide.

#### What are the benefits and risks of participating in the group discussion?

A benefit to participating in the group discussion is that you will help [Program Name] and other programs learn how to provide better services for people like you. The risks to participating are minor but include being asked about topics that are personal and the risk that other group members may reveal information that you have said during the discussion. To limit these risks, the group leader will remind all group members that no one has to answer questions that make them uncomfortable. The group leader will also advise participants that all information shared during the discussion should be kept private and not repeated outside of this discussion.

## Will participating in the group discussion affect my parole or probation?

No. Whether or not you participate in the group discussion will not affect your parole or probation in any way. What you say in the group discussion will also not affect your parole or probation in any way.

## Do I have to be in the group discussion?

No. Participation is voluntary, and you do not have to participate in the group discussion. The decision to be in the group discussion is your choice. If you choose to participate, you can stop at any time. You can also choose not to answer any question in the discussion. There is no penalty for stopping or for not answering questions.

#### Whom do I contact if I have a question, complaint, or concern about the study?

If you have questions, concerns, or complaints about the study or you think the research has hurt you, you can contact the study team:

Ms. Samina Sattar (Pathway Home Grant Program Evaluation director from Mathematica) 1-888-XXX-XXXX [Insert]@mathematica-mpr.com

You may also contact the Health Media Lab Institutional Review Board if you have any questions about your rights as a study participant or other questions, concerns or complaints about the study: Health Media Lab Institutional Review Board 202-753-5040

I agree to take part in this group discussion. I have read the information above or had it read to me. A group leader explained anything I did not understand. All my questions were answered.	
Printed Name	
Signature	Date

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