

Attachment F.2: Focus Group Consent Form

Evaluation of 2019-2022 Summer EBT Project

Parent/Caregiver Focus Group Consent form

INTRODUCTION

Thank you for coming today! You have been invited to participate in a focus group for the 2019-2022 Summer EBT Project Evaluation. This focus group is part of a larger evaluation conducted by Abt Associates and funded by the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA). The purpose of this focus group is to learn about your experiences as a participant in the Summer EBT project.

You will participate one time in the focus group and this is one of many conversations we're having to learn about the Summer EBT project in your State/Tribal Nation. We are also talking with Summer EBT project staff and participating retailers to better understand the project and its success and challenges.

The information learned in this focus group will be used to improve the project in future years.

PROCEDURE

As a focus group participant, you will be placed in a group of approximately 8-10 parents/caregivers who participate in the Summer EBT project. A moderator will ask you several questions while facilitating the discussion. As approved through the Abt Associates Institutional Review Board, this focus group will be audio-recorded and a note-taker will be present to ensure we capture everything that is said. The recordings and notes will not be shared with anyone outside of the study team. After this project is completed, we will delete the recording. This group interview will last approximately **1 hour**.

Please note:

- Your participation today is **voluntary**. This means you do not have to answer any questions that make you feel uncomfortable. You can also leave the room at any time, but we encourage you to stay for the full time of the focus group, so that we can include all of your valuable opinions. This will not affect your participation in the Summer EBT project or receipt of the \$25 incentive.
- There are **no right or wrong answers** to focus group questions. We want to hear the many varying viewpoints and would like for everyone to contribute their thoughts. Out of respect, please refrain from interrupting others. However, please be honest, even when your responses are different from other group members.
- Your comments, and those of others in the group, will be used in a summary report for FNS. We will **NOT use your names** or other personally identifiable information that you share in the report.

The Food and Nutrition Service (FNS) is conducting this study to obtain information about the experiences of the Summer Electronic Benefit Transfer (EBT) Project by grantees, retailers, school districts and participants. Participation in this study is voluntary and the information collected will be used to understand how Summer EBT projects are implemented in varying settings. This study does not collect personally identifiable information. Information collected in this study will be kept private to the full extent permitted by law. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0524. The time required to provide this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: USDA/Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (0584-0524).

BENEFITS AND RISKS

- Benefits to participation include providing information that can be used to improve the Summer EBT project in the future, along with the opportunity to receive a \$25 for contributing your time and experience. No risks are anticipated beyond those experienced during an average conversation. Participants may feel some pressure to reveal feelings or experiences to the group.

PRIVACY

Should you choose to participate, you will be asked to respect the privacy of other focus group members by not disclosing any content discussed during the study. The study team researchers will analyze the data, but—as stated above—your responses will remain private, and no names will be included in any reports or interview transcripts.

CONTACT

If you have any questions or concerns regarding this study, please contact:

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SIGNATURE

I understand this information and agree to participate fully under the conditions stated above.

Sign name: _____ Date: _____

Print name: _____