

APPENDIX D
CONSENT FORMS

CHAFEE STRENGTHENING OUTCOMES FOR TRANSITION TO ADULTHOOD (CHAFEE SOTA)
Activity 3: INFORMED CONSENT FOR EXECUTIVE DIRECTOR EA INTERVIEW¹

Title: Chafee Strengthening Outcomes for Transition to Adulthood (Chafee SOTA)

Project Director: Susan Chibnall, Ph.D.

Sponsor: Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF)

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INTRODUCTION

We invite you to take part in an interview as part of a study of services for youth and young adults transitioning out of foster care. During the conversation today, we are interested in collecting information about how your program works, what its goals and activities are, and how it has evolved over time. At this time, we are not conducting an evaluation that will make conclusions about whether the program is working or not working. Please note that this interview will focus on your program overall and will not ask for information on individual clients. In addition to our interview with you, we would also like to speak with representatives from any key collaborating partner agencies.

PURPOSE OF RESEARCH

Our goal is to understand how this program works, who it serves, what services and supports it provides, and what outcomes it tracks.

YOUR RIGHTS

It is important for you to know that:

- Your participation is entirely voluntary.
- We will keep your answers private.

PARTICIPATION

Your participation in this interview is voluntary, and you may skip or refuse to answer any question without consequence. The interview should take about an hour and half to complete. By signing this consent form, you are giving your consent to participate and that you are here voluntarily.

¹ This consent form is intended to be used for in-person, on-site data collection. If virtual data collection is planned instead, this consent form will be revised; rather than collecting a signed consent form, verbal consent will be obtained prior to starting the interview process.

With your permission, we would like to audio-record this conversation. The recording will be used to back up our note taking, and ensure we have fully captured your comments and ideas. All recorded interviews will be stored in a secure location and will be destroyed as soon as the recording is transcribed. Nothing will be reported in a way that would identify you: we will never identify you by name. Only the research staff will ever listen to the recordings.

RISKS

There is no risk to participating in this interview.

BENEFITS

There is no direct benefit to you from being in this study, though we will use this information to help select programs to participate in a future evaluation.

PRIVACY

Your privacy is important to us. The information you provide during the interview will be kept private, except as required by law. In addition, you will never be identified by name. The things you say in our interview may be put in written summary form in reports. Your name will not be linked to any of your responses, though we may include quotes you provide in our reports.

QUESTIONS

If you have questions about your rights and welfare as a research participant, please contact the Westat Human Subjects Protections Office at (888) 920-7631; please leave a message with your first name, the name of the study (Chafee Strengthening Outcomes for Transition to Adulthood), and a phone number beginning with the area code. If you have any other questions about the study, you can call Dr. Susan Chibnall, the Project Director, at 301-610-5108. You may take as much time as needed to think this over.

I, _____ [PRINT YOUR NAME], understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this interview. I recognize that I can change my mind later and stop the interview at any time. I have been given a copy of this form.

Signature of Respondent

Date

Signature of Westat Interviewer

Date

The Paperwork Reduction Act of 1995 ((Pub. L. 104-13) Statement: This collection of information is voluntary and will be used to inform research on programs serving youth in or transitioning out of foster care. Public reporting burden for this collection of information is estimated to average 90 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 this collection are OMB #: 0970-0356, Exp: 02/29/2024. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Susan Chibnall, at SusanChibnall@westat.com or 301-610-5108.

CHAFEE STRENGTHENING OUTCOMES FOR TRANSITION TO ADULTHOOD (CHAFEE SOTA)
Activity 3: INFORMED CONSENT FOR PARTNER AGENCY DIRECTOR EA INTERVIEW²

Title: Chafee Strengthening Outcomes for Transition to Adulthood (Chafee SOTA)

Project Director: Susan Chibnall, Ph.D.

Sponsor: Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF)

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INTRODUCTION

We invite you to take part in an interview as part of a study of services for youth and young adults transitioning out of foster care. During the conversation today, we are interested in collecting information about how you work with [NOMINATED PROGRAM], what its goals and activities are, and how it has evolved over time. At this time, we are not conducting an evaluation that will make conclusions about whether the program is working or not working. Please note that this interview will focus on the program overall and will not ask for information on individual clients.

PURPOSE OF RESEARCH

Our goal is to understand how this program works, who it serves, what services and supports it provides, and what outcomes it tracks.

YOUR RIGHTS

It is important for you to know that:

- Your participation is entirely voluntary.
- We will keep your answers private.

PARTICIPATION

Your participation in this interview is voluntary, and you may skip or refuse to answer any question without consequence. The interview should take about an hour and half to complete. By signing this consent form, you are giving your consent to participate and that you are here voluntarily.

² This consent form is intended to be used for in-person, on-site data collection. If virtual data collection is planned instead, this consent form will be revised; rather than collecting a signed consent form, verbal consent will be obtained prior to starting the interview process.

With your permission, we would like to audio-record this conversation. The recording will be used to back up our note taking, and ensure we have fully captured your comments and ideas. All recorded interviews will be stored in a secure location and will be destroyed as soon as the recording is transcribed. Nothing will be reported in a way that would identify you: we will never identify you by name. Only the research staff will ever listen to the recordings.

RISKS

There is no risk to participating in this interview.

BENEFITS

There is no direct benefit to you from being in this study, though we will use this information to help select programs to participate in a future evaluation.

PRIVACY

Your privacy is important to us. The information you provide during the interview will be kept private, except as required by law. In addition, you will never be identified by name. The things you say in our interview may be put in written summary form in reports. Your name will not be linked to any of your responses, though we may include quotes you provide in our reports.

QUESTIONS

If you have questions about your rights and welfare as a research participant, please contact the Westat Human Subjects Protections Office at (888) 920-7631; please leave a message with your first name, the name of the study (Chafee Strengthening Outcomes for Transition to Adulthood), and a phone number beginning with the area code. If you have any other questions about the study, you can call Dr. Susan Chibnall, the Project Director, at 301-610-5108. You may take as much time as needed to think this over.

I, _____ [PRINT YOUR NAME], understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this interview. I recognize that I can change my mind later and stop the interview at any time. I have been given a copy of this form.

Signature of Respondent

Date

Signature of Westat Interviewer

Date

The Paperwork Reduction Act of 1995 ((Pub. L. 104-13) Statement: This collection of information is voluntary and will be used to inform research on programs serving youth in or transitioning out of foster care. Public reporting burden for this collection of information is estimated to average 90 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 this collection are OMB #: 0970-0356, Exp: 02/29/2024. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Susan Chibnall, at SusanChibnall@westat.com or 301-610-5108.

CHAFEE STRENGTHENING OUTCOMES FOR TRANSITION TO ADULTHOOD (CHAFEE SOTA)

Activity 3: INFORMED CONSENT FOR NOMINATED PROGRAM STAFF EA FOCUS GROUP ³

Title: Chafee Strengthening Outcomes for Transition to Adulthood (Chafee SOTA)

Project Director: Susan Chibnall, Ph.D.

Sponsor: Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF)

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INVITATION TO TAKE PART AND INTRODUCTION

We invite you to take part in a focus group as part of a study on services for youth and young adults transitioning out of foster care. During the conversation today, we are interested in collecting information about how your program works, what its goals and activities are, and how it has evolved over time. At this time, we are not conducting an evaluation that will make conclusions about whether the program is working or not working. Please note that this interview will focus on your program overall and will not ask for information on individual clients.

PURPOSE OF RESEARCH

Our goal is to understand how this program works, what services and supports it provides, how easy it is to get them, how well they meet the needs of youth who use them, and what can be done to improve them.

YOUR RIGHTS

It is important for you to know that:

- Your participation is entirely voluntary.
- We will keep your answers private.

PARTICIPATION

Your participation in this focus group is voluntary, and you may skip or refuse to answer any question without consequence. The focus group should take about an hour and a half to complete. By signing this consent form, you are giving your consent to participate and that you are here voluntarily.

³ This consent form is intended to be used for in-person, on-site data collection. If virtual data collection is planned instead, this consent form will be revised; rather than collecting a signed consent form, consent will be assumed when a respondent shows up to participate in the focus group. This will be made clear in the consent form using the following statement: By being here today, you are giving your consent to participate and that you are here voluntarily.

This session will be audio-recorded for analysis purposes; it also helps us with accurate note-taking. If you are not comfortable being recorded you can either stay quiet during the session or leave now. Focus group recordings will be stored in a secure location and will be destroyed after recording has been transcribed; the only people who will have access to the recordings are members of the evaluation team. In addition, anything that is said during this group stays with the group. We expect that you will not share what others say today with those outside of the group.

RISKS AND BENEFITS

There are no risks or benefits to you from being in this study.

PRIVACY

Your privacy is important to us. All your answers will be kept private. We will write up a summary of the group that will not use any individual names. We will instruct all participants to keep what is said private, but we cannot guarantee that participants will keep each other's comments private after they leave the session.

QUESTIONS

If you have questions about your rights and welfare as a research participant, please contact the Westat Human Subjects Protections Office at (888) 920-7631; please leave a message with your first name, the name of the study (Chafee Strengthening Outcomes for Transition to Adulthood), and a phone number beginning with the area code. If you have any other questions about the study, you can call Dr. Susan Chibnall, the Project Director, at 301-610-5108. You may take as much time as needed to think this over.

I, _____ [PRINT YOUR NAME], understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this focus group. I

recognize that I can change my mind later and leave the focus group at any time. I have been given a copy of this form.

Signature of Respondent

Date

Signature of Westat Interviewer

Date

The Paperwork Reduction Act of 1995 ((Pub. L. 104-13) Statement: This collection of information is voluntary and will be used to inform research on programs serving youth in or transitioning out of foster care. Public reporting burden for this collection of information is estimated to average 90 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 this collection are OMB #: 0970-0356, Exp: 02/29/2024. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Susan Chibnall, at SusanChibnall@westat.com or 301-610-5108.

CHAFEE STRENGTHENING OUTCOMES FOR TRANSITION TO ADULTHOOD (CHAFEE SOTA)
Activity 3: INFORMED CONSENT FOR PARTNER AGENCY STAFF EA FOCUS GROUP⁴

Title: Chafee Strengthening Outcomes for Transition to Adulthood (Chafee SOTA)

Project Director: Susan Chibnall, Ph.D.

Sponsor: Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF)

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INVITATION TO TAKE PART AND INTRODUCTION

We invite you to take part in a focus group as part of a study on services for youth and young adults transitioning out of foster care. During the conversation today, we are interested in collecting information about how you work with [NOMINATED PROGRAM], what its goals and activities are, and how it has evolved over time. At this time, we are not conducting an evaluation that will make conclusions about whether the program is working or not working. Please note that this interview will focus on the program overall and will not ask for information on individual clients.

PURPOSE OF RESEARCH

Our goal is to understand how this program works, what services and supports it provides, how easy it is to get them, how well they meet the needs of youth who use them, and what can be done to improve them.

YOUR RIGHTS

It is important for you to know that:

- Your participation is entirely voluntary.
- We will keep your answers private.

PARTICIPATION

⁴ This consent form is intended to be used for in-person, on-site data collection. If virtual data collection is planned instead, this consent form will be revised; rather than collecting a signed consent form, consent will be assumed when a respondent shows up to participate in the focus group. This will be made clear in the consent form using the following statement: By being here today, you are giving your consent to participate and that you are here voluntarily.

Your participation in this focus group is voluntary, and you may skip or refuse to answer any question without consequence. The focus group should take about an hour and a half to complete. By signing this consent form, you are giving your consent to participate and that you are here voluntarily.

This session will be audio-recorded for analysis purposes; it also helps us with accurate note-taking. If you are not comfortable being recorded you can either stay quiet during the session or leave now. Focus group recordings will be stored in a secure location and will be destroyed after the recording has been transcribed; the only people who will have access to the recordings are members of the evaluation team. In addition, anything that is said during this group stays with the group. We expect that you will not share what others say today with those outside of the group.

RISKS AND BENEFITS

There are no risks or benefits to you from being in this study.

PRIVACY

Your privacy is important to us. All your answers will be kept private. We will write up a summary of the group that will not use any individual names. We will instruct all participants to keep what is said private, but we cannot guarantee that participants will keep each other's comments private after they leave the session.

QUESTIONS

If you have questions about your rights and welfare as a research participant, please contact the Westat Human Subjects Protections Office at (888) 920-7631; please leave a message with your first name, the name of the study (Chafee Strengthening Outcomes for Transition to Adulthood), and a phone number beginning with the area code. If you have any other questions about the study, you can call Dr. Susan Chibnall, the Project Director, at 301-610-5108. You may take as much time as needed to think this over.

I, _____ [PRINT YOUR NAME], understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this focus group. I recognize that I can change my mind later and leave the focus group at any time. I have been given a copy of this form.

Signature of Respondent

Date

Signature of Westat Interviewer

Date

The Paperwork Reduction Act of 1995 (Pub. L. 104-13) Statement: This collection of information is voluntary and will be used to inform research on programs serving youth in or transitioning out of foster care. Public reporting burden for this collection of information is estimated to average 90 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 this collection are OMB #: 0970-0356, Exp: 02/29/2024. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Susan Chibnall, at SusanChibnall@westat.com or 301-610-5108.

CHAFEE STRENGTHENING OUTCOMES FOR TRANSITION TO ADULTHOOD (CHAFEE SOTA)
Activity 3: INFORMED CONSENT FOR YOUTH AND YOUNG ADULT EA FOCUS GROUP⁵

Title: Chafee Strengthening Outcomes for Transition to Adulthood (Chafee SOTA)

Project Director: Susan Chibnall, Ph.D.

Sponsor: Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF)

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INVITATION TO TAKE PART AND INTRODUCTION

We invite you to take part in a focus group as part of a study on services for youth and young adults transitioning out of foster care. Today we are focused on understanding how the services and supports work for youth and young adults at [NOMINATED PROGRAM]. We especially want to learn from your experiences and hear your ideas on what works well for youth, why particular services and supports work or do not work, and what could be done to better meet your needs. You are the experts on how well the services work, and we are grateful for your thoughts and ideas.

PURPOSE OF RESEARCH

Our goal is to understand how this program works, what services and supports it provides, how easy it is to get them, how well they meet the needs of youth who use them, and what can be done to improve them.

YOUR RIGHTS

It is important for you to know that:

- Your participation is entirely voluntary. In other words, you choose whether or not to participate. It's up to you, and nothing bad will happen if you choose not to participate.
- You may decide not to take part in the focus group at any time, even during the group, without any changes in the services or supports you receive.
- We will keep your answers private.

⁵ This consent form is intended to be used for in-person, on-site data collection. If virtual data collection is planned instead, this consent form will be revised; rather than collecting a signed consent form, consent will be assumed when a respondent shows up to participate in the focus group. This will be made clear in the consent form using the following statement: By being here today, you are giving your consent to participate and that you are here voluntarily.

PARTICIPATION

Your participation in this focus group is completely voluntary and it should take about an hour and a half to complete. By signing this consent form, you are giving your consent to participate and that you are here voluntarily.

Your participation or decision not to participate will have no effect on the services you receive. If you decide to participate, you can change your mind at any time during this session. You may also refuse to answer any questions during the focus group without consequence. In addition, if it makes you feel more comfortable, you may use your initials or a pseudonym (a fake name) during the group instead of providing your name.

We will be audio recording this group for research purposes. The recordings will be used to back up our notes and make sure we have fully captured everyone's comments and ideas. Only the research staff will ever listen to the recordings. The audio recordings will be destroyed as soon as the recordings are written up. Nothing will be reported in a way that would let anyone be identified. We will never identify you by name. The things you say may be put in a written summary of this focus group but we will not use your name. The information gathered during this focus group will be stored securely and privately. If you are uncomfortable being recorded, you may leave the group now or choose to stay but not answer any questions.

RISKS

It is possible that you may feel uncomfortable discussing sensitive issues and talking about unpleasant memories related to your experiences being in or transitioning out of foster care. If you become upset during our meeting or after it is over, we can put you in touch with somebody to talk to. Please let me know if that happens to you, either by stating that you are upset and need to leave, or standing up and walking away from the group

BENEFITS

There is no direct benefit to you from being in this study. However, as a token of appreciation, you will receive [a \$50 gift card/\$50 cash] for your participation in this focus group.

PRIVACY

Your privacy is important to us. All your answers will be kept private. No information will be shared with service providers, your parents or family members, the police, schools, or other organizations unless you tell us that someone is harming you, or that you intend to hurt yourself or someone else; in

that case, we may need to report that to the proper authorities to keep you and others safe. As we said, we will write up a summary of the group that will not use any individual names. We will instruct all participants to keep what is said private, but we cannot guarantee that participants will keep each other's comments private after they leave the session.

QUESTIONS

If you have questions about your rights and welfare as a research participant, please contact the Westat Human Subjects Protections Office at (888) 920-7631; please leave a message with your first name, the name of the study (Chafee Strengthening Outcomes for Transition to Adulthood), and a phone number beginning with the area code. If you have any other questions about the study, you can call Dr. Susan Chibnall, the Project Director, at 301-610-5108. You may take as much time as needed to think this over.

I, _____ [PRINT YOUR NAME], understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this focus group. I recognize that I can change my mind later and leave the focus group at any time. I have been given a copy of this form.

Signature of Respondent

Date

Signature of Westat Interviewer

Date

The Paperwork Reduction Act of 1995 ((Pub. L. 104-13) Statement: This collection of information is voluntary and will be used to inform research on programs serving youth in or transitioning out of foster care. Public reporting burden for this collection of information is estimated to average 90 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 this collection are OMB #: 0970-0356, Exp: 02/29/2024. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Susan Chibnall, at SusanChibnall@westat.com or 301-610-5108.

CHAFEE STRENGTHENING OUTCOMES FOR TRANSITION TO ADULTHOOD (CHAFEE SOTA)
Activity 3: Data Administrator Discussion

Title: Chafee Strengthening Outcomes for Transition to Adulthood (Chafee SOTA)

Project Director: Susan Chibnall, Ph.D.

Sponsor: Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF)

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INTRODUCTION

We invite you to take part in an interview as part of a study of services for youth and young adults transitioning out of foster care. During the conversation today, we will focus on helping us to understand the data you routinely collect, address issues of data quality and availability, and ultimately determine if these data might be useful to an evaluation. At this time, we are not conducting an evaluation that will make conclusions about whether the program is working or not working. Please note that this interview will focus on your program overall and will not ask for information on individual clients.

PURPOSE OF RESEARCH

Our goal is to understand how this program works, who it serves, what services and supports it provides, and what outcomes it tracks.

YOUR RIGHTS

It is important for you to know that:

- Your participation is entirely voluntary.
- We will keep your answers private.

PARTICIPATION

Your participation in this interview is voluntary, and you may skip or refuse to answer any question without any consequences. The interview should take about an hour and half to complete. By signing this consent form, you are giving your consent to participate and that you are here voluntarily.

With your permission, we would like to audio-record this conversation. The recording will be used to back up our note taking, and ensure we have fully captured your comments and ideas. All recorded interviews will be stored in a secure location and will be destroyed as soon as the recording is transcribed. Nothing will be reported in a way that would identify you: we will never identify you by name. Only the research staff will ever listen to the recordings.

RISKS

There is no risk to participating in this interview.

BENEFITS

There is no direct benefit to you from being in this study, though we will use this information to help select programs to participate in a future evaluation.

PRIVACY

Your privacy is important to us. The information you provide during the interview will be kept private, except as required by law. In addition, you will never be identified by name. The things you say in our interview may be put in written summary form in reports. Your name will not be linked to any of your responses, though we may include quotes you provide in our reports.

QUESTIONS

If you have questions about your rights and welfare as a research participant, please contact the Westat Human Subjects Protections Office at (888) 920-7631; please leave a message with your first name, the name of the study (Chafee Strengthening Outcomes for Transition to Adulthood), and a phone number beginning with the area code. If you have any other questions about the study, you can call Dr. Susan Chibnall, the Project Director, at 301-610-5108. You may take as much time as needed to think this over.

I, _____ [PRINT YOUR NAME], understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this interview. I recognize that I can change my mind later and stop the interview at any time. I have been given a copy of this form.

Signature of Respondent

Date

Signature of Westat Interviewer

Date

The Paperwork Reduction Act of 1995 ((Pub. L. 104-13) Statement: This collection of information is voluntary and will be used to inform research on programs serving youth in or transitioning out of foster care. Public reporting burden for this collection of information is estimated to average 60 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 this collection are OMB #: 0970-0356, Exp: 02/29/2024. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Susan Chibnall, at SusanChibnall@westat.com or 301-610-5108.