

Participant Release Form

LISTENING SESSION CONSENT

As part of my participation in the *Listening Session with LGBTQIA+ individuals Living in Georgia Urban and Rural Communities*, I understand participation is **voluntary**, and that I may cease participation at any time. I may also skip questions that I do not want to answer. I acknowledge that my participation is private. Reports about the listening session will protect participant's privacy by excluding names and personally identifiable information. I understand that there will be an audio recording to create a transcript and analyze the information provided by participants. I also understand that findings will be reported in a qualitative summary on the listening sessions, which ACF will publicly publish, and in a presentation for internal use by ACF program offices and managers. ACF intends to use the information to inform approaches to providing grants, services, and technical assistance to meet the needs of rural communities and to increase father involvement in ACF programs

I agree to participate in the listening session: Yes ___ No ___

Print Name _____

Signature _____

Date _____

PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: Public reporting burden for the described collection of information is estimated to average 1.5 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0630 and the expiration date is 3/31/2027. If you have any comments on this collection of information, please contact Jacqueline Mull by email at Jacqueline.mull@acf.hhs.gov.