

**CHAFEE STRENGTHENING OUTCOMES FOR TRANSITION TO ADULthood (CHAFEE SOTA)
SAMPLE INFORMED CONSENT FOR ADMINISTRATOR INTERVIEW**

INTRODUCTION

We invite you to take part in an interview as part of a study of services for youth/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. 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, what outcomes it is aiming to achieve, and any contextual factors that may affect the ability of the program to be implemented as designed or achieve its intended outcomes.

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 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 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. 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. The information we collect during this interview will help improve programs like this one that support youth/young adults transitioning out of foster care across the country.

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. Kathryn Henderson, the Project Director, at 301-610-4849. 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