Attachment D: Consent Forms

This document contains two consent forms:

1) Participant consent forms for parent/caregiver and youth (18 years and over) participants who are participating in focus groups
2) Participant consent forms for state/local/territory/Tribal department/agency representatives and service providers who are participating in focus groups

Consent Form 1: Participant consent forms for parent/caregiver and youth (18 years and over) participants who are participating in focus groups

(CONTRACTOR LOGO)

Form Approved
OMB No. 0990-0421
Exp. Date
2/28/2028

STUDY CONSENT FORM

Please read this carefully. **It is up to you to participate, you do not have to. You can choose not to participate, or stop once you have started, without any problems**.

Study Title:

Needs and opportunities assessment for Children's Interagency Coordinating Council: Stakeholder perspectives on child poverty and well-being.

Person(s) conducting the research:

This study is conducted by (CONTRACTOR). If you have questions about the study, contact (CONTRACTOR) at (CONTRACTOR CICC EMAIL).

Purpose of the study:

We want to learn about the experiences of individuals with current or recent lived experience of poverty to better understand the needs and opportunities for reducing child poverty and promoting well-being.

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 0990-0421. The time required to complete this information collection is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

What you will be asked to do:

If you agree to participate, you will be asked to participate in one, 90-minute long session, in which you will:

- Answer questions and have a discussion in a group of up to 8 individuals called a focus group. This group will take an hour and a half.
    - We will record your answers.
    - You will attend the focus group virtually via Zoom.

Risks:

It is possible that you may feel sad, angry, upset, worried, or confused when you talk about your experiences.

- You may take a break or choose to stop.
- All participants will be given information to get help if they need it.

Benefits:

It may help you to talk with someone about what you have gone through. The results of this study may also help your community, and other individuals like you across the United States.

Confidentiality:

So that other people will not know it is you, your name will not be linked to what you say.

- You will choose a fake name that you will use in place of your real name in the focus group so that your answers cannot be connected to you.
- The only place your real name will appear is the consent forms. These consent forms will be stored in a locked filing cabinet in a password-protected cloud storage system and won't be connected to your responses in the focus group.
- No one outside of the research staff will be able to see what you share with us.
- We will ask you to share your email address or phone number if you want to be contacted if we have clarifying questions about any of your responses. If you do not want to be contacted, you do not need to provide your email address or phone number. We will delete your email address and phone number when the study ends.

Compensation:

You will receive $75 for participating in the approximately 90 minute session.

Source(s) of funding for the research:

The Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, through a contract with (CONTRACTOR), is providing funding for this research.

May the researcher(s) benefit from the research?

We may benefit at our jobs if the results of the study are shared at meetings or in science articles.

Withdrawal from the study:

You can choose to be in this study or not. If you decide not to be in the study, no one will be mad at you. Also, if you later decide that you don't want to be in this study, you can stop at any time. All you have to do is tell a facilitator that you don't want to be in the study.

Please ask any questions you would like to.

Agreement:

Writing and signing your name below means that you have read the information about the study (or it has been read to you), that any questions you may have had have been answered, and you have decided to be in the study. You can still stop being in the study any time you want to.

_____
Pseudonym (fake name)

_____
Participant Name

_____ _____
Participant Signature Date

_____
Name of Person obtaining informed consent

_____ _____
Signature of Person obtaining informed consent Date

Consent Form 2: Participant consent forms for state/local/territory/Tribal department/agency representatives and service providers participating in focus groups

(CONTRACTOR LOGO)

Form Approved
OMB No. 0990-0421
Exp. Date
2/28/2028

Study Consent Form

Please read this carefully. **Your participation is voluntary, and you can decline to participate, or withdraw consent at any time, with no consequences.**

Study Title:

Needs and opportunities assessment for Children's Interagency Coordinating Council: Stakeholder perspectives on child poverty and well-being.

Person(s) conducting the research:

This study is conducted by (CONTRACTOR). If you have questions about the study, contact (CONTRACTOR) at (CONTRACTOR CICC EMAIL).

Purpose of the study:

We want to learn about the most pressing issues affecting child poverty and well-being to better understand the needs and opportunities for reducing child poverty and promoting well-being.

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 0990-0421. The time required to complete this information collection is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

What you will be asked to do:

If you agree to participate, you will be asked to participate in one, 90-minute long session, in which you will:

- Answer questions and have a discussion in a group of up to 8 individuals called a focus group. This group will take an hour and a half.
    - We will record your answers.
    - You will attend the focus group virtually via Zoom.

Risks:

It is possible that you may feel mild distress when you talk about your experiences serving children and families struggling with poverty. If this happens, you may take a break or choose not to continue.

Benefits:

It may help you to talk with other individuals who are working to address child poverty and well-being issues. The results of this study may also help the federal government develop more effective strategies to support child well-being, including for children experiencing poverty.

Confidentiality:

- No one outside of the research staff will be able to see what you share with us.
- We will ask you to share your email address or phone number if you want to be contacted if we have clarifying questions about any of your responses. If you do not want to be contacted, you do not need to provide your email address or phone number. We will delete your email address and phone number when the study ends.

Source(s) of funding for the research:

The Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, through a contract with (CONTRACTOR), is providing funding for this research.

May the researcher(s) benefit from the research?

We may benefit professionally if the results of the study are shared at meetings or in scientific journals.

Withdrawal from the study:

You are free to withdraw your consent and stop participating in this study at any time without consequence. You can decline to answer any question. At any time, you can ask us not to use information you shared with us.

Please ask any questions you would like to.

Agreement:

Writing and signing your name below means that you have read the information about the study (or it has been read to you), that any questions you may have had have been answered, and you have decided to be in the study. You may withdraw from the study at any time.

_____
Participant Name

_____ _____
Participant Signature Date

_____
Name of Person obtaining informed consent

_____ _____
Signature of Person obtaining informed consent Date