

## A1. CAPP FREQUENTLY ASKED QUESTIONS AND CONSENT LETTER TO PARENTS AND GUARDIANS WITH BILL OF RIGHTS

THIS DOCUMENT WILL BE ON FRESNO COUNTY DSS LETTERHEAD.

### Dear Prospective Participant,

We want you to take part in a study with the Fresno County Department of Social Services (DSS). The U.S. Department of Health and Human Services hired Westat to do the study. Westat has no connection to Fresno County DSS except the study. Before you decide if you want to be in this study, we want you to understand why it is being done and what it will involve. The study is described below.

### What is the study for?

This study will find out if the service program in Fresno County helps children stay out of foster care or leave foster care sooner. We need your help in finding out which services work better.

### What do you want me to do now?

We would like you to let Fresno County share your contact information with Westat. If you do not want Fresno County to give your contact information to Westat, please call the number below by (insert date). If you do not call the number below by (insert date), Fresno County DSS will give your contact information to Westat. Then, a Westat researcher will call you to tell you more about the study. Your choice will not make a difference in the services that you and your family get.

### What will I have to do if I agree to be in the study?

If you want to be in the study, a Westat researcher will call you to tell you more about the study. If you agree to be in the study, the researcher will either ask you questions over the phone at that time or set up another time to talk to you. During this phone call, the researcher will ask you questions about yourself and your family. These questions will be about how well you work with your caseworker and the support and service you get from your caseworker. Other questions will be about how other family members and friends are involved with your child's case and how hopeful you feel about getting your child back. The questions will take about 20 minutes.

The study will also involve reviewing your answers to the questions with information from your DSS records. These records have details about you and your family, services you received from DSS, and your family's case progress. We will use this information only for the study.

### What are the possible risks and discomforts?

We don't think taking part in the study has much risk. If some of the questions make you feel upset or sad, you can talk with your caseworker. You can also skip questions you do not want to answer.

**Burden Statement:** This collection of information is voluntary and will be used to evaluate the Permanency Innovations Initiative. Public reporting burden of this collection of information is estimated to average 5 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. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Reports Clearance Officer (Attn: OMB/PRA 0970-0355), Office of Planning, Research and Evaluation, Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade S.W., Washington DC 20447.

**Will everything I tell you during the study be kept private?**

We will keep your information private to the extent permitted by law. We will not use any information that can point to you or your family in any reports.

To help us protect your information, we received a Certificate of Confidentiality from the U. S. Department of Health and Human Services. With this Certificate, no one can force us to share information that may identify you, even in any court or legal proceeding under a court order or subpoena. But, we will in all cases take necessary action, including reporting to authorities, to prevent harm to yourself or others. This includes reporting suspected child abuse or neglect.

**Will I get anything for taking part in the study?**

We will mail you a \$25.00 Wal-Mart gift card at your home address for participating in the survey. Your participation will also help Fresno County DSS find better ways to serve families and children.

**Do I have to take part in the study?**

You do not have to be in the study. You can stop being in the study at any time. You can also choose to be in the study at a later time. Your decision will not change the services that you and your family already get.

**What if I do not want Fresno County DSS to share my information?**

If you do not want Fresno County DSS to give your contact information to Westat, please call \_\_\_\_\_ at \_\_\_\_-\_\_\_\_-\_\_\_\_ by (DATE TBD Pending OMB and IRB CLEARANCE).

**What if I have questions about the study?**

If you have questions about the study, contact Jennifer Dewey of James Bell Associates, Inc. at 1-800-546-3230 (General) or 703-246-2637 (Direct). If you have questions about your rights as a participant in the study, please contact the Committee for the Protection of Human Subjects at (916) 326-3660. You can learn more about your rights as part of the study from the attached *Research Participant's Bill of Rights*.

## **Participant's Bill of Rights for Non-Medical Research**

You have been asked to participate in a research study. Any participant in a research study has the right to:

- a. Be told the nature and purpose of the study.
- b. Be given an explanation of what will happen during the study and of how the research participant is expected to participate.
- c. Be given an explanation of any risks or discomforts that may be experienced as a result of participating in the study.
- d. Be given an explanation of any benefits that may be expected from participation in the study.
- e. Be told of other appropriate choices that may be better or worse than being in the study, and be told of the risks and benefits of those other choices.
- f. Have the opportunity to ask questions about the study or about your participation in it, both before agreeing to participate in the study and during the course of the study.
- g. Be told that you may withdraw your consent and participation in the study at any time, and that your withdrawal will not affect your services.
- h. Be told that you may refuse to answer any question.
- i. Be given a copy of the signed and dated consent form.
- j. Be free of pressure when considering whether to consent to, and participate in, the study.
- k. Be informed, upon request, about the results of the study.

**Declaración de Derechos de Participantes en estudios Nomedicos**  
(Spanish translation of Participant's Bill of Rights for Non-Medical Research)

Se le ha pedido que participe en un estudio de investigación. Cualquier participante en un estudio de investigación tiene el derecho a:

- a. Que se le diga la naturaleza y el propósito del estudio.
- b. Que se le dé una explicación de lo que ocurrirá durante el estudio y de que manera se espera que participe el participante en una investigación.
- c. Que se le dé una explicación de todos los riesgos o molestias que pueden ocurrir como resultado de la participación en el estudio.
- d. Que se le dé una explicación de todos los beneficios que se pueden recibir de la participación en el estudio.
- e. Que se le diga de otras alternativas apropiadas que pudieran ser mejores o peores que la participación en el estudio, y que se le diga de los riesgos y beneficios de esas otras alternativas.
- f. Que tenga la oportunidad de hacer preguntas acerca del estudio o acerca de su participación en el estudio, antes de participar en el estudio y durante la duración del estudio.
- g. Que se le diga que puede retirar su consentimiento y participación en el estudio en cualquier momento, y que su retiro no le afectará sus servicios.
- h. Que se le diga que puede rehusarse a contestar cualquier pregunta.
- i. Que se le dé una copia firmada y fechada de la forma de consentimiento.
- j. Estar libre de presiones al momento de decidir si da su consentimiento para participar en el estudio.
- k. Obtener información, en cuanto usted lo pida, acerca de los resultados del estudio.

(Traducido por J. Ruiz)