

ATTACHMENT D.1

STUDY CONSENT FORM
ENGLISH

MEDICAID NAME], [STATE TANF NAME], and [STATE SNAP NAME]. The research team will collect this information for a period that covers up to 7 years, beginning 2 years before today and up to 5 years after today. The research team will hold this information, for study purposes only, for up to ten years.

- SNAP E&T providers and employers will give the research team information about you and about your participation in employment and training services. This includes information about the training and support services you got, the cost of the services, and information about jobs you got during and after the program.
- All information the research team gets about you will be used for research only. The information will be kept private unless the law requires otherwise. Your name will never be used in any reports and no information will be reported in any way that can identify you.

By checking this box, I agree that I have read this consent form (or it has been read to me). I understand the information provided and voluntarily agree to participate. If I have questions, I can call the study toll-free number at 1-800-xxx-xxxx.

NAME

____|____|____|____|
SOCIAL SECURITY NUMBER—LAST 4 DIGITS ONLY

DATE

Public Burden Statement

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 0584-xxxx. The time required to complete this information collection is estimated to average 12 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Support, Food and Nutrition Service, USDA, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302.