

Appendix A: Focus group consent form

Measuring, Supporting, and Understanding Child and Caregiver well-being through Employment and Self-Sufficiency research (Measuring SUCCESS)

Informed Consent Form to Participate in a Focus Group

What is the purpose of this project?

You have been invited to participate in a project being conducted by the United States Department of Health and Human Services (HHS), Administration for Children and Families (ACF). ACF has contracted Mathematica to conduct this project. The purpose of the project is to learn more about the experiences and well-being of families involved with programs that aim to increase economic security, to inform future research about these types of programs.

What will I need to do?

We are inviting you to be in a focus group. We will ask you to share your experiences of being a parent or caregiver while participating in a program to increase economic security and your experiences after that program. This focus group will take about 90 minutes, including introductions, background on the study, and consent to participate. The group will include other parents or caregivers who participate in programs that aim to increase economic security.

What are the risks and benefits?

Participation in this study is strictly voluntary. One risk is that you may experience discomfort because the questions are about your personal experience and the experience of your family. You do not have to share any information about yourself that you do not want to. A benefit of being in the group is that, by sharing your experiences, you will help program evaluators better understand the range of outcomes that someone participating in an employment-related program might experience that could be explored more in future studies and brought to the attention of policy makers. As a token of appreciation, you will be given [\$50/\$65] after participating.

Is my information kept private?

All information collected during this study will be kept private by the study team. We will record the focus group conversation. The recording will then be transcribed. The recording will be destroyed at the end of the project. The information is kept on a secure computer system at our research firm's headquarters. Everything you tell the researchers will be used for research purposes only, unless the researchers are required by law to release it for some other purpose (for example, disclosure of abuse or neglect of a minor). The information you provide will **not** be shared with your [TANF agency]. The data will be put together with that from other focus group participants and analyzed in groups. Your information will not be identified individually in any way. We will provide you with a summary of the information from across the focus groups.

Who could I contact for more information about this study?

We look forward to your participation. If you have any questions about this study, you may contact [NAME, TITLE] at [PHONE #].

Consent

By signing this document, you are certifying that you have read this agreement and that you [CHECK ONE in each line]:

___ agree to participate in the focus group

___ agree to have the focus group recorded

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Name (Print): _____ Signature: _____ Date: _____

The described collection of information is voluntary and will be used to [insert brief statement describing the use of the information]. Public reporting burden for the described collection of information is estimated to average 120 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, 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. The OMB number and expiration date for the described collection are OMB #: 0970-0356, Exp: 02/29/2024. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contractor Contact Name]; [Contractor Contact Address].