

## Appendix A.1: Bridges consent forms

- A.1.a Participant 18+ Consent Form**
- A.1.b Parent/Guardian Consent Form**
- A.1.c Participant Under 18 Assent Form**

**A.1.a Participant 18+ Consent Form**



## **Next Generation of Enhanced Employment Strategies Project**

### **Voluntary Consent to Participate in a Study**

#### **BRIDGES FROM SCHOOL TO WORK IS PART OF A NATIONAL STUDY**

Bridges from School to Work (Bridges) is participating in the Next Generation of Enhanced Employment Strategies Project. This is a national study paid for by the U.S. Department of Health and Human Services and the Social Security Administration. The study aims to identify promising programs to help people find jobs and become independent. A research organization called Mathematica is conducting the study. Researchers from other organizations could also work on the study in the future.

You have a choice about whether to be in this study. If you decide you want to be in the study, you will have a chance to receive Bridges services. If you decide you do not want to be in the study, then you cannot receive Bridges services right now.

#### **WE WILL ASK YOU SOME QUESTIONS WHEN YOU JOIN THE STUDY**

- o Bridges staff will ask you some questions about your name, date of birth, and Social Security number. Staff will also ask about your health and disabilities. Finally, staff will ask about your experiences with jobs and any benefits you get. The questions take about 25 minutes to answer.

#### **PARTICIPANTS IN THE STUDY WILL GO INTO ONE OF TWO GROUPS**

- o After you answer those questions, a computer will put you into one of two groups. Which group you get into is determined by chance. Nothing you say will change which group you get into.
  - One group will be offered services from Bridges. In this group, Bridges staff can help you get ready for work, find a job, and succeed at work.
  - The second group will not be offered Bridges services.

You may continue to receive all services and participate in all programs other than Bridges for which you are eligible. This is true for people in both groups.

#### **WHAT IF YOU ARE IN THE GROUP THAT DOES NOT GET BRIDGES SERVICES?**

- o If you are in the group that does not get Bridges, you will still be in the study.
- o Bridges may be able to offer services to you after the study ends. Bridges will save your name and address so Bridges staff can contact you after the study ends if they are able to offer services at that time.
- o You will be given a list of other organizations that might be able to help you.

## WHAT INFORMATION ABOUT YOU WILL BE COLLECTED AFTER YOU JOIN THE STUDY?

- o The study team will contact you to take surveys either by telephone or online. These surveys will occur about 9 months and 21 months from now. Each survey should take about 50 minutes. [IF REQUIRED BY SCHOOL DISTRICT: If you complete the survey over the phone, we will record the phone call and use the recordings for quality control. We will destroy the recordings after 6 months. You will get a \$40 gift card after finishing the first survey and a \$50 gift card after finishing the second survey. You can choose not to respond to the surveys.
- o We will ask some people in the Bridges group to do an interview about the program and work. This interview will take place either in person, by telephone, or by video. It will take about two hours. [IF REQUIRED BY SCHOOL DISTRICT: We will record the interview. If we pick you to do an interview, the study team will ask for your permission to participate and for us to record the interview. We will destroy the recordings at the end of the study.] You will get a \$60 gift card after finishing this interview. You can choose not to do the interview.
- o The study team might use information about you provided during the study to find new address information from other sources. This address information will be used to contact you about participating in the surveys.
- o Bridges will give information about you to the study team. This information may include your telephone number and address. It will also include information about your participation in Bridges and your jobs. Bridges and researchers will only use information we collect about you to improve Bridges or do research.
- o The study team will also collect information on your earnings from the Social Security Administration and a database called the National Directory of New Hires. The study team will also collect information on benefits from the Social Security Administration. We will use your name, sex, date of birth, and Social Security number to get this information. The study team may collect this information from 2 years before to 20 years after the time you start the study. The information will be used for research purposes only and will not be used to make decisions about whether you get benefits or the amount of benefits you get, now or in the future.
- o The Social Security Administration will do more research on your earnings and receipt of disability benefits. They will complete this research by 2040. They will use information such as your name, sex, date of birth, and Social Security number to try to locate you in their records. They will only use your information to do research. They will not use the information to make decisions about any benefits you receive from the Social Security Administration, now or in the future. The Social Security Administration will not contact you directly.
- o We will also share the data from the study with other researchers to use in their work, but those data will not contain your name or any other information that could identify you.

## HOW WILL WE KEEP YOUR INFORMATION SAFE?

- o Your name will never appear in a public report. We will never report information in a way that could be used to identify you.
- o All information about you will be used for research and evaluation purposes only or to improve Bridges. We will keep all information private and secure, unless the law requires otherwise, or you request release of your information in writing.
  - The researchers have a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, no one can force the researchers to share information that might identify you. This is true even if a court orders them to share information in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings.
  - The only exception is that researchers can share that you are in the study if a law requires it. Some examples are laws that require reporting if you tell the interviewers anything that suggests you are

very likely to harm yourself, that you are planning to hurt another person, or that someone is likely to harm you.

- A Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this research. If you want to release your information from the study to an insurer, medical care provider, or any other person not connected with the study, you must give consent to allow the researchers to release it.
- o Once all study data collection has been completed, all personally identifiable information collected for the study will be destroyed from Mathematica's servers using a secure deletion process.

### **WHAT ARE THE RISKS OF BEING IN THE STUDY?**

- o You might not like answering some questions. You can say no to answering any question you do not like. You can still be in the study even if you do not answer all the questions.
- o The study team will take many steps to keep all information private, but there is a small risk that someone else could see it. The data collected will include information about your jobs and earnings.
- o An organization called Health Media Lab protects your rights as someone in the study.

### **CAN YOU LEAVE THE STUDY?**

- o You can leave the study at any time. To leave the study, you must call Mathematica toll-free at [TOLL-FREE NUMBER] and then write a message that you do not want to be in the study anymore. You can send this message to [MATHEMATICA STAFF PERSON] at [MATHEMATICA ADDRESS]. Any information we collect about you before you asked to leave the study will be part of the research.

If you have any questions, you can call Mathematica toll-free at [TOLL-FREE NUMBER]. You will receive a copy of this form for your records.

**[IF REQUIRED BY SCHOOL DISTRICT:** I have read the text above telling me about the instances in which I will be audio-recorded. Those instances include: (1) during the surveys and (2) if I am selected, during an additional interview about Bridges and my work. Audio recordings of the surveys will be used for quality control purposes and will be destroyed after 6 months. Audio recordings for the additional interview will be used for research purposes and will be destroyed at the end of the study.

**YES, I agree to be audio recorded.**

**NO, I do not give consent to be audio recorded.]**

### **[IF REQUIRED BY SCHOOL DISTRICT: SUMMARY OF STUDY CONSENT**

In agreeing to be in the study, I understand that:

- o **While this project has been reviewed by [SCHOOL DISTRICT], [SCHOOL DISTRICT] is not conducting the project activities.**
- o The study will ask me to meet with Bridges staff. Bridges staff will ask me questions about my name, birthdate, Social Security number, health, and disabilities.
- o I will be in one of two study groups. One group will be offered Bridges services and one will not be offered Bridges services. Both groups can receive any other services for which they are eligible.
- o The study team will ask me to complete two surveys. I might receive a text message asking me to participate in these surveys. Participation is always optional.
- o Researchers will collect information about my jobs and disability benefits from government sources.
- o I understand that being in the study is voluntary. I can leave at any time, for any reason, without penalty.
- o I understand the study team will keep all information about me private. Researchers will use this information only for study purposes.]

**Do you agree to participate in this study?**

YES, I agree to be in this study.

NO, I do not give consent to be in this study.

[IF COLLECTED VIA HARD COPY]

**Name (print):** \_\_\_\_\_

**Name (sign):** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

## **A.1.b Parent/Guardian Consent Form**



## **Next Generation of Enhanced Employment Strategies Project**

### **Voluntary Consent for Your Child to Participate in a Study**

#### **BRIDGES FROM SCHOOL TO WORK IS PART OF A NATIONAL STUDY**

Bridges from School to Work (Bridges) is participating in the Next Generation of Enhanced Employment Strategies Project. This is a national study paid for by the U.S. Department of Health and Human Services and the Social Security Administration. The study aims to identify promising programs to help people find jobs and become independent. A research organization called Mathematica is conducting the study. Researchers from other organizations could also work on the study in the future.

You have a choice about whether your child is in this study. If you decide you want your child to be in the study, they will have a chance to receive Bridges services. If you decide you do not want your child to be in the study, then your child cannot receive Bridges services right now.

#### **WE WILL ASK YOUR CHILD SOME QUESTIONS WHEN THEY JOIN THE STUDY**

- o Bridges staff will ask your child some questions about their name, date of birth, and Social Security number. Staff will also ask about their health and disabilities. Finally, staff will ask about their experiences with jobs and any benefits they get. The questions take about 25 minutes to answer.

#### **PARTICIPANTS IN THE STUDY WILL GO INTO ONE OF TWO GROUPS**

- o After your child answer those questions, a computer will put your child into one of two groups. Which group your child gets into is determined by chance. Nothing your child says will change which group they get into.
  - One group will be offered services from Bridges. In this group, Bridges staff can help your child get ready for work, find a job, and succeed at work.
  - The second group will not be offered Bridges services.

Your child may continue to receive all services and participate in all programs other than Bridges for which they are eligible. This is true for people in both groups.

#### **WHAT IF YOUR CHILD IS IN THE GROUP THAT DOES NOT GET BRIDGES SERVICES?**

- o If your child is in the group that does not get Bridges, your child will still be in the study.
- o Bridges may be able to offer services to your child after the study ends. Bridges will save your child's name and address so Bridges staff can contact them after the study ends if they are able to offer services at that time.
- o Your child will be given a list of other organizations that might be able to help them.

## **WHAT INFORMATION ABOUT YOUR CHILD WILL BE COLLECTED AFTER THEY JOIN THE STUDY?**

- o The study team will contact your child to take surveys either by telephone or online. These surveys will occur about 9 months and 21 months from now. Each survey should take about 50 minutes. [IF REQUIRED BY SCHOOL DISTRICT: If your child completes the survey over the phone, we will record the phone call and use the recordings for quality control. We will destroy the recordings after 6 months.] Your child will get a \$40 gift card after finishing the first survey and a \$50 gift card after finishing the second survey. Your child can choose not to respond to the surveys.
- o We will ask some people in the Bridges group to do an interview about the program and work. This interview will take place either in person, by telephone, or by video. It will take about two hours. [IF REQUIRED BY SCHOOL DISTRICT: If we pick your child to do an interview, the study team will ask for your permission for them to participate and for us to record the interview. We will destroy the recordings at the end of the study.] Your child will get a \$60 gift card after finishing this interview. Your child can choose not to do the interview.
- o The study team might use information about your child provided during the study to find new address information from other sources. This address information will be used to contact your child about participating in the surveys.
- o Bridges will give information about your child to the study team. This information may include your child's telephone number and address. It will also include information about your child's participation in Bridges and their jobs. Bridges and researchers will only use information we collect about your child to improve Bridges or do research.
- o The study team will also collect information on your child's earnings from the Social Security Administration and a database called the National Directory of New Hires. The study team will also collect information on benefits from the Social Security Administration. We will use your child's name, sex, date of birth, and Social Security number to get this information. The study team may collect this information from 2 years before to 20 years after the time your child starts the study. The information will be used for research purposes only and will not be used to make decisions about whether your child get benefits or the amount of benefits they get, now or in the future.
- o The Social Security Administration will do more research on your child's earnings and receipt of disability benefits. They will complete this research by 2040. They will use information such as your child's name, sex, date of birth, and Social Security number to try to locate them in their records. They will only use your child's information to do research. They will not use the information to make decisions about any benefits your child receives from the Social Security Administration, now or in the future. The Social Security Administration will not contact your child directly.
- o We will also share the data from the study with other researchers to use in their work, but those data will not contain your child's name or any other information that could identify your child.

## **HOW WILL WE KEEP YOUR CHILD'S INFORMATION SAFE?**

- o Your child's name will never appear in a public report. We will never report information in a way that could be used to identify your child.
- o All information about your child will be used for research and evaluation purposes only or to improve Bridges. We will keep all information private and secure, unless the law requires otherwise, or you request release of your child's information in writing.
  - The researchers have a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, no one can force the researchers to share information that might identify your child. This is true even if a court orders them to share information in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings.
  - The only exception is that researchers can share that your child is in the study if a law requires it. Some examples are laws that require reporting if your child tells the interviewers anything that

suggests your child is very likely to harm themselves, that they are planning to hurt another person, or that someone is likely to harm them.

- A Certificate of Confidentiality does not prevent you from voluntarily releasing information about your child or their involvement in this research. If you want to release your child's information from the study to an insurer, medical care provider, or any other person not connected with the study, you must give consent to allow the researchers to release it.
- o Once all study data collection has been completed, all personally identifiable information collected for the study will be destroyed from Mathematica's servers using a secure deletion process.

### **WHAT ARE THE RISKS OF BEING IN THE STUDY?**

- o Your child might not like answering some questions. Your child can say no to answering any question they do not like. Your child can still be in the study even if they do not answer all the questions.
- o The study team will take many steps to keep all information private, but there is a small risk that someone else could see it. The data collected will include information about your child's jobs and earnings.
- o An organization called Health Media Lab protects your child's rights as someone in the study.

### **CAN YOUR CHILD LEAVE THE STUDY?**

- o You can take your child out of the study at any time. To leave the study, you must call Mathematica toll-free at [TOLL-FREE NUMBER] and then write a message that you do not want your child to be in the study anymore. You can send this message to [MATHEMATICA STAFF PERSON] at [MATHEMATICA ADDRESS]. Any information we collect about your child before you asked to leave the study will be part of the research.

If you have any questions, you can call Mathematica toll-free at [TOLL-FREE NUMBER]. You will receive a copy of this form for your records.

**[IF REQUIRED BY SCHOOL DISTRICT:** I have read the text above telling me about the instances in which my child will be audio-recorded. Those instances include: (1) during the surveys and (2) if my child is selected, during an additional interview about Bridges and their work. Audio recordings of the surveys will be used for quality control purposes and will be destroyed after 6 months. Audio recordings for the additional interview will be used for research purposes and will be destroyed at the end of the study.

By signing this form, I am saying that

for \_\_\_\_\_:  
**Print Child's Name**

**YES, I agree for my child to be audio recorded.**

**NO, I do not give consent for my child to be audio recorded.]**

### **[IF REQUIRED BY SCHOOL DISTRICT: SUMMARY OF STUDY CONSENT**

In agreeing for my child to be in the study, I understand that:

- o **While this project has been reviewed by [SCHOOL DISTRICT], [SCHOOL DISTRICT] is not conducting the project activities.**
- o The study will ask my child to meet with Bridges staff. Bridges staff will ask my child questions about their name, birthdate, Social Security number, health, and disabilities.

- o My child will be in one of two study groups. One group will be offered Bridges services and one will not be offered Bridges services. Both groups can receive any other services for which they are eligible.
- o The study team will ask my child to complete two surveys. They might receive a text message asking them to participate in these surveys. Participation is always optional.
- o Researchers will collect information about my child's jobs and disability benefits from government sources.
- o I understand that being in the study is voluntary. My child can leave at any time, for any reason, without penalty.
- o I understand the study team will keep all information about my child private. Researchers will use this information only for study purposes. ]

**Do you agree to have your child participate in this study?**

I have read the text above telling me about the study. By signing this form, I am saying that

for \_\_\_\_\_:

**Print Child's Name**

**YES, I agree to have my child participate in the study.**

**NO, I do not give consent for my child to participate in the study.**

**Parent or Guardian Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian Name (Signature):** \_\_\_\_\_

Parents, please be aware that under the Protection of Pupil Rights Act, 20 U.S.C. Section 1232(c)(1)(A), you have the right to review a copy of the questions asked of, or materials that will be used with, your child. If you would like to do so, you should contact the study team toll-free, at X-XXX-XXX-XXXX to obtain a copy of the questions or materials.

**A.1.c Participant Under 18 Assent Form**



## Student Agreement

### Study Name: Next Generation of Enhanced Employment Strategies Project

A research group called Mathematica is doing a study. The study will see how the **Bridges from School to Work** program helps students like you.

#### 1. What will I be doing in this study?

- You will meet with a worker from Bridges. The worker will ask you questions. These questions will be about you and your experiences. It will take about 25 minutes to answer these questions.
- There are two study groups. One group can get help from Bridges. The other group will not get help from Bridges. The worker will use a computer program to randomly place you in one of these groups. This process is like flipping a coin. The group you are placed in is not decided by anything you say or do.
- The first group can get help from Bridges. Bridges will work with you to reach your job goals.
- The second group cannot get help from Bridges. The Bridges worker will give you a list of other places that might be able to help you.
- The study will not affect any other services you get from programs other than Bridges.
- In 9 months, researchers will ask you to do a survey. You will get a \$40 gift card when you finish. You will need about 50 minutes for this survey.
- In 21 months, researchers will ask you to do another survey. You will get a \$50 gift card when you finish. You will need about 50 minutes for this survey.
- Researchers might ask you to do another interview. You will need about 2 hours for this interview. You will get a \$60 gift card if you do this interview.
- Both surveys and the interview are voluntary. If you decide not to participate, any help you are getting will not be affected.

#### 2. How will my answers help?

We will learn about the ways Bridges can help students like you.

**3. What if I feel uncomfortable answering questions?**

There are no right or wrong answers. You do not have to answer any questions you don't want to. It's okay to stop answering questions at any time. Stopping will not change any help you are getting.

**4. Will you keep my information private?**

Yes. We will not share your information with people outside of the study unless the law requires us to. Some examples are laws that make us share information if you tell us anything that suggest you may harm yourself, you plan on hurting another person, or that someone is likely to hurt you. We will not use your name with any of your information.

**5. Where can I get more information about the study?**

You might have questions about the study. If you do, please call [Mathematica Staff Person] at [Toll free number] (toll free).

Your parent or guardian received a different form. It tells them what we are asking you to do. They agreed to let you to be in this study.

Please check Yes or No below.

- Yes**, I agree to participate in the study. I understand the information in this form. I received a copy of this form.
- No**, I do not agree to participate in the study. I received a copy of this form.