#### CONSENT FORM

**CAREGIVER STAKHOLDER MEETING**

 **Informed Consent.** This is a consent form. In this consent form, I will tell you about this study. I will answer any questions you might have about this study. When I have answered all of your questions, you can decide if you want to participate in this study. This process is called “informed consent.” Your participating in this study is completely voluntary. It will have absolutely NO EFFECT WHATSOEVER on the services you receive or will receive at the (name of child welfare agency) or any other agency.

**What is this study?** The National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG)is working withthe (name of child welfare agency)to understand the needs of children who are adopted or go to guardianship, and their families. In this meeting we want to understand what services are available to these children, youth and their families, and what services and supports are not available and are needed. This meeting will include questions about how foster parents, guardians, and adoptive parents feel about the quality and accessibility of the services available to them and their families.

**How long will the meeting take?** The stakeholder meeting will last about 2 hours. Your participation is voluntary. We anticipate no risk or harm by participating in this stakeholder meeting and the information will benefit the implementation of the QIC-AG in (name state) and provide information that will help to understand the quality and quantity of service available to families that are considering adoption and guardianship or who have adopted or taken guardianship of children living in their homes.

**Will the information you give me be confidential?** Everything you say today is confidential to the extent allowed by law. If we see or are told that a child is being abused or neglected or is at risk of harm to self or others, we must disclose this information, as required by law.

We ask that all participants respect the privacy of the stakeholder meeting and not discuss “who said what” after the session is over. However, please be aware that this is the nature of stakeholder meetings and that this confidentiality can’t be absolutely guaranteed. The information shared in this

meeting will be reported in aggregate. Your name will not be used or appear in any reports. Information gathered today will be used to help the (name of the child welfare agency) assess the services offered to children and families who are moving to or have already obtained adoption or guardianship. This information will be used to plan the intervention and none of the information gathered today will be used for publication purposes.

If you have any questions later, you may call Melinda Lis, QIC-AG Project Director, Spaulding for Children, at 773-848-6880 or (name of person from state) at (phone number).

If you agree to participate in the stakeholder meeting, please sign the statement below and return to the facilitator and take an additional copy of this form for your records.

**Subject Statement:** I agree to participate in the stakeholder meeting that will include questions about the services that are currently available to support families that are considering permanency for a child in their care or who have adopted or taken guardianship of a child. I understand what my participation in the stakeholder meeting involves and that I am free to end the discussion at any time and there will be no penalty for doing so.

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SIGNATURE Date