

**Focus Group Consent Form**

**Purpose:** You have been invited to participate in a focus group with the Department of Children and Families (DCF) and your county Human Services Advisory Council (HSAC). You will be asked to answer questions about (1) your needs, your family's needs, and/or your community's needs and (2) the services available in your community to meet those needs. The purpose of this group is to allow you to share your perspectives and experiences about your community. The information shared will be used to ensure that the right mix of services and activities are available throughout the state.

**Procedure:** The focus group will last approximately **90 minutes**. The focus group session will consist of a survey and a group discussion.

**Voluntary Participation:** Participation in this focus group is **voluntary**. You are not obligated to participate in this group. If you do participate, you can join in the conversation as much or as little as you like. You may choose not to answer any questions with which you are not comfortable. You can leave the group at any time and for any reason.

**Benefits and Risks:** The benefit of participation is the opportunity to inform the DCF and the HSACs of your community's strengths and needs. There are no direct benefits or known risks to participation in this project.

**Confidentiality:** This focus group is **confidential**. Only staff at the DCF and the HSAC, or agencies contracted by DCF or the HSAC to do work related to the needs assessment, will be able to access information about your participation in this group. A report of this study may be published and may be presented at professional conferences, however only de-identified or group results will be stated. **No personally identifying information about you will be published or presented.** Please respect the privacy of other focus group members by not disclosing any content of discussions.

**Questions:** If you have any questions about this focus group or the needs assessment process, you may contact \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_ - \_\_\_\_.

---

*I understand this information and agree to participate under the conditions stated above.*

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_