

PERMISSION TO SEARCH DCF DATABASE FOR CASES OCCURRING DURING NFN PROGRAM PARTICIPATION

PURPOSE:

The purpose of the evaluation of the Nurturing Families Network (NFN) program is to understand how families in Connecticut are helped by the NFN services.

WHO ARE WE?

We are from the Center for Social Research at the University of Hartford. We have been asked by the NFN to review the program.

WHY AM I INVITED?

You are invited to be in this part of the evaluation of the NFN program because you are getting NFN services in your home.

WHAT IS INVOLVED IN PARTICIPATING?

If you give permission to the NFN staff of _____ (insert site name) to give us your name to the Center for Social Research, we will ask Department of Children and Families (DCF) for information about whether you have a DCF case during the time you have been in the NFN home visiting program and information about this case.

IS PARTICIPATION VOLUNTARY?

Yes! If you do not want to be part of this evaluation of the NFN, you can still be part of the rest of the evaluation and you may still receive NFN services. You have nothing to lose if you do not want to be part of this review of the NFN.

HOW LONG WILL I BE PART OF THIS REVIEW?

We will ask DCF once a year about you for as long as you are in the NFN home visiting program.

WHAT ARE THE RISKS TO ME IF I AM PART OF THIS EVALUATION?

If we find information about you from DCF, only we will know about it. By law, we cannot share this information with anyone else.

WHAT ARE THE BENEFITS TO ME IF I AM PART OF THIS EVALUATION?

There are no direct benefits to you; however, the information we get from DCF will help to make this a better evaluation of the program.

WILL I BE GIVEN ANYTHING IF I TAKE PART IN THE EVALUATION?

No, you will not be given anything because you are part of the evaluation.

HOW WILL MY PERSONAL INFORMATION BE PROTECTED?

We will immediately remove your name and anything else that would let someone trace the information we get from DCF back to you.

WILL I BE TOLD ABOUT THE RESULTS?

No, and neither will the Nurturing Families Network staff at the _____ (insert site name).

WHAT IF I DECIDE TO STOP BEING PART OF THE EVALUATION?

Please tell your home visitor and she will help you reach us so you can stop being part of the evaluation.

WHAT IF I HAVE QUESTIONS?

You may ask your home visitor to answer any questions you have about the NFN program evaluation in general and/or the information we are getting from DCF. You may also call the NFN program manager at your site. For questions about the program evaluation that you prefer to ask someone outside of the NFN network, please contact the Center for Social Research Co-Principal Investigator Marcia Hughes at 860-523-9646.

CONSENT

1. I have read and understand the above information and have been given an opportunity to ask questions. I understand the risks, benefits, and rewards involved in participation, as stated above. I agree to participate in this component of the evaluation and I have been given a copy of this consent for my own records.

Participant's Signature and Date

Participant's Printed Name

Staff Signature and Date

2. I am the legal guardian of the consenting participant. The participant is between the ages of 14 and 17. I have read and understand the above information and have been given an opportunity to ask questions. I agree to permit my child to participate in this study. I have been given a copy of this consent for my own records.

Parent or Legal Guardian Signature and Date

Parent or Legal Guardian Printed Name