

## Key Informant Interview Consent Form

**Purpose:** You have been invited to participate in an interview 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 interview 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 interview will last approximately **90 minutes**. The interview session will consist of a survey and a discussion.

**Voluntary Participation:** Participation in this interview is **voluntary**. You are not obligated to participate. If you do participate, you may choose not to answer any questions with which you are not comfortable. You can end the interview 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 interview 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 interviewees 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 (\_\_\_\_) \_\_\_\_ - \_\_\_\_.

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

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

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

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