

DCF/HSAC Needs Assessment

Parental Consent Form- Youth Participation in Focus Group

Purpose: Your child has been invited to participate in a focus group with the Department of Children and Families (DCF) and your county Human Services Advisory Council (HSAC) to share perspectives and experiences about his or her community. During the focus group, youth participants will be asked about the needs of youth in their communities and the services available in their communities to meet those needs. The information shared will be used to support planning to ensure that the right mix of services and activities are available to youth throughout the state.

Procedure: The focus group will consist of 6-10 youth participants and will be facilitated by a member of your county HSAC. The focus group will last approximately 90 minutes. The focus group session will consist of a survey and a group discussion.

Voluntary Participation: Your child's participation in this focus group is **voluntary**. He or she is not obligated to participate in this group. If your child does participate, he or she can join in the conversation as much or as little as is comfortable. Youth may choose not to answer any questions. Youth may 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 child's community's strengths and needs. There are no direct benefits or known risks to your child's participation in this project. Should your child experience any distress from participating in this focus group, please notify the contact listed below.

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 child's 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 your child will be published or presented.** We ask that participants 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. I give permission for my child to participate in the focus group under the conditions stated above.

Youth Name: _____ Age: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____