

## CONSENT TO PARTICIPATE IN ARKANSAS PROMISE

The U.S. Department of Education and the Social Security Administration (SSA) are sponsoring a new program to help youth who are receiving disability benefits and their families improve their educational and employment outcomes. This program is being implemented in 11 states. In your state, it is called Arkansas PROMISE and it is administered by the Arkansas Department of Education and the University of Arkansas. A team of researchers at Mathematica Policy Research is evaluating the program. Approximately 2,000 youth in your state will be in the evaluation.

By signing this consent form, you are agreeing to take part in this very important study. There is no cost to you to being in the study. As a participant in this study, the following will happen:

- A computer will assign you to one of two groups. Your placement in these groups will be decided completely by chance, like a lottery, and will not be affected by any of your characteristics. This is a fair way to make sure that everyone who wants to has a fair chance of receiving services from the new program. The group you will be assigned to will affect the services you can access. The two groups are:
  1. **Usual Services Group.** If you are assigned to this group, you and your family will have access to all of the services normally available through your school, state and local agencies, and community organizations. Half of the youth and families who agree to be in the study will be assigned to this group.
  2. **Program Group.** If you are assigned to this group, you and your family will have access to the services provided by Arkansas PROMISE. These services will include:
    - a) exploring career and education opportunities;
    - b) help finding a job that matches your interests and abilities;
    - c) help achieving your education goals; and
    - d) counseling on benefits and personal finances.

Parents and other family members may also be eligible for some of these services. Half of the youth and families will be assigned to this group.

- The decision to participate in the study is up to you and your family. If you decide not to participate, you will still have access to usual services. You may stop participating in the study at any time by completing the PROMISE Participant Withdrawal Form and mailing it to: Philip Adams, Project Director, Arkansas PROMISE, 322 Main Street, Suite 501, Little Rock, AR 72201. There is no penalty for dropping out. Any information we collect about you before your termination request will be used for research purposes.
- You and your family will be contacted by an interviewer from Mathematica to complete two interviews by telephone in 18 months and again in 5 years. Even if you agree to be in the study today, you will not have to participate in these interviews if you change your mind and decide that you don't want to. However, your responses will be very important to the success of the study. You will receive a \$30 gift card for each interview you complete.
- Your Social Security Number is required on this consent form for project evaluation purposes to accurately identify and track your disability benefits and other records.
- Researchers at Mathematica and SSA will analyze data on you that they will get from SSA, Arkansas PROMISE, the state vocational rehabilitation agency, the state unemployment insurance agency, the state department of education, the state department of higher education, the state department of health and the state and federal agencies that administer the Medicaid, Temporary Assistance for Needy Families (TANF), and Supplemental Nutrition Assistance Program (SNAP) programs. These data will include your receipt of benefits and services and your progress in school. The researchers may collect and analyze your data for up to 20 years after you enter the study. These data may be collected and analyzed for both the youth and parent/guardian signing this form.
- All information that will be collected about you on this study through interviews or agency records will be used for research purposes only. The information will be kept confidential. Confidential means that it will be kept as private as possible. The data will be securely stored in accordance with federal and state privacy laws. Your name will never be used in any reports and no information about you will be reported in any way that could identify you.

—————➔ **Continued on back side of page** —————➔

***I have read this consent form (or it has been read to me) and I understand the information it provides. I agree to take part in the study of Arkansas PROMISE and to participate in project services if I am selected into the program group. If I have questions I can call Philip Adams, Project Director, Arkansas PROMISE toll-free at 855-649-0022.***

\_\_\_\_\_  
YOUTH'S FIRST NAME (printed) MI

\_\_\_\_\_  
TELEPHONE NO. (cell phone)

\_\_\_\_\_  
YOUTH'S LAST NAME (printed)

\_\_\_\_\_  
TELEPHONE NO. (land line)

\_\_\_\_\_  
YOUTH'S SIGNATURE

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FACEBOOK USERNAME

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
YOUTH'S SOCIAL SECURITY NUMBER

Residential or mailing address:  
\_\_\_\_\_

\_\_\_\_\_  
ADDRESS LINE 1

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
M M D D Y Y Y Y

\_\_\_\_\_  
ADDRESS LINE 2

GENDER:  MALE  FEMALE

\_\_\_\_\_  
CITY/STATE/ZIP

\*\*\*\*\*

\_\_\_\_\_  
PARENT OR GUARDIAN'S FIRST NAME (printed) MI

\_\_\_\_\_  
TELEPHONE NO. (cell phone)

\_\_\_\_\_  
PARENT OR GUARDIAN'S LAST NAME (printed)

\_\_\_\_\_  
TELEPHONE NO. (land line)

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RELATIONSHIP TO YOUTH

Residential or mailing address (if different from youth's):  
\_\_\_\_\_

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
ADDRESS LINE 1

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
M M D D Y Y Y Y

\_\_\_\_\_  
ADDRESS LINE 2

GENDER:  MALE  FEMALE

\_\_\_\_\_  
CITY/STATE/ZIP

\*\*\*\*\*

Does the youth have a sibling who enrolled in the study at an earlier date (circle one)? Yes No

If "yes," provide the following information about the sibling:

\_\_\_\_\_  
SIBLING'S FIRST NAME (printed) MI

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
SIBLING'S SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIBLING'S LAST NAME (printed)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
M M D D Y Y Y Y