



CONTRACT #: _____

Client Consent Form

Consent to Participate in the Evaluation of the First 5 Fresno County Commission's Programs

The First 5 Fresno County Commission supports many programs to help improve the health and development of young children in Fresno County. To provide better services, the First 5 Fresno County Commission is studying its programs. This form asks your consent to include information in the study about you and the child(ren) you care for as parent, guardian, or person with legal custody. Your participation is voluntary. If you do not want you and your child's (ren's) information to be in the study, you and your child(ren) will still be eligible for services.

Procedures

- First 5 Fresno County service providers will ask you some questions about you and your child(ren). This may include questions about behaviors and experiences with health and social services. You can refuse to answer any of the questions.
- First 5 Fresno County service providers will give the evaluators information about you related to the number and types of services you receive.
- You may be asked to be in a survey of First 5 Fresno County clients. The evaluators hired by First 5 Fresno County to conduct the survey will be studying how to improve the programs. The survey will have questions about the services you and your child(ren) received and their benefits. You would be contacted up to three times over a two-year period. Answering the survey questions will take about 30 minutes. If you are asked to be in the survey, you can say no. You can also refuse to answer any of the questions in the survey.
- At any time you can request to stop being in the study.

Benefits

- Your answers may help to improve First 5 Fresno County Commission's services for children and families.

Risks or Harm

- A scientific review board has determined that there are no significant risks or harm for being in this study. The First 5 Fresno County service providers and the evaluators have signed a strict confidentiality agreement to keep your information private. The information will be stored on secure, remote computers. The only time we would share your information is if we believe you or your child(ren) were in danger of being hurt, you were a danger to someone else, or a court orders it. Identifying information specifically about you and your child (ren) will never be used in reports.

Questions

- If you have questions about this form or this study, please contact Olivia Arnold of First 5 Fresno County at (559)241-6515 or Gary Resnick at Harder and Company (415) 522-5400.

My signature below indicates that I am the person who has authority to release information about my child(ren). I agree that information about me and the child(ren) that I care for will be included in the above study.

- I am the ___ Parent
 ___ Child's guardian
 ___ Person with legal custody
 ___ Person receiving services but not child's guardian (a 2nd consent must also be signed by child's guardian)

Signature: _____

Date: ___ -- ___ -- ___

(month / day / year, ex: 01-20-2010)

Printed Name: _____

FOR OFFICE USE ONLY

Consent Form Type (CHECK ONE): Original (Service Provider) Parent Guardian Copy First 5 Fresno Copy