



Consent Form for Research

_____ helps participants become more financially secure by assisting them to get and keep jobs, enter and complete training, access public benefits for which they are eligible, and learn how to manage their money. _____ is working with Local Initiatives Support Corporation (“LISC”) to figure out which kinds of assistance and supports are helpful to participants and which ones are not. The information you provide us during your participation in this program will be compiled with other people’s data and shared with LISC to help provide better service to participants.

Your Right to Confidentiality

The information you provide to _____, and LISC is completely confidential. In research reports and presentations, your privacy will always be respected and your name or other personal information that might identify you will never be disclosed to the public or sold for commercial purposes.

Benefits and Risks

There are no special benefits or risks to you as an individual if you participate in this research; the information will be used only for learning purposes, so that programs know the kinds of assistance and support that help people become more financially secure. **Participation in this research study is completely voluntary.** If you do not want to participate in the research, you may still continue to receive the same services and supports. Also, if you choose to participate in the research, you may discontinue participation at any time without penalty.

- Yes, I have read this form and agree to participate in the research conducted by (insert name of agency) and LISC
- No, I have read this form and have decided not to agree to participate in the research conducted by (insert name of agency) and LISC

If you have any questions regarding this research or your rights, please contact:

Signature

Printed Name

Date: