**INFORMED CONSENT**

AGREEMENT TO PARTICIPATE IN THE

HEALTH CAREERS FOR ALL (HCA) LOCAL PROJECT EVALUATION

**What is the Health Careers for All Project?**

Health Careers for Allis a localproject of the national Health Professions Opportunity Grant (HPOG) initiative sponsored by the U.S. Department of Health and Human Services (HHS). The project is designed to improve access to training and employment in healthcare occupations for TANF recipients and other low-income individuals. Health Careers for All is led by the Workforce Development Council of Seattle-King County in conjunction with TRAC Associates and community partners.

**What is the Health Careers for All Evaluation?**

Health Careers for All is one of 32 HPOG projects across the country. HHS is interested in learning about what types of services and activities are most successful in helping TANF recipients and other low-income individuals enter and succeed in healthcare training and jobs. National researchers will be working with partners and participants in each of the HPOG cities/sites to learn about what works best. A local researcher will also be working with project partners to gather information from people who participate in HCA about your experience in the program and ideas to improve the program for you and future participants.

## What does it mean to participate in the HCA Evaluation?

Everyone who takes part in the Health Careers for All (HCA) project will be asked to contribute to the evaluation research in some or all of the following ways:

* complete enrollment paperwork
* respond to surveys at different points; surveys may ask some of the same questions at different times to try to understand if anything has changed
* participate in a focus group as part of your classroom training program
* participate in focus groups or individual interviews after you leave the program, whether you graduate or leave early
* allow researchers to access information about your training and employment outcomes, as well as your participation in related services, activities, and supports (both during and after you leave the program)

The purpose of this evaluation is not to evaluate the participants but to gather participants’ opinions and information about their experience to understand how to improve the project and increase participant success. Participation in the evaluation is a required part of the HCA project. However, you can refuse to answer any question that is asked of you by researchers, and your answers (or refusal to answer) will not affect your participation in the project in any way. In addition, any information you share will be kept in the strictest confidence and only the researchers, and none of the case managers, teachers, project managers, or any other project staff, will know what you personally said.

**Our Promise about Your Privacy**

All researchers promise to keep all information collected about you strictly private and to use this information only for this evaluation. *Your name will never appear in any public document without your express permission*. Information that could be used to identify you, such as your name, address, or Social Security number, will be kept in a locked storage area or in password protected computer files.

### Statement of Consent

“I have read this form and agree to participate in the local HCA evaluation. I know that I can refuse to answer any questions or stop participating in the project at any time. I know that all information about me will be kept private unless I give explicit permission to share any part of my story. I give my permission to the Workforce Development Council of Seattle-King County and TRAC Associates to release my data/records to researchers for the evaluation. I also authorize any and all agencies/businesses/employers to release information to verify employment, salary, school, vocational training, college enrollment, and military affiliation.”

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Study Participant Name (printed)

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Signature of Study Participant Date

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Signature of Health Careers for All Representative Date