

Consent to Participate in Evaluation

Title: Homeless Services Network of Central Florida – Rapid Rehousing for Families

Principal Investigator: Dr. William Evans, University of Notre Dame

ABOUT THIS RESEARCH

Homeless Services Network of Central Florida (HSNCF) is committed to the vision of “Everyone making their way home.” As the lead agency of the Central Florida’s Commission of Homeless’ fight to end homelessness, they strive to create opportunities that provide support and can better serve the most vulnerable within the community. As such, HSNCF is looking to evaluate the effectiveness of the housing programs serving persons experiencing homelessness within the Central Florida region and their impact on housing stability. They have partnered with researchers from the University of Notre Dame to better understand how the programs work for those participating in them.

TAKING PART IN THIS EVALUATION IS VOLUNTARY

Your participation in this evaluation is voluntary, and it will help HSNCF better understand how to improve providing services for you and others in the Central Florida community. If you do choose to participate, you can decide to stop at any point. **Eligibility for services is in no way influenced or impacted by your decision to participate or not participate.**

WHAT INFORMATION ABOUT ME WILL BE USED?

We are asking for your permission to use information about you and any minors in your household to understand if the program is working well. To do this, we will contact some government and private agencies and ask them to share information they already collect about you. All information about you and your household is held in strict confidence and will be used for research purposes only.

Here are some examples of the types of information we will ask for:

- Information about you and your household’s housing and housing stability from government agencies and private datasets;
- Information about your employment status and earnings that is collected by the state departments of labor, the Internal Revenue Service, or the Census Bureau to see how income changes over time;
- Information collected by credit agencies about your creditworthiness and use of credit (NOTE: This will not affect your credit score or count against you as an inquiry);
- Your participation in TANF, Food Stamps (SNAP), or other public or government programs.

HOW WILL MY INFORMATION BE PROTECTED?

For research purposes, identifying information from your application will be used to link to data that already exists about you and your household. The agencies will not receive any information from your application other than your or your household members’ names and enough information to find you in the records. Any data that is transferred for the purpose of linking to the records will be encrypted and password protected.

We will remove any information that will identify you or your household members, such as names, prior to analysis. No identifying information will be used in reporting the evaluation results, and we will never release any information that may identify you. The privacy of you and your household members is very important to us. In certain circumstances, your data may be made available to other researchers outside the research team for continued research. We will not make available any pieces of information that could be tied back to you.

WHO SHOULD I CALL WITH QUESTIONS OR PROBLEMS?

If you have any questions about the study, your rights as a research participant, or if you wish to stop participating at any time you can contact the study director at wbevans1@nd.edu, or reach the Notre Dame Research Compliance office at 574-631-1461 or by email at compliance@nd.edu.

PARTICIPANT’S CONSENT

If you agree to participate in the evaluation, please print and sign your full name below. By providing your signature, you confirm that you are at least 18 years old, and agree to take part in this evaluation. **Eligibility for services is in no way influenced or impacted by your decision to participate or not participate.**

Name: _____ Signature: _____ Date: _____

If participant is unable to sign, did the Navigator obtain verbal consent of the participant to participate in research?

Participant Name: _____

Navigator: _____

Date: _____

OPTION TO OPT OUT

If you do not wish to be a part of the evaluation, please check the box below. **Eligibility for services is in no way influenced or impacted by your decision to participate or not participate.**

By checking this box, I confirm that I do not wish to participate in this evaluation