

**EVALUATION OF CALIFORNIA'S RESIDENTIALLY BASED SERVICES REFORM
PROJECT**

INFORMED ASSENT FORM FOR CHILDREN/YOUTH

**SPONSORED AND CONDUCTED BY
CASEY FAMILY PROGRAMS AND WALTER R. MCDONALD & ASSOCIATES, INC.
IN COLLABORATION WITH THE CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES, AND THE CALIFORNIA ALLIANCE OF CHILD AND FAMILY
SERVICES**

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PURPOSE, PARTICIPATION, AND PROCEDURES

We are doing a study and need your help. This study is to see if you like the new kind of services that we just talked about called "residentially based services." We also want to find out how these services might make things better for you in the future.

You don't have to do anything if you decide to help us with this study. You can help us by saying it's OK for the people doing the study to learn how much you like the new services and if they make things better for you.

CONFIDENTIALITY

The people doing the study will learn about how much you like the new services from information that we will send to them in the mail. Two different people will check to make sure your name is not sent with this information. If these two people make a mistake, which we don't expect will happen, the people doing the study would see your name.

ALTERNATIVE PROCEDURES

You don't have to be in the study if you don't want to.

QUESTIONS

If you have any questions about being in the study, please ask me.

ASSENT STATEMENT AND SIGNATURE

Do you have any questions about this study? NO YES

Do you agree to help us with this study? NO YES

Signature of Person Obtaining Assent

Name of Person Obtaining Assent

Date of Assent

Child's First Name