**Focus Group Consent Form**

You are being asked to participate in this focus group to help young adults in Central Ohio successfully transition to adulthood. The results will be used to create and improve strategies and programs that serve youth and young adults to make them more effective in order to help young adults achieve their goals. The focus groups will take approximately 1 to 1.5 hours to complete.

We will be recording the focus group. We would like to let you know that there is a low risk of breach of confidentiality but all efforts will be made to ensure that everything you say in the focus groups is kept confidential. We will not link your name to anything you say in any report, publication, or presentation. We will work to make sure that no one learns of anything you have said without your permission.

There may be extreme circumstances in which this information must be released. For example, personal information regarding what you say in the groups must be disclosed if required by state law. Also, documentation of this focus group may be reviewed by other staff members at Children’s Defense Fund-Ohio for analytical purposes only.

Your participation is voluntary. If you decide not to participate, there will be no penalty or loss of benefits to which you are otherwise entitled. You can, of course, decline to answer any question without any penalty or loss of benefits to which you are otherwise entitled. You may leave the focus group at any time. If you decide to stop participating in the focus group, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled. Your decision will not affect your relationship with any service provider organization.

The focus groups will be conducted by Dr. Nicole Thomas, a research and data manager at Children’s Defense Fund-Ohio, and Alison Paxson, policy fellow at Children’s Defense Fund-Ohio.

For questions regarding the focus groups, you may contact:

Insert Contact Information Here

I have read and understand the above consent form and understand that my comments and statements will be used to inform a report that will be published.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants Name Date