

## CONSENT TO PARTICIPATE in Wisconsin Promise

**What:** Wisconsin Promise is part of a new federal program to help with school and work goals.

**Who:** This program is for youth who are 14 to 16 years old and who receive Social Security Income (SSI) benefits. This program is also for their families.

**Why:** The goal of this study is to learn what services are best at helping meet school and work goals.

Families in this study will receive \$30 in gift cards. Families will also receive a \$10 gift card for each phone interview they are a part of.

### **Half of those in the study:**

1. Will have added help with school and work goals through the Wisconsin Promise program.
2. And will also receive a computer tablet and a data plan as part of the project.

**Privacy:** Everything you share during this study will be used for research only. Your information will be in locked files. State and federal privacy laws will be followed. Your name will not be used in any public reports. Identifying information will not be in any public reports.

**Risks:** There is a small chance that others may access your information. If this happens, you will be told right away.

**Choice:** It is your choice if you want to be part of this study. This choice will not hurt you from receiving disability and other benefits that you get.

**Time:** If you sign the consent form, here's what will happen:

- You will be asked to provide your Social Security Number. This is to track your disability benefits and other records. Researchers may look at your data for up to 20 years.
  - Data records include information from:
    - Social Security Administration (SSA)
    - Department of Workforce Development (DWD)
      - Division of Vocational Rehabilitation (DVR)
      - Unemployment Insurance (UI)
      - Division of Employment and Training (DET) (may include, but not limited to):
        - Workforce Investment Act (WIA)
        - Youth Apprenticeship
        - Job Center of Wisconsin (JCW)
        - Dislocated Worker
        - Trade Adjustment Assistance (TAA); Trade Readjustment Allowances (TRA)
    - Medicaid
    - Schools
    - Temporary Assistance for Needy Families (TANF or W2)
    - Child Welfare
    - Supplemental Nutrition Assistance Program (SNAP) (food share or food stamps)

- A computer will assign you to one of two groups based on chance, like a lottery.
  1. **Usual Services Group.** Half the youth and their families will have access to all usual school, state, and local services.
  2. **Program Group.** Half the youth and their families will have access to added services provided by Wisconsin Promise. These services will include:
    - a) Exploring school and work goals;
    - b) Help finding a job that matches your skills and dreams;
    - c) Help meeting school goals; and
    - d) Help with public benefits and earned income.
- If you are in the Program Group, researchers will ask you and your family about your needs. They will also ask about your progress in school and work.
- All youth and families in the study will be asked to answer questions in two telephone interviews. One will be in 18 months and another one in 5 years. If you agree to be in the study today, you do not have to answer these questions later.

**Right to Leave:** You may stop being a part of this study at any time by writing to the Wisconsin Promise researcher. His contact information is on the next page. There is no penalty for dropping out. Any data you shared before dropping out will still be a part of this study.

**IRB Approval:**

The University of Wisconsin-Stout's Institutional Review Board (IRB) looked at and approved this study. The IRB has found that this study is ethical based on federal law and University policy. If you have questions about this study, please contact the researcher. If you have any questions about your rights, please contact the IRB Administrator.

*Parent/Guardian: I have read this consent form (or it has been read to me). I understand it. By signing this consent form, I agree that \_\_\_\_\_ (youth's name) and I will be a part of Wisconsin Promise. I agree that both the youth's data and my data (specified above) can be shared for research purposes. I know we may or may not get into the Wisconsin Promise Program group. If we do get in the program group, we agree to participate in project services. If I have questions, I can call John Lui at 715-232-2470.*

\_\_\_\_\_  
(Parent/Guardian Signature)

*Youth: I have read this consent form (or it has been read to me). I understand it. By signing this consent form, I agree to be a part of Wisconsin Promise. I agree that my data (specified above) can be shared for research purposes. I know I may or may not get into the Wisconsin Promise Program group. If I do get in the program group, I agree to participate in project services.*

\_\_\_\_\_  
(Youth Signature)

**To finish the consent process, you must complete the form on the next page.**

**Researcher:**

John W. Lui, Ph.D., MBA, Executive Director  
Stout Vocational Rehabilitation Institute  
221 10th Ave., VR101A  
University of Wisconsin-Stout  
Menomonie, WI 54751  
715.232.2470 (Voice)  
715.232.5008 (Fax)  
[luij@uwstout.edu](mailto:luij@uwstout.edu)

**IRB Administrator**

Sue Foxwell, Director, Research Services  
152 Vocational Rehabilitation Bldg.  
UW-Stout  
Menomonie, WI 54751  
715.232.2477  
[foxwells@uwstout.edu](mailto:foxwells@uwstout.edu)

**Please complete the information on pages three and four to complete the consent process.**

\_\_\_\_\_  
YOUTH'S FIRST NAME (printed) MI

\_\_\_\_\_  
TELEPHONE NO. (cell phone)

\_\_\_\_\_  
YOUTH'S LAST NAME (printed)

\_\_\_\_\_  
TELEPHONE NO. (land line)

\_\_\_\_\_  
**YOUTH'S SIGNATURE**

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FACEBOOK USERNAME (Optional)

|\_|\_|\_|-|\_|\_|-|\_|\_|\_|\_|  
**YOUTH'S SOCIAL SECURITY NUMBER**

Residential or mailing address:

**DATE OF BIRTH:** |\_|\_|/|\_|\_|/|\_|\_|\_|\_|  
M M D D Y Y Y Y

\_\_\_\_\_  
ADDRESS LINE 1

\_\_\_\_\_  
ADDRESS LINE 2

GENDER: |\_| MALE |\_| FEMALE

\_\_\_\_\_  
CITY/STATE/ZIP

\*\*\*\*\*

\_\_\_\_\_  
PARENT OR GUARDIAN'S FIRST NAME (printed) MI

\_\_\_\_\_  
TELEPHONE NO. (cell phone)

\_\_\_\_\_  
PARENT OR GUARDIAN'S LAST NAME (printed)

\_\_\_\_\_  
TELEPHONE NO. (land line)

\_\_\_\_\_  
**PARENT OR GUARDIAN'S SIGNATURE**

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
RELATIONSHIP TO YOUTH

Residential or mailing address (if different from youth's):

|\_|\_|\_|-|\_|\_|-|\_|\_|\_|\_|  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
ADDRESS LINE 1

**DATE OF BIRTH:** |\_|\_|/|\_|\_|/|\_|\_|\_|\_|  
M M D D Y Y Y Y

\_\_\_\_\_  
ADDRESS LINE 2

GENDER: |\_| MALE |\_| FEMALE

\_\_\_\_\_  
CITY/STATE/ZIP

\*\*\*\*\*

**(Turn page over)**

Does the youth have a sibling who enrolled in the study at an earlier date and are you that sibling's parent/guardian (circle one)? Yes No

If "yes," provide the following information about the sibling:

\_\_\_\_\_  
SIBLING'S FIRST NAME (printed) MI

\_|\_|\_|\_|-|\_|\_|\_|-|\_|\_|\_|\_|\_|\_|\_|\_|  
SIBLING'S SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIBLING'S LAST NAME (printed)

DATE OF BIRTH: |\_|\_|/|\_|/|\_|\_|\_|\_|\_|\_|\_|\_|  
M M D D Y Y Y Y

**Optional:** For other household members, who are 15 years or older. You can be part of this study too. If you want to participate, you can print and sign your name below. Any household members who are 15 to 17 years old will also need their parent/guardian signature to participate. If you agree to participate, you agree to provide your Social Security Number (SSN) on the intake form. Your SSN will be used to track your disability benefits, services and other records. The types of records that will be tracked are specified on pages one and two of the consent form. If you are in the Program Group, researchers will ask about your needs. They will also ask about your progress in school and work. Please read the full consent form on pages one and two before signing the consent form.

\_\_\_\_\_  
FIRST NAME (printed) MI

\_\_\_\_\_  
FIRST NAME (printed) MI

\_\_\_\_\_  
LAST NAME (printed)

\_\_\_\_\_  
LAST NAME (printed)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
FIRST NAME (printed) MI

\_\_\_\_\_  
FIRST NAME (printed) MI

\_\_\_\_\_  
LAST NAME (printed)

\_\_\_\_\_  
LAST NAME (printed)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
FIRST NAME (printed) MI

\_\_\_\_\_  
FIRST NAME (printed) MI

\_\_\_\_\_  
LAST NAME (printed)

\_\_\_\_\_  
LAST NAME (printed)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature