## CONNECTED YOUTH INITIATIVE (CYI) INFORMATION USE & DISCLOSURE AUTHORIZATION FORM

Nebraska Children and Families Foundation is engaging in an effort—the Connected Youth Initiative— to help unconnected youth in Nebraska become contributing, independent citizens. For the purposes of this work, unconnected youth are defined as young people ages 14-24 who are currently or have been in the Nebraska foster care system, have had contact with child protective services, have had contact with the juvenile justice system (but are not on probation), or are homeless or near homeless. We'd like your help in determining whether or not the Connected Youth Initiative has an impact on the lives of unconnected youth by allowing your data to be shared and by filling out some surveys.

You have the decision to choose whether or not you want your personal data shared. This document provides information on what information would be shared and who the information would be shared with. Any data you authorize to be shared will be used to evaluate the Connected Youth Initiative and may help young people in similar situations to yours. If you sign this document, you are giving permission to share data about your:

- education
- housing
- employment
- physical and mental health
- social well-being
- transportation
- financial well-being

You will also be asked to complete a survey in April and October of each year. The survey can be completed online or on paper (it will take about 10-15 minutes). You will receive a \$10 gift card for completing each survey. The information will only be shared with the agencies and people listed below. This is voluntary, so you are not required to sign this form in order to receive services.

For questions about this research, please contact Nebraska Children and Families Foundation at evaluationquestions@nebraskachildren.org.

## Purpose of data sharing and other important information

- I understand the purpose of this data sharing is to support evaluation of the Connected Youth Initiative.
- I understand this data will be used to measure outcomes to see how the Connected Youth Initiative is helping young people. My data will be combined with data about other young people receiving and not receiving Connected Youth Initiative services in Nebraska. My name and individual data will <u>not</u> be publicly shared. My data are only available to the agencies listed below.
- I understand that the data listed below will only be shared with the organizations affiliated with the Connected Youth Initiative and its evaluation partner in order to provide me with services and evaluate the program.
- I understand that <u>only</u> if my data shows that I am being harmed or there is potential for harm, my data may be disclosed; otherwise, my data <u>will not</u> be disclosed without my written consent.
- I understand that I will be asked to complete a survey in April and October of each year and will be given a \$10 gift card for each completed survey.

## People with whom your data would be shared

- Central Navigator and Partner Agencies
- Contracted external evaluators for the Connected Youth Initiative: WestEd, University of Nebraska at Omaha, Category One Consulting, Schmeeckle Research
- Nebraska Children and Families Foundation research and evaluation staff

Important: None of the data will be publicly reported		ou
☐ I <u>allow ALL</u> of the data listed below to be shared.		
☐ I do NOT allow ANY of the data listed below to be shared.		
☐ I do NOT allow ANY of the data listed below to ☐ Connected Youth Initiative Common Referral For ☐ Connected Youth Initiative Transitional Services S ☐ Records from the state of Nebraska and their cont ☐ Education ☐ Employment ☐ Housing ☐ Justice system involvement ☐ Health and human services ☐ Connected Youth Initiative program data ☐ Information previously collected as part of my inverceived as part of the Connected Youth Initiative	rm Survey tracted entities, including volvement with the Conn	
Your Name (First, Middle, Last)	Your Date of birth	
Families Foundation if I no longer want my data shared form at any time, upon request. By signing this form box above.  Waiver of Consent: If you are 18 years old or younger a contact or other personal reasons, you may waive paren wavier form. Please discuss this option with the person	m, I agree to share my and unable to obtain pare tal consent by signing be	data that I have checked off in the
This consent starts on the date I sign this form and this	will expire after five (5) y	ears from the date of signature.
Required - Signature of young person		Date
Required if young person is 18 or younger - Signature of par	rent or legal guardian	Date
Required if young person is 18 or younger – Person named	above's relationship to young	person (printed)
Required - Signature of agency representative who presents a	and explains this form	Date
Required – Printed name of agency which the person named	l above represents	

If you have any complaints or concerns about your rights as a research participant, you may contact the WestEd IRB at 844-IRB-KIDS (844-472-5437) or subjects@wested.org

Form Updated: February 2017