



Kinship Cares Enhanced Navigator Program Informed Consent

1. Project Title: Kinship Navigator Family Connection Program
2. Participant's Name: _____ ID _____

DESCRIPTION OF PROJECT

3. Purpose of the Study: The Children's Home Society of New Jersey (CHS) is conducting a research study to improve the existing State of NJ Kinship Navigator Program. We hope to learn more about the best way to help kinship families. We also want to know if additional services provided to randomly selected participants will benefit them or their children enough for us to recommend these services for all program participants in the future.
4. Description of the Research: Your part in the research will involve the completion of several questionnaires when you first receive services and also at your exit from the program. You will be asked for information about: you and your family, your needs as a caregiver; health related issues including any stress you may be feeling due to your child caring role; the amount of help and support you receive from relatives, friends and others, and your satisfaction with the services you receive from the Children's Home Society staff. You may also be invited to participate in an interview or group discussion about your experiences with the program. The duration of your involvement in the research will not extend beyond six months after your participation in the Kinship program ends.

All participants will receive the standard State-mandated Kinship Navigator services that you may have received in the past. If you are chosen by lottery, you will be offered the additional services of a staff member (Ombudsperson) to work closely with you in order to help meet your family's needs. You will also be invited to attend parent support and education groups that may be of interest to you.

5. Side Effects: We do not foresee any risks or discomforts to you as a participant in this study other than needing to take time to complete the questionnaires. We expect it may take you one to two hours to complete all questionnaires.
6. Potential Benefits: If you participate and the new services prove helpful, you will likely have more of your identified needs met to your satisfaction. It is also anticipated that your stress level will decrease and you are likely to report feeling more support from others. We cannot guarantee, however that you will receive any benefits from this study.

UNDERSTANDING OF PARTICIPANTS

7. I have been given an opportunity to ask any questions concerning the study and the project staff person has been willing to answer them. This study will be conducted at The Children's Home Society of New Jersey, [Trenton Office] [Ocean Office] (circle one) as part of the project titled, Kinship Cares Enhanced Navigator Program. I hereby authorize Dr. Leonard Feldman, the principal investigator, and/or the trained project staff person he may designate, to administer the questionnaires.
8. I have been told and I understand that my participation in this study is voluntary and that I may refuse to participate without penalty or loss of benefits to which I am otherwise entitled.
9. I have been told and I understand that I may withdraw my consent and stop my participation in this study at any time, and that such withdrawal of consent or discontinuation will involve no penalty or loss of benefits to which I am otherwise entitled.
10. I have been assured that confidentiality will be preserved and that my name or other identifying information will not be revealed in any reports or publications resulting from this study without my expressed written consent or as required by law. All papers with my identifying information will be kept in locked drawers in the secure Agency file room and will be destroyed at the earliest possible date, following federal requirements.
11. I understand that I will not be charged for services provided during this project.
12. If I have any questions concerning my participation in the research related to this project, I may contact Dr. Leonard Feldman, Principal Investigator at 609-695-6274. If I have any questions concerning the services I am receiving from the Kinship Program, I may contact Ms. Dolores Bryant, Vice President at 609-695-6274 x 171. If I am still unsatisfied, I may contact Ms. Karen Courtney, Chief Operating Officer at 609-695-6274 x 153.
13. Based upon the above, I consent to participate in this study. I have received a copy of the consent form.

Signature of Participant or Guardian

Date

Relationship to Participant if Guardian

14. I have discussed this project with the participant and/or her/his authorized representative, using language that is understandable and appropriate. I believe that I have fully informed this participant of the nature of this study and its possible benefits and risks, and I believe the participant understood this explanation.

Kinship Cares Staff

Date