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INSTITUTE FOR COMMUNITY COLLABORATIVE
STUDIES

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INFORMED CONSENT DOCUMENT

Project Title: South County Wraparound Project for Latino Children and Youth
Investigator(s): Jerry Endres, Brad Richardson

PURPOSE

This is a research study. The purpose of this research study is to decide how to provide complete services to families and youth in the Gilroy area.

We are inviting people to participate in this research study because you are a member of the Gilroy community and as a family member are able to assist with the decisions needed.

PROCEDURES

If you agree to participate, your involvement will last for up to one year meeting once a month.

The following procedures are involved in this study.

You along with other members from the community will listen to explanations of a “wraparound” program. You will be asked to voice your ideas and opinions. Project staff will ask you questions and with others will be asked to decide what is in the best interests of the families in your community.

A survey or questionnaire will be provided and you are free to skip any questions that you would prefer not to answer.

RISKS

There are no risks to you in this project. Staff persons from the Gilroy Family Resource Center will translate as you may need and they will be available to you to answer any questions.

BENEFITS

Your ideas will help the Latino families in the Gilroy area receive better services for their children and youth. This will help your community reduce conflict and violence.

There is no personal benefit for participating in this study. However it is hoped that, in the future, society could benefit from this study by providing greater opportunity to youth for a healthy life.

COSTS AND COMPENSATION

You will not have any costs for participating in this research project.

You will be compensated for participating in this research project. You will receive \$25.00 for full participation in each of the monthly meetings.

CONFIDENTIALITY

Records of participation in this research project will be kept confidential to the extent permitted by law. It is possible that these records could contain information that personally identifies you. The project staff will not identify your name to any statement without your permission. In the event of any report or publication from this study, your identity will not be disclosed. Results will be reported in a summarized manner in such a way that you cannot be identified.

VOLUNTARY PARTICIPATION

Taking part in this research study is voluntary. You may choose not to take part at all. If you agree to participate in this study, you may stop participating at any time. If you decide not to take part, or if you stop participating at any time, your decision will not result in any penalty or loss of benefits to which you may otherwise be entitled.

QUESTIONS

Questions are encouraged. If you have any questions about this research project, please contact: Jerry Endres, 831.582.3624. If you have any questions regarding your rights as a research subject, contact the Chair of the Human Subjects Committee, Henry Villaveva at California State University Monterey Bay, 100 campus Center, Bldg 1, Seaside, CA 93966, 831.582.5012.

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Subject's Name (printed):

(Signature of Subject)

(Date)

INVESTIGATOR STATEMENT

I have discussed the above points with the subject or, where appropriate, with the subject's legally authorized representative, using a translator when necessary. It is my opinion that the subject understands the risks, benefits, and procedures involved with participation in this research study.

(Signature of Investigator)

(Date)