**Kinship Connections of Wyoming**

**Informed Consent to Participate in Study**

Kinship Connections of Wyoming is working together with a cross-site collaborative, Casey Family Programs, Generations United, and the University of Washington. Evaluators will be gathering information about the families and children we are assisting.

I hereby consent to take part in a program evaluation project directed by the Kinship Connections of Wyoming concerning kinship caregiver support services.

I understand that my participation is voluntary and includes up to $150 in financial incentives. I understand that I do not have to answer any questions that I may feel uncomfortable with and that I am free to withdraw my participation at any time. If I do not volunteer or if my participation is ended for any reason I understand that I will not be penalized in any way. If I choose to participate, I understand that my identity will be kept confidential and that my data will be used and potentially published.

I understand that I will be asked questions about the support provided to my family. I acknowledge the risk involved in taking this questionnaire is not more than I would encounter in everyday life.

If I have any questions about this project I may contact Chandra Ortiz, at 307-287-4645

By signing below, I certify that I am at least 18 years old and consent to the above information.

**Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sign name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**