

Parent Consent Form

Congratulations on being part of an initiative whose goal is to ensure that your child has stable, high quality early education while you work. Not only is this important for you and your children now, but what happens will shape what Oregon does in the future. Lessons learned will be important for making decisions about how we continue to serve families. The Oregon Department of Human Services (DHS) and the Child Care Division are partnering with Oregon State University (OSU) researchers to study how well this partnership between early education programs and the state works. You're receiving this form because your child is receiving services through this partnership. Important information about how well the partnership works is being collected as part of your participation. This information is captured in program records that are used by DHS to run the program. If researchers can access these records, they can answer questions about how the program works. We will not release any information that may identify you or your child.

DHS requests your permission to search child care and related government program records for information about the child care services and subsidies that your family received. We are also requesting your permission to search employment related government program records for information about your employment between September 2013 and August 2014. All information about you and your children are held in strict confidence and used for study purposes only. Any names of children, as well as your own name, will not be used in reporting the study results.

Your participation in the program will not be affected by whether or not you grant permission to view your program records. Do we have your permission to search state government child care subsidy and employment records and request that information relevant to your receipt of child care subsidies and employment be sent to researchers for study purposes only?

- Yes, I give permission
- No, I do not give permission

Participant's Name (printed): _____

(Signature of Participant)

(Date)