



Consent to Participate in a Study

SECTION 1 – PROGRAM ACKNOWLEDGEMENT

A. I understand that:

- 1) The Pathways to Careers (Pathways) is a program that helps people with in Greater Boston, MA, to get training, participate in paid work experiences, and become employed in jobs that they find rewarding. Pathways is funded by SourceAmerica, a national non-profit agency that supports other non-profit agencies to provide employment opportunities to people with disabilities.
- 2) If I am eligible for Pathways and choose to participate, I will be part of a research study about Pathways.
- 3) The purpose of the study is to learn how youth and adults with disabilities can improve their employment outcomes.
- 4) There will be no cost to me for Pathways services or to be in the study.
- 5) I (or my parent or guardian) will answer the questions on the enclosed application form.
- 6) My Social Security number is required in the application for project evaluation purposes to accurately identify and track social security records.
- 7) All the answers that I give now or give in the future will be kept confidential. Confidential means that the data will be kept as private as possible. Pathways will use the information they collect about me only to evaluate the program and to help me become employed.

B. If I agree to be in the study, these things will happen:

- 1) Upon submitting the application form and the signature page to this consent form, I will have a chance to take part in Pathways.
- 2) This program includes:
 - a. *Discovery*, which is a series of meetings and activities to identify each participant's unique skills and job interests. Some *Discovery* meetings may take place at a participant's home or somewhere else in the local community.
 - b. Options to (a) Explore job opportunities by participating in one or more paid internships to learn about and develop the skills needed to perform a specific job. (b) Go directly to employment (c) Explore Self Employment
- 3) The study will randomly select to see who gets to participate in Pathways. Selecting randomly is like a lottery or tossing a coin. It is a fair way to make sure that everyone who wants to participate has a fair chance.

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- 4) If I am selected, I understand that I will start in **one of three time periods – Spring, 2016; Summer, 2016; or Late Fall, 2016.** A Pathways' Career Support Team member will notify me with regards to my start date.
- 5) If I am selected, I understand that the fact that I am working cannot be used to re-evaluate my eligibility for benefits. If I am receiving Supplemental Security Income (SSI) benefits, my work and earnings will reduce the monthly amount but will not cause me to lose my SSI disability status or Medicaid benefits as long as my earnings do not exceed **\$40,006**. If I am receiving Social Security Disability Insurance benefits (SSDI), my work and earnings may affect my benefits only if I earn over \$1,090 a month. I also understand that Pathways provides access certified benefits counselors to discuss my benefits profile so that I can make informed decisions about internships and employment.
- 6) If I am selected and enroll in Pathways, I will be asked to answer questionnaires three more times – 6 months, 1 year, and 2 years after I enroll in Pathways. Even if I agree to be in the study today, I do not have to answer questions in the future.
- 7) I will receive a \$10 gift card to say “thank you” every time I answer the survey questions in the future.
- 8) I understand that if I enroll in Pathways, I am providing consent for the Social Security Administration to disclose information about my monthly SSI and SSDI benefit eligibility and amounts to SourceAmerica or its contractor. The Social Security Administration may disclose this information to SourceAmerica or its contractors for up to ten years after I enroll in Pathways. This information will be used for research purposes only and will be kept strictly confidential.
- 9) I understand that SourceAmerica or its contractors may obtain information from my employer for up to ten years after I enroll in Pathways. This information will be used for research purposes only and will be kept strictly confidential.
- 10) If I am selected, I understand that Pathway's Career Support Team members may obtain and use my personal information to assist me with job development and accommodations. This personal information includes but is not limited to information on my disability, employment and education.
- 11) If I am selected, I give permission to Pathways to use my media image (photo and video).
- 12) Massachusetts law requires Pathways staff and researchers to report any suspected or actual abuse, neglect, or exploitation of a person with a disability. If the researcher has reason to believe that such abuse, neglect, or exploitation has occurred, the researcher will report this to Massachusetts Disabled Persons Protection Commission.
- 13) If the researchers uncover important, new findings that could affect my willingness to continue participating in the study, the researchers will notify me of those findings during the study.



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14) I understand that the Pathways team and all Pathways researchers will destroy any personal information they have about me five (5) years after the completion of the study.

SECTION 2 – PROGRAM REFUSAL, REVOCATION, AND TERMINATION

- 1) I may REFUSE to sign this consent form and understand that by not signing this form I will not be eligible to be selected to participate in the Pathways program.
- 2) I may REVOKE my consent authorizing use and disclosure of personal information at any time by notifying the Pathways’ Program Director in writing if I choose to leave the program.
- 3) I DO NOT have to take part in this program and there is NO PENALTY for dropping out whenever I choose.
- 4) I understand that Pathways may elect to TERMINATE my participation in the program due to the following: serious misconduct or illegal activity behavior on the part of the participant; participant behavior which jeopardizes the safety of themselves or others associated with the program; excessive absenteeism which results in substantial regression or deficiencies in participant’s program goals

SECTION 3 – PROGRAM CONTACT INFORMATION

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| <p>For questions about the Pathways program and the research that will be conducted, please contact:</p> <p>Pathways to Careers Career Support Team Phone: 617.691.1707</p> <p>For Study Related Questions: info@pathwaystocareers.org For Program Questions: kpiccolo@workinc.org Website: www.pathwaystocareers.org</p> | <p>For general questions about your rights and protections under Massachusetts law, please contact:</p> <p>Massachusetts Disability Law Center</p> <p>11 Beacon St #925, Boston, MA 02108 Phone: 617.723.8455 http://www.dlc-ma.org/</p> |
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SECTION 4 – CONSENT FORM SIGNATURE PAGE

I can keep this form, but will RETURN this page – “Section 4 – Consent Form Signature Page” – with my application for Pathways if I DECIDE TO PARTICIPATE in the program.



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APPLICANT

Yes, I want a chance to participate in Pathways to Careers and understand that I will be taking part in a study of the program.

Sign your name here: _____

Print your name here: _____

Date: _____

Write your Social Security Number in the boxes: [][][]-[][]-[][][][]

**PARENT OR GUARDIAN
(Required if applicant has a legal guardian)**

Yes, I would like (Applicant's Name) _____ to have a chance to participate in Pathways and understand that we will be taking part in a study of the program.

Sign your name here: _____

Print your name here: _____

Relationship to applicant: _____

Date: _____

Please **RETURN** this signature page with your application in the enclosed postage-paid envelope or by mailing, faxing, or scanning-to email to:

WORK, Inc.
ATTN: Kristen Piccolo
25 Beach Street
Dorchester MA 02122-2734
Fax: 617.691.1519
Email: kpiccolo@workinc.org