Title V Needs Assessment Parent/Guardian Informed Consent Form

Please read this parent/guardian form carefully and sign at the bottom.

Purpose
The Maternal and Child Health Unit (MCH) at the Wyoming Department of Health is working on a needs assessment to inform our 2026-2030 priorities. MCH includes adolescents (ages 12-17) as a priority population. To better understand the needs and strengths of adolescents, MCH has contracted with The Align Team, to host focus groups to ask adolescents about their experiences. Participants will be asked about their needs and strengths related to their mental health, including what would help them talk to parents and guardians about their mental health; what things in their lives impact their mental health positively and negatively; what in their lives promotes positive mental health; and what makes it difficult to be a teenager today. Participants' answers will be used to inform strategies MCH will employ to promote adolescent mental health in the state.

Procedure
Your child will be asked to join a virtual focus group with their peers within the state to engage in discussion on these issues. Youth will join a focus group based on their age and availability; youth ages 12-14 will be in groups together, and youth ages 15-17 will be in groups together.

Benefits
The focus group is not intended to provide direct benefits for your child. Indirect benefits may include identifying strategies to promote and support mental health for adolescents across the state and increasing the likelihood that MCH will conduct work that is relevant and useful for youth.

Risks
There are few risks in participating in a focus group. One possible risk is that your child may feel uncomfortable with some of the questions asked during the focus group. If this happens, your child is free to not answer or participate in any question they do not feel comfortable answering. Participation is completely voluntary and your child may also exit the focus group at any time.

Privacy Completed focus groups will be analyzed for themes. The analysis results (themes) will be shared with the MCH Unit to inform their priorities and potential strategies. After The Align Team's report to Wyoming Department of Health Maternal Child Health Unit has been approved, all recordings, written notes that identify individual participants, and consent forms will be destroyed.

All focus group responses will be kept private. Participants will be asked to avoid discussing the content of focus groups outside of the group, and personally identifiable information will not be included in the report or otherwise shared unless required by law.

The facilitator is required under state law to notify authorities if, in the course of this focus group, your child discloses any of the following:

- If your child indicates that they are being harmed, neglected, or exposed to harmful situations (such as violence, inappropriate sexual behaviors, constant emotional or verbal abuse, physical abuse, etc.)
- If the facilitator thinks your child might harm themselves or others or attempt suicide.

Voluntary

Participation in this focus group is voluntary. Your child has the right to refuse to answer any questions. As the guardian of your child, you consent to your child taking part in this focus group. Your child can choose to leave the focus group at any time.

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Costs

The focus group will not cost anything. Participants are eligible for a $60 gift card to Walmart, Kohl's, or Starbucks.

Person to Contact

If you have questions, contact Jenny Hargett at JHargett@TheAlignTeam.org.

Parent/Guardian Consent

I have read this consent form and have had the chance to ask questions. I will be given a signed copy of the consent form to keep.

◯ I certify that I am the parent or legal guardian of _____, and **I do** give permission for my child, _____, to participate and receive the gift card. I agree to allow my child to provide an email address or mailing address where the gift card can be sent.

◯ I **DO NOT** give permission for my child, _____, to participate.

_____ _____

Signature Date