

Foster Children Research Involvement - Caseworker Consent Form

Child Name: _____ Child ID: _____ Caseworker: _____ Case #: _____

Research Project Title and Short Description:				Principal Research Investigator:	
Policy Requirement	Completed			Person Contacted	Date Contacted
	Yes	No	NA		
REQUIRED APPROVALS					
Research has been approved by the Division of Child and Family Services				(Contact is Vanessa Amburgey 801-538-4503)	
Research has been approved by the Department of Human Services Institutional Review Board, and other governing IRB's				(Contact is Vanessa Amburgey 801-538-4503)	
CASEWORKER CONSENT PROCEDURES					
Caseworker has no concerns					
Foster or adoptive parents contacted and have no concerns					
Therapists contacted and have no concerns (if applicable)					
School personnel contacted and have no concerns (if applicable)					
Others contacted and have no concerns (if applicable - specify relationship)					
Parents contacted (if goal is return home), have no concerns, and have signed consent form (if research is greater than minimal risk as determined by IRB)					
Relatives contacted (if goal is custody to relative), have no concerns, and have signed consent form (if research is greater than minimal risk as determined by IRB)					
Child contacted, has no concerns, and has signed assent form (for children up to age 17)					
Child contacted, has no concerns, and has signed consent form (for children ages 18-21)					
GAL was contacted, GAL was given 10 days to respond, and either did not respond or did not have concerns (if research is greater than minimal risk as determined by IRB)					
If all above procedures are Yes or NA then caseworker should sign consent form; if there are any No's then child cannot participate					

**For questions regarding this form, please refer to practice guidelines 300.

A copy of this form must be sent to: Vanessa Amburgey, Division of Child and Family Services, 195 North 1950 West, Salt Lake City, Utah 84116 (801) 538-4503