



**ARISE Choices for Change Demonstration Project  
Parental for Youth Authorization**

**Please read this form carefully. If you have any questions, please ask, as we are here to help you and your child.**

By signing below I, \_\_\_\_\_, as parent or guardian of \_\_\_\_\_, do hereby give my permission for my child to participate in the ARISE Choices for Change Demonstration Project sponsored by the ARISE Foundation, and the Government of the District of Columbia Justice Grants Administration and evaluated by the Justice Research Center (JRC). Further, my signature below indicates that I have read, understood, and agreed to any terms and conditions set forth in this document. I also attest that the information has been explained in a manner that is satisfactory to me and that I have had any questions answered to my satisfaction, as related to the following:

**ARISE Choices for Change** is an educational group that will meet at the group home several times a week for approximately one hour. This group will cover such topics as choices, anger, happiness, values, letting go, control vs. influence, staying positive, staying cool, thoughts and behaviors and motivation to change.

**Life Skills** is an educational group that will meet at the group home several times a week for approximately one hour. This group will cover such topics as Anger Management, Self-Esteem, and Violence and Conflict.

**Intended Benefits.** ARISE Choices for Change is intended to enhance the youths' readiness to change their behavior by learning to decrease negative behavior, listen reflectively, express themselves and make more pro-social choices. ARISE Life Skills is intended to provide youth with valuable skills to improve their lives, by reducing anger, violence and conflict, while increasing self-esteem.

**Potential Risks.** ARISE groups has been delivered in a large variety of programs across the country. These programs have not reported any unintended harmful episode to children or youth who participated or who are now participating in ARISE groups. There is no research that indicates your child will be harmed by participating in this program.

**What this Consent Covers.** By signing this form, you are agreeing to allow your child to participate in only the services listed below, except in cases of significant risk of harm to self or others or in potentially life-threatening emergency situations:

\_\_\_\_\_  
Youth Name: \_\_\_\_\_ JRC\_ARISE Initiative\_Consent Form\_12/03/09

Youth identification number: \_\_\_\_\_

*This initiative is funded by the ARISE Foundation  
and the Government of the District of Columbia Justice Grants Administration*

1. Assessment of Needs. Information will be gathered based on your child's assessment at the time of intake into the group home or at the start of the study. Further, follow-up interviews may be conducted.
2. Group Services for Life Skills. ARISE will provide appropriately trained and knowledgeable staff to facilitate the ARISE Choices for Change groups and the group home will provide appropriately trained and knowledgeable staff to facilitate the Life Skills group sessions, as it is designed and intended.
3. Program Evaluation. Your child and possibly you and your immediate family members might be asked to complete informational surveys and follow-up questions, so that the JRC is able to document the impact of the program and compare information with the treatment group.
4. Materials for Research. You understand that materials or information from the groups might be utilized by the ARISE Foundation and/or the Justice Research Center for purposes of research, education or program development. These materials might include the videotaping of sessions. You further understand that any information obtained is confidential and it will never be released with your child's name, picture or other identifying information attached.

**Relevant Information for Parent/Guardian.** Other information that you might find helpful before completing this form.

- ◆ The ARISE Choices for Change and Life Skills groups are funded in part by the ARISE Foundation and the Government of the District of Columbia Justice Grants Administration, and is provided at no cost to the parent or guardian.
- ◆ The ARISE Foundation and the group home are committed to providing services of the highest quality, and yet can make no guarantees about the success or outcome of any individual client.
- ◆ Services provided are confidential and the information that is provided to us by either you or your child will not be shared or disseminated in any manner without prior written approval by you. (This confidentiality clause does not apply to life-threatening emergency situations, reported abuse or neglect, or in situations in which there is risk of harm to self or others by your child).
- ◆ You have the right to contact the ARISE Foundation and the Justice Research Center at any time to discuss your child's involvement in the program. If you feel that your child is being endangered in any way, you have the right to contact the District of Columbia Child Abuse and Neglect Hotline at 202-671-7233.
- ◆ You have the right to a copy of this form to retain for your reference.

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Youth Name: \_\_\_\_\_

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**Parental Statement:**

I agree to allow my child to participate in the ARISE L Choices for Change Demonstration Project, according to the terms set forth above.

I understand that the ARISE Foundation, Justice Research Center and the group home cannot guarantee any benefit to my child, and so I understand that I cannot hold the ARISE Foundation, Justice Research Center or the program liable for right to treatment issues and/or failure to decrease negative behavior, increase listening reflectively, to make pro-social choices, reduce aggression or violence and/or raise self-esteem in my child.

I understand that I have the right to discuss the program and its impact on my child at any time. If members of the project staff are not immediately available, I will receive a return call within a reasonable time frame.

I understand that I have the right to change my mind at any time regarding my child’s participation in this initiative, even after I have signed this form.

The ARISE Foundation and the JRC want you to know that you are free not to participate in this study. If you choose to participate, you are free to withdraw your consent and discontinue participation in this research study at any time without this decision affecting your care and treatment by the group home.

If you wish to stop your participation in this research study for any reason or you have any questions, you should contact Dr. Kristin Winokur at the Justice Research Center at (850) 521-9900 or toll free (866) 582-2651 or at [kwinokur@thejrc.com](mailto:kwinokur@thejrc.com)

**Confidentiality**

The Justice Research Center will protect the confidentiality of our records to the extent provided by the Law. You understand that the Study Sponsors ARISE Foundation and the District of Columbia Justice Grants Administration have the legal right to view your records.

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Youth Name: \_\_\_\_\_

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**TEAR OFF AND RETURN THIS PAGE**  
**KEEP THE OTHER PAGES FOR YOUR REFERENCE**

By signing below I, \_\_\_\_\_, as parent or guardian of \_\_\_\_\_, do hereby give my permission for my child to participate in the ARISE Choices for Change Demonstration Project sponsored by the ARISE Foundation, and the Government of the District of Columbia Justice Grants Administration and evaluated by the Justice Research Center (JRC). Further, my signature below indicates that I have read, understood, and agreed to any terms and conditions set forth in this document. I also attest that the information has been explained in a manner that is satisfactory to me and that I have had any questions answered to my satisfaction. I have been informed of the above-described procedure with its possible benefits and risks and have received a copy of this description. I hereby give permission for my son/daughter to participate in this study.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Please print Parent/Legal Guardian name: \_\_\_\_\_

And indicate one of the following:

- The youth's parent
- The youth's guardian
- Department representative as guardian
- A surrogate
- A durable power of attorney
- A proxy
- Other, please explain: \_\_\_\_\_

Program name : \_\_\_\_\_

\_\_\_\_\_  
Please PRINT Participating Youth's Name

\_\_\_\_\_  
Signature of Participating Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Name: \_\_\_\_\_

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\_\_\_\_\_  
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