|  |
| --- |
|  |
| Barry-Eaton District Health DepartmentAn Accredited Public Health Agency[www.barryeatonhealth.org](http://www.barryeatonhealth.org) |



Focus Group Participation

& Incentive Receipt Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (print name)

agree to participate in today’s focus group on health.

I understand the following:

* My name and other identifying information will be held confidential.
* Today’s focus group will be recorded using audiorecording and/or videorecording equipment to allow the project staff to accurately report what was said during the focus groups. These recordings will be destroyed once the project is complete.
* We may directly quote what you say in a publication, but you will not be personally identified.
* The results of these focus groups will be one source of data used to determine the community health needs of persons living in Clinton, Eaton, and Ingham counties.
* Your decision to participate in a focus group will not be used to determine your eligibility in any program offered by the health department or the Healthy! Capital Counties partner agencies.

I certify that I have received the following incentive item for my participation:

 $25 Meijer Gift Card

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date