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| Barry-Eaton District Health Department An 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

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Signature Date