

## Let's Talk About Who You Are: Informed Consent & Questionnaire

### PURPOSE

You are invited to complete this list of questions. The most important purpose of these questions is to help you get the services, supports, and resources that you need. If we know more about who you are, we may be able to find appropriate services, supports, and resources for you. Additionally, your responses will be shared with an organization called the Center for Children & Youth Justice (CCYJ), but your responses will not be connected to your name or identity. CCYJ will use the information to try to improve foster care/child welfare, juvenile courts/justice, and homeless services for all youth. Otherwise, the person with whom you're completing this form will not share this information without your permission.

### PROCEDURE

This list of questions will ask about who you are. It should take about 5 to 10 minutes to complete. The person with whom you're completing this form will look at your answers and talk with you about services, support, or resources you might want or need. **Your participation is completely voluntary. You do not have to answer any questions you do not wish to answer. You can stop answering questions at any time. You can answer some questions and not others.**

### YOUR PRIVACY

While we ask that you provide us permission to include your Person ID on the Questionnaire, we will not use your number to connect your responses to your identity. **We will not share your answers with anyone outside the court or agency that we are not required by rule or law to share with, without your permission. This means that we will not share your answers with your caregivers, counselors, schools, etc. without you telling us that we can.** If you believe that sharing your answers with your parents is likely to cause you severe psychological or physical harm, please let the person with whom you are completing this form know. If we determine separately that sharing your answers with your parents could lead to physical or psychological harm to you, we will take all legal steps available to prevent your parents from seeing your answers (See RCW 13.50.100(7)(a)). DCYF will use best efforts to prevent release of your information and will tell you if any person other than the person with whom you are completing this form, the person responsible for collecting these forms, and CCYJ accesses this information. Please ask us about this process if you have questions or concerns. We are asking to include your Person ID because you can change your answers/complete the questionnaire again at any time. By providing it, CCYJ will be able to go back and change your questionnaire if necessary. CCYJ, however, cannot match your Person ID to your identity. Providing your Person ID also shows it how many unique youth are in these systems.

### RISKS, STRESS, OR DISCOMFORT

You may or may not feel uncomfortable answering some of the questions or feel that providing information is an invasion of privacy. All responses will be kept confidential; generally, only the person with whom you are completing this form and the person responsible for collecting this form will/may know your identity. There is a small possibility that your answers could be identifiable to another person. Any identifiable information in your answers will be removed and deleted immediately. You are free to skip any questions you do not wish to answer and/or stop at any point.

### BENEFITS

Your answers will help CCYJ know what appropriate safe and affirming services you and/or other youth need.

### OTHER INFORMATION

All of your answers will be kept confidential. Your answers will be shared with CCYJ. However, CCYJ will not be able to connect your responses to your name or identity. Your answers will be stored in a password protected database. Answers from the questionnaire will be reported only as summarized information. If you have any questions or concerns, please contact Lily Cory at [eQuality@ccyj.org](mailto:eQuality@ccyj.org).

### PARTICIPANT STATEMENT

By completing this questionnaire, I acknowledge the questionnaire has been explained to me and I voluntarily agree to participate. If I have questions later about the research, I can ask the contact listed above or person with whom I'm completing this form. I can receive a print a copy of this consent form

1. I am \_\_\_\_\_ years old.

2. My pronouns are/I use the following words to describe myself: (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> She/Her/Hers     | <input type="checkbox"/> Not listed above (please write in): _____ | <input type="checkbox"/> I do not know what this means |
| <input type="checkbox"/> He/Him/His       |  | <input type="checkbox"/> Prefer not to answer          |
| <input type="checkbox"/> They/Them/Theirs | <input type="checkbox"/> I don't know                              |  |

3. I am: (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> African American/Black        | <input type="checkbox"/> Hispanic or Latino/a/x                    | <input type="checkbox"/> I don't know                 |
| <input type="checkbox"/> Asian                         | <input type="checkbox"/> Caucasian/White                           | <input type="checkbox"/> I don't know what this means |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander       | <input type="checkbox"/> Prefer not to answer         |
|  | <input type="checkbox"/> Not listed above (please write in): _____ |   |

4. I am: (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Straight       | <input type="checkbox"/> Pansexual                                 | <input type="checkbox"/> I don't know/Questioning     |
| <input type="checkbox"/> Gay or lesbian | <input type="checkbox"/> Queer                                     | <input type="checkbox"/> I don't know what this means |
| <input type="checkbox"/> Bisexual       | <input type="checkbox"/> Not listed above (please write in): _____ | <input type="checkbox"/> Prefer not to answer         |
| <input type="checkbox"/> Asexual        |  |   |

5. I am: (check all that apply)

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> A Boy/Man    | <input type="checkbox"/> Cisgender                                 | <input type="checkbox"/> I don't know/Questioning      |
| <input type="checkbox"/> A Girl/Woman | <input type="checkbox"/> Non-binary                                | <input type="checkbox"/> I do not know what this means |
| <input type="checkbox"/> Transgender  | <input type="checkbox"/> Not listed above (please write in): _____ | <input type="checkbox"/> Prefer not to answer          |
| <input type="checkbox"/> Queer        |  |  |

6. Gender expression describes how people communicate gender **externally** through their dress, grooming, appearance, behavior, etc. For example: masculine, feminine, gender fluid, gender-neutral, I don't know):

My gender expression is: \_\_\_\_\_

7. On my original birth certificate, I was assigned: (check one)  Male  Female

Additionally, please indicate if you identify/were identified as intersex:  Yes  No

8. Have you experienced any of the following? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Homelessness on my own        | <input type="checkbox"/> Juvenile Justice                                |
| <input type="checkbox"/> Homelessness with my family   | <input type="checkbox"/> None of the above                               |
| <input type="checkbox"/> Foster Care/child welfare/CPS | <input type="checkbox"/> Other "system" (please describe briefly): _____ |

9. I am most/least comfortable being myself: (For example: with friends, with family, in foster care, a community service provider, juvenile justice, a certain park).

I am most comfortable being myself (in/with/at): \_\_\_\_\_

I am least comfortable being myself (in/with/at): \_\_\_\_\_

10. Are there any particular services or resources to which you would like to be connected?

To be completed by caseworker, probation counselor, case manager

Role: \_\_\_\_\_ Date completed: \_\_\_\_\_ Youth ID Number: \_\_\_\_\_

Organization: \_\_\_\_\_ County: \_\_\_\_\_