

Attachment 2
Permission to Share Your Personal Information with
the California Department of Developmental Services(DDS)
for Research

What is happening:

DDS wants to use information about you and services you received. If you approve, we will be able to use your information for research.

Why this is happening:

We want to find out whether [promotora project name] helped you and other families.

Why we're asking you:

We'd like to use your information because you worked with the [promotora project name].

What happens if you agree:

Acorns to Oak Trees will give us some information about you. They will give us:

- Your name
- Your UCI, which is your Regional Center record number
- The dates you were part of the [promotora project name]

This information and information about services you received will be combined with information from other families. The answers will let us know if the [project] helped families get the services they need from their Regional Center.

What happens if you don't agree:

You do not have to let us use your information. You can change your mind at any time. Your decision will not change your Regional Center services.

Who will see your information:

Only the DDS Research Section will see your personal information. We will not give it to anyone outside of DDS. We may share a summary of information from [name of promotora project] with other people. No one will know which information is yours.

Approval:

If you sign this form, you agree to participate. You are letting [promotora project name] give us your personal information.

Questions?

If you have any questions, please call:

For answers in English: Jessica Love, DDS Research Section Supervisor, at (916) 516-5047.

For answers in Spanish: Mayra Ochoa, DDS Cultural Specialist, at (916)-594-3130.

Sign here _____ Date _____

Print your name here _____