

CONSENT FORM

Please return this copy to Researcher-University of Wyoming

Purpose: If you meet the following eligibility requirements:

- have an elder (60 or older) in your family or you are the older person
- who has appointed a relative as a power of attorney (POA) agent to manage his/her finances,
- you are an adult (18 years or older), and
- you are a U.S. English-speaking resident,

We are asking you to participate in a survey and an interview. We are interested in two groups of families: those who have experienced elder financial exploitation (EFE) by a family-member POA agent and those who have implemented a family-member POA without experiencing EFE. More specifically we are studying family-member experiences to identify possible risk and protective factors for financial exploitation. You will be asked to share your perspective on your family and situational factors that may have contributed to this situation, what happened, how you and your family responded, as well as the impact of this experience on you and your family.

Your Participation: We expect it to take you between 30-60 minutes to complete the survey and about one hour for the interview. If necessary, you may pause the survey and return to it later; however, we ask that you complete the survey within two weeks of receiving access. We will contact you to schedule the follow-up interview.

It is important that you are aware that your participation in this study is voluntary and you may terminate your involvement at any time without penalty. In the event that you choose to withdraw during the study, any responses that you make to survey items will be destroyed.

Risks of Participation: Although the personal risk of harm to you is small, potential risks may include emotional discomfort caused by sharing your experience, possible breach of confidentiality, and possible retaliation of a family member who has abused or is abusing an elder in your family. As researchers we have a responsibility to protect those who cannot protect themselves and to uphold state laws; therefore, we must report suspected ongoing elder abuse, neglect, or exploitation of your family member(s).

Benefits of Participation: We will provide a \$20 money order upon completion of the survey and a \$30 money order for completing the interview to compensate you for your time. In addition, your participation will provide an opportunity to tell your story and help educators, elders, family support staff, and relevant professionals better understand how to prevent elder financial exploitation, and how to use power of attorney documents appropriately to manage an elder's finances. You may have a copy of the aggregate results of this research if you request it.

Confidentiality: If you participate in this study, you will not be identified by name, appearance, or nature of your personal data. To protect your confidentiality, a numeric code will be assigned to your data, and linked to your contact information, which will be stored separately. Pseudonyms will be assigned to all names and places within states in your transcripts. Research assistants are required to sign confidentiality forms protecting the identity of those who are surveyed. While in the possession of the researchers, data will be kept in password-protected computer files. However, confidentiality cannot be absolutely guaranteed.

Contact Information: If you have questions about this research project or your participation in this study, please contact:

Dr. Virginia B. Vincenti
Professor Emeritus of Human Development & Family Sciences Dept. 3354
University of Wyoming
1000 E. University Ave
Laramie, WY 82071
Office: 307-766-4079, Mobile: 307-399-9753
Fax: 307-766-5686
vincenti@uwyo.edu

If you have questions about your rights as a research participant, please contact the University of Wyoming IRB Administrator at 307-766-5320.

Consent to Participate: Please **type your initials** for each choice with which you agree.

I have read and fully understand the content provided above regarding my participation in this study

I agree to participate in this survey and follow-up interview.

I hereby give permission for my **de-identified** (anonymous) survey and interview data to be used by the researchers and their students for educational workshops, educational materials for the public, presentations at professional conferences, scholarly publications, and examples in college courses.

Participant **typed** signature:

Printed name of participant:

Street Address:

City:

State:

Zip

Phone numbers: (home)

(cell)

Email:

Date:

Researcher Signature:

Printed name of researcher:

*If you type your name in this completed form where requested and email it from your email account back to Dr. Vincenti or her designee, it is considered to be a valid signature.

Consent Following Participation in the Study to allow other researchers beyond our research team to build on this research: Please **type your initials** if you agree.

I agree to have the researchers give a **de-identified** transcript of my interview to the collection of the American Heritage Center (AHC), the University of Wyoming's repository for manuscript collections and university archives. This will make it available for use by researchers and the public.

If you have questions about the American Heritage Center archive, Contact Claudia Thompson, American Heritage Center, University of Wyoming, Dept. 3924, 1000 E. University Ave., Laramie, WY 82001, 307-766-6508, dcthom@uwyo.edu.

Participant **typed** signature*

Printed name of participant

Street Address:

City:

State:

Zip

Phone numbers: (home)

(cell)

Date:

*If you type your name in this completed form where requested and email it from your email account back to Dr. Vincenti or her designee, it is considered to be a valid signature.