



VOLUNTARY PARTICIPATION CONSENT

INSTRUCTIONS

The Missouri Department of Elementary and Secondary Education’s (DESE’s) Office of Childhood (OOC) Home Visiting Program (HVP) implements home visiting programs federally funded through the United States Department of Health and Human Services, Health Resources and Services Administration (HRSA), as well as home visiting programs utilizing state funding (i.e., general revenue). Local home visiting implementing agencies funded by the DESE HVP are required to enter participant information that includes personally identifiable information (PII) into a secure, web-based database for measuring performance and systems outcomes. The DESE HVP utilizes this data to assess and evaluate the success of the programming. All data is maintained confidentially and securely. DESE HVP performance measure information may be reported to HRSA in aggregate form without PII for analysis and evaluation of the programming on a quarterly and annual basis.

Through a formal memorandum of agreement, DESE HVP annually requests data from the Missouri Department of Social Services (DSS) utilizing limited participant PII and receives unique unidentified numerical performance measure data. This information, in aggregate form without personal identifiers, is included in annual performance measure and system outcomes reporting to HRSA for analysis and evaluation of the programming. DESE may also utilize aggregate HVP data for program analysis and evaluation. All DESE HVP staff and local home visiting agency staff are mandated reporters under Missouri’s child abuse and neglect law (§ 210.115, RSMo.).

I, _____, acknowledge that I understand the information provided above and voluntarily
(PARTICIPANT NAME)
choose to participate in the following DESE HVP funded home visiting program (only one can be chosen):

Child Abuse and Neglect Prevention Home Visiting Program Agencies:

AREA RESOURCES OF COMMUNITY & HUMAN SERVICES (ARCHS)

- Region 2
- Region 3
- Region 8
- Region 9
- Region 11

EASTER SEALS MIDWEST

- Region 1
- Region 4

LUTHERAN FAMILY AND CHILDREN’S SERVICES

- Region 5
- Region 6
- Region 7
- Region 10
- Region 12
- Region 13

WHOLE KIDS OUTREACH

- Region 14

Federally Funded Home Visiting Program Agencies:

NURSE FAMILY PARTNERSHIP MODEL

- Kansas City Department of Health
- Southeast Hospital
- St. Louis County Department of Public Health

EARLY HEAD START HOME BASED OPTION MODEL

- South Central Missouri Community Action Agency

PARENTS AS TEACHERS MODEL

- Malden R-1 School District
- Parents as Teachers National Center

HEALTHY FAMILIES AMERICA MODEL

- City of Columbia/Boone County Department of Public Health and Human Services
- Great Circle Southeast
- Phelps/Maries County Health Department
- Randolph County Health Department

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

VETERANS SERVICES

If you or a member of your immediate family ever served in the U.S. Armed Forces, click [here](#) for more information about military-related services in Missouri or visit www.dese.mo.gov/veterans-services.

PERSONAL PRIVACY PROTECTION ACT

If you provide any “personal information” as defined in Section 105.1500, RSMo, concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, you understand and agree that you are voluntarily choosing to seek a state contract and providing such information for that purpose. The Department of Elementary and Secondary Education will treat such personal information in accord with Section 105.1500, RSMo, unless such information is subject to disclosure pursuant to federal or state law.

PARTICIPANT SIGNATURE (PRIMARY CAREGIVER/LEGAL GUARDIAN/FOSTER PARENT/ATTORNEY-IN-FACT)	DATE
SIGNATURE OF WITNESS	DATE