



**Consent Form**  
***2024-25 National Core Indicators Aging and Disabilities Survey***

**We are asking you to participate in a survey. Your opinion matters.  
Your services and supports will not change in any way if you say no.**

**Why is the Colorado Department of Health Care Policy & Financing (HCPF) doing this survey?**

HCPF wants to learn more about how to help people receiving long-term services and supports in Colorado. Your input is important and will help us learn more about these services and how they are meeting your needs.

**What happens if you say, “Yes, I want to participate”?**

If you say yes:

- Your participation and your answers will be kept confidential.
- The interviewer will talk with you for about 30 to 45 minutes.
- The interviewer will ask you questions about your home, your case manager, your safety, your transportation options, things you do in the community, services you may be receiving, and some information about your health.
- The interviewer will enter your answers into a computer.
- There are no right or wrong answers to the questions, and you can skip any question you do not want to answer.

**Will being in this survey help me in any way?**

Participating in the survey provides you the opportunity to communicate your experience, thoughts, and concerns regarding the services you receive and your daily life. This information will help us understand your needs and identify ways in which we can improve services for you and people with disabilities in the future.

**Is there any way being in this survey could be bad for me?**

There is a chance that some questions could make you sad or upset. You can skip any question you do not want to answer.

**Do I have to participate?**

No, your participation is voluntary. If you do not participate, no one will treat you differently and your services will not change.

### Who will see my answers?

Protecting your privacy is very important to us. The only people allowed to see your answers will be the people who work on the survey and the people who make sure we run our survey the right way. We will not share your information with your service provider or anyone else. The only time we will share your information is if you report that your safety is at risk.

None of the people who help you will know what you say, unless you want them in the room while you answer the questions. All information provided is confidential under the Health Insurance Portability and Accountability Act (HIPAA). Your answers will be grouped with others and will be reported with no identifying information.

### What if I have questions?

If you have questions about this survey, please call the Vital Research project team at 1-888-833-9956.

## Consent Authorization

### By consenting:

- You agree to take the survey;
- You acknowledge that we talked with you about the survey information and answered all your questions; and

### You know that:

- You can skip questions you do not want to answer; and
- You can stop answering questions at any time and nothing will happen to you.

I have read or had read to me the information provided above. I have asked all the questions I have at this time. **I voluntarily agree to participate in this survey.** I will receive a copy of this consent form for my records.

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Member Signature

Date

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Guardian Signature, if applicable

Date