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* * * Personnel Information * * *

Starred items indicate required fields whenever that section is completed.

Principal Investigator

The University of Notre Dame defines "Investigator" as an individual who conducts a research study. If the study is conducted by a team of individuals, the Investigator is the responsible leader of the team.					
Name of Principal Investigator*		**Degree (MD/PhD/BSN/etc.)**			**Title**
Turner, Patrick		PhD			
Email*		**Phone***			**Fax**
pturner4@nd.edu		574-631-5093			
Research Department*		**The University of Notre Dame Status Check ALL that apply***			**Mailing Address**
Economics		X	**Faculty**	Associate Professor	
			Staff		
			Postdoctoral Student		
			Graduate Student		
			Undergraduate Student		
			Other		

CITI training records are listed in the Training Details table below for accounts that have completed prerequisite courses and are affiliated with the University. If you do not have CITI training listed, please either manually enter your course information below, or go to the CITI Program website to confirm affiliation with the University.

The Research Compliance Office will verify the last date of completion below.

CITI Training Date	Type of CITI training completed.
01/08/2025	Group 2 Social/Behavioral

Training Details

Course	CourseCompletionDate	CourseID	EmailID
Human Research	1/8/2025 11:59:15 AM	1	patrick.turner@colorado.edu
Social and Behavioral Responsible Conduct of Research	1/8/2025 12:25:21 PM	1	patrick.turner@colorado.edu
Social and Behavioral Responsible Conduct of Research	12/18/2017 1:53:35 PM	1	patrick.turner@colorado.edu
Human Research	8/3/2018 4:48:06 PM	1	patrick.turner@colorado.edu
CITI Conflicts of Interest	8/3/2018 5:11:44 PM	1	patrick.turner@colorado.edu

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Human Research	9/20/2021 11:33:57 AM	2	patrick.turner@colorado.edu
Social and Behavioral Responsible Conduct of Research	9/20/2021 12:59:49 PM	1	patrick.turner@colorado.edu
CITI Conflicts of Interest	9/21/2022 1:53:49 PM	1	patrick.turner@colorado.edu

Faculty Advisor

Name of Faculty Advisor*		Degree (MD/PhD/BSN/etc.)		Title
Email*		**Phone**		**Fax**
Research Departmentfont *		**The University of Notre Dame Status Check ALL that apply***		**Mailing Address**
			Faculty	
			Staff	
			Postdoctoral Student	
			Graduate Student	
			Undergraduate Student	
			Other	
ALL research personnel are required to complete Human Subject Research training from CITI within the last 2 years prior to engaging in any research-related activities. Go to CITI Program to complete.				
The Research Compliance Office will verify the last date of completion below.				
CITI Training Date			**Type of CITI training completed.**	

Administrative Contact

Name of Administrative Contact, Project Director, or Lab Coordinator		Degree (MD/PhD/BSN/etc.)		Title
Hogaboom, Maura				
Email*		**Phone**		**Fax**
mhogaboo@nd.edu		8477643383		
Research Department		**The University of Notre Dame Status Check ALL that apply***		**Mailing Address**
Economics			Faculty	
	X		Staff	
			Postdoctoral Student	

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			Graduate Student		
			Undergraduate Student		
			Other		
Is CITI training required?					Y
ALL research personnel are required to complete Human Subject Research training from CITI within the last 3 years prior to engaging in any research-related activities. Go to CITI Program to complete.					
The Research Compliance Office will verify the last date of completion below.					
CITI Training Date				Type of CITI training completed.	

Training Details

Course	CourseCompletionDate	CourseID	EmailID
Human Research	5/24/2022 4:37:02 PM	1	mhogaboo@nd.edu

Other Personnel

Name of Other Personnel	Degree (MD/PhD/BSN/etc.)	Title	Research Department
Michael Kofoed	PhD		Economics

---

* * * Subject Checklist * * *

Subject Checklist

Select All That Apply :

X Economically/Educationally Disadvantaged
Elderly
X Healthy Adults
Homeless
Illiterate
Institutionalized Patients/Residents
Individuals with impaired decision-making capacity
Military Personnel
Minors (under 18)
X Non-English Speakers
Persons incompetent to give consent (e.g., dementia, comatose, have legal guardians)
Pregnant women (Complete and attach the "Research Including Pregnant Women" Form that can be found in the resource library of our website: research.nd.edu)
Prisoners (Complete and attach the "Research for Including Prisoners" form that can be found in the resource library of our website: research.nd.edu)
Public Officials/Candidates for Public Office
Students (Elementary or secondary) (Upload a letter of agreement/permission from the schools.)

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University Employees
University Students
Other (please specify):

---

* * * Study Location * * *

Study Location

Select All That Apply - NOTE: Check "Other" and input text: 1.) If your study location is not listed, or 2.) If you would like to list details of your already-checked location (e.g., specific school within a school district)

University of Notre Dame Campus
X Local community
State-wide and/or Other States
Other University/College
Medical/Healthcare Facility
School(s)/School District(s)
Other (Specify)

Has this protocol been submitted to any other IRB?	N
Is this a multi-site project? (Different PIs at different institutions are conducting the same study or aspects of the same study.)	N
Will The University of Notre Dame function as the coordinating center or lead institution?	N

If Yes, upload a Multi-Site, Collaborative Research Form

If Yes and all institutions will review the research, upload IRB approval letters of letters of permission/support from the other sites (not under the jurisdiction of Notre Dame's IRB).

If yes and all institutions will be relying on a single IRB for review, upload a copy of the Reliance Agreement, signed by all institutions, to this application.

---

* * * General Checklist * * *

General Checklist

Select All That Apply :

Administration of Dietary Supplements, substances or Other Chemicals (May be FDA-regulated)
Cancer patients or cancer tissues (Tissues requires Bio-Safety Committee approval)
Class Project
Human blood, cells, tissues, or body fluids (Requires Bio-Safety Committee approval)
Internet Research (Please complete and attach the Internet Research form that can be found in the resource library of our website: research.nd.edu)
Interview/Focus Group
Investigative Device (FDA-regulated)
IRB Authorization Agreement (IIA), Memorandum of Understanding (MOU), etc. (Upload a copy of the IIA or MOU)
Program Evaluation
Protected Health Information (PHI) will be viewed, created, accessed, used, or disclosed.
HIPAA Authorization (Upload)

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Waiver or Alteration of Authorization (Upload)

Activities Preparatory to Research (Upload)

Limited Data Set and Data Use Agreement

Use and Disclosure of Decedents PHI without Authorization

Questionnaire/Survey
Request to Rely on another IRB (Upload a copy of the Reliance Agreement)
Research at Foreign Sites
Subject Pool (SONA).
Tissues to be sent out of this institution as part of a research agreement (Requires a Material Transfer Agreement (MTA))
Tissues to be stored for future research projects
Thesis or dissertation project
Use of Health Monitoring Equipment.
X Other — Impact Evaluation

---

* * * Funding * * *

NONE: This project does not have funding. (Please uncheck this selection to add a funding source)

Pending: This project is not currently funded, but a process for obtaining funds has been initiated. (Please add the anticipated funding source to the appropriate category below)

Funding

Add external and internal grant funding source(s) below: Federal Government, Other Gov. (i.e., State, local), Foundation or Other. Select "None" above if there is no external funding for the study.

Notre Dame

Name of Funding Source	Proposal Number
Wilson-Sheehan Lab for Economic Opportunities	

Funding for this study was secured by the Notre Dame Research Administration

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* * * Application Type Checklist * * *

Application type checklist

Not Human Subjects Research
Exempt
X Expedited/Full Board

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* * * Expedited Paragraphs * * *

PLEASE READ: For Expedited Review, all aspects of the research must include activities that (1) present no more than minimal risk to human subjects, and (2) involve one or more of the specific categories listed below.

Select the following applicable categories to determine if your research project qualifies under Expedited Review. If none of the categories are applicable to your research project, a Full Committee Review will be required. For Expedited or Full Review, proceed to complete the following application.If none of the expedited criteria are appropriate for your project, please move to the next screen WITHOUT checking any of these criteria; your protocol will be reviewed by the full IRB. Note: The IRB will make the final determination if your protocol is eligible for expedited review.

Select one or more of the following paragraph(s):

1. **Clinical studies of drugs and medical devices only when condition (a) and (b) are met.**
   - a) Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.)
   - b) Research on medical devices for which
     - i) An investigational device exemption application (21 CFR Part 812) is not required; or
     - ii) The medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.
2. **Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows:**
   - a) From healthy, non-pregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8-week period and collection may not occur more frequently than 2 times per week; or
   - b) From other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8-week period and collection may not occur more frequently than 2 times per week.
3. **Prospective collection of biological specimens for research purposes by non-invasive means.**

   Examples:
   - a) Hair and nail clippings in a non-disfiguring manner;
   - b) Deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction;
   - c) Permanent teeth if routine patient care indicates a need for extraction;
   - d) Excreta and external secretions (including sweat);
   - e) Uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue;
   - f) Placenta removed at delivery;
   - g) Amniotic fluid obtained at the time of rupture of the membrane prior to or during labor;
   - h) Supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques;
   - i) Mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings;
   - j) Sputum collected after saline mist nebulization.
4. **Collection of data through non-invasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.)**

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Examples:

a) Physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy;

b) Weighing or testing sensory acuity;

c) Magnetic resonance imaging;

d) Electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography;

e) Moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

X **5. Research involving materials (data, documents, records, or specimen) that have been collected, or will be collected solely for non-research purposes (such as medical treatment or diagnosis). (NOTE: Some research in this paragraph may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(4). This listing refers only to research that is not exempt.)**

6. Collection of data from voice, video, digital, or image recordings made for research purposes.

X **7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects - 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)**

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* * * Summary, Purpose, Procedures * * *

Title (Please indicate if the protocol title is different from the proposal title)

Impact Evaluation of Catholic Charities Fort Worth's LIFT Program

This submission is a renewal of already-approved research using the new protocol submission form

Proposed Start Date:* 02/03/2025 **Proposed End Date:*** 12/31/2030

1. Summary

a) Provide a brief summary of the scope of work of this project, using non-technical terms that would be understood by a non-scientific reader. This summary should be no more than 200 words.

As part of their mission to provide lasting, empowering solutions to poverty, Catholic Charities Fort Worth (CCFW) operates LIFT as a way of helping people achieve financial freedom through individually tailored emotional and economic support. CCFW aims to increase the number of clients served across diverse geographical areas and to understand whether providing their holistic case management services virtually will result in the same engagement and efficacy as their in-person services. LEO and CCFW are partnering to explore an experimental research study that will generate evidence of the impact of virtual case management within the LIFT program on outcomes such as service engagement, goal attainment, financial knowledge, and trust and emotional resilience.

2. Purpose

a) Describe the purpose for the proposed project as well as the hypotheses/research questions to be examined.

CCFW serves a vast geographical area of 28 North Texas counties comprising both smaller rural communities and larger urban areas. Serving clients in the more rural parts of this service area is difficult due to the cost and challenges of traveling to these areas and of hiring, training and supervising qualified navigators. In partnership with the University of Notre Dame's Wilson Sheehan Lab for Economic Opportunities (LEO), CCFW seeks to embark on a four-year, Randomized Control Trial (RCT) to answer the question: What is the impact of providing LIFT holistic case management services virtually on program engagement and efficacy, trust between client and navigator, and goal attainment?

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b) **What do the investigators hope to learn from this project?**

Through this research, CCFW aims to increase the number of clients served across diverse geographical areas, enhancing service delivery effectiveness, and to provide definitive evidence on whether virtual case management services are as effective in helping our clients move out of poverty as in-person services.

The significance of researching the benefits of virtual versus in-person case management extends far beyond North Texas. By conclusively determining if virtual services are as effective as in-person services, this RCT not only enables CCFW to serve more clients and expand their reach, but also demonstrates to other nonprofits and government entities that they, too, can broaden their services to assist more families in need, regardless of location.

3. Procedures

a) **Describe in chronological order of event(s) how the activities will be conducted, providing information about all procedures (e.g. interventions/interactions with subjects, data collection, photographing, audio and video recording), including follow up procedures.**

Data collection will occur in four separate steps:
1. Study enrollment and data collection at intake:
a. An individual will be referred or contact CCFW enquiring about services. He or she will be directed to complete an online application.
b. If an individual is ineligible for the LIFT program, he or she will be referred elsewhere.
c. If an individual is eligible for the LIFT program, they will have a call with CCFW's Outreach Specialist. During this call, the Outreach Specialist will walk the client through the informed consent process. This Outreach Specialist will explain the study and let the client know that study participation is completely voluntary. Outreach Specialists will be CITI-trained, and prepared to carry out the processes of informed consent with clients.
d. If an individual does not consent to be part of the study, the outreach specialist will refer him or her to Padua, CCFW's holistic case management services. If an individual chooses to participate in the study, he or she may also choose to leave the study at any time.
e. The Program Manager will then randomize clients to either in-person or virtual navigation and assign the client to a navigator. Navigators will call randomized clients with an initial welcome call within 2 days of assignment to administer baseline surveys and to schedule the first assessment visit. The in-person group and virtual group will each receive LIFT coaching via different delivery methods, and LEO will follow outcomes of those who consent to measure the impact of virtual coaching.
2. As part of program evaluation for clients in LIFT, CCFW invites their clients to complete a set of surveys covering topics of emotional resilience, resource stability, trust in navigator, and financial knowledge. These surveys are collected independent of research activities as part of regular contact between navigators and clients, and these responses will be used in the construction of study outcomes.
3. Longitudinal data will be accessed using a partnership The Ray Marshall Center at the University of Texas. This data is collected independent of research activities and is already reported on a consistent basis to LEO/CCFW for other research endeavors. This will include linking to data on earnings, public benefits use, as well as other records.
4. Credit reports and consumer reference data for study participants will be accessed via LEO's existing partnership with Experian, as well as residential address data via a similar partnership with Infutor.
5. Padua is another of CCFW's case management services, and we will include a consent process in the intake for new Padua clients during the study time period in which willing participants will provide permission for release of identifiable data to researchers. This will merely add a descriptive element to the study and allow some comparison to aggregate outcomes of clients from a previous Padua RCT. To be clear, no identifiable datasets from the previous Padua RCT will be used, and a new comparative sample will be constructed with new Padua clients.

i) **Be sure to identify what procedures are experimental and what are standard of care or established practice for the condition/situation.**

The only experimental procedures added to the LIFT recruitment, enrollment, and program initiation practices include the addition of study consent forms and randomization for participant group allocation. For data collection, CCFW already collects and enters data on their clients through their initial application and program survey administration. Outcomes that include service engagement, goal attainment, financial knowledge, and trust and emotional resilience are all collected through CCFW surveys that individuals would take absent this study. The Texas Workforce Commission and Texas Health and Human Services Commission already collects administrative data on Texas residents, and the study will not impact their practices. The Ray Marshall Center will merely facilitate the sharing of this administrative data with LEO.

b) **Explain who will conduct the procedures and where and when they will take place. Indicate the frequency and duration of visits/sessions as well as the subject's total time commitment for the study. Include how the data will be collected (i.e. in person or online).**

CCFW staff will conduct all enrollment procedures. Enrollment in the RCT will begin in 2025 and will continue for approximately four years. Though the initial application is available online, the Outreach Specialist will conduct study consent processes in the initial outreach call. The LIFT programming is carried out by trained professionals called navigators. Monthly LIFT navigation meetings with clients will occur via video call for the virtual navigation group or in-person at CCFW hub locations for the in-person group. Primary and secondary outcome data will consist of program activity data and client self-report survey responses which will be collected by LIFT navigators at 6, 12, and 18 months following randomization.

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i) **Indicate that the instruments used are in the public domain or provide appropriate documentation of permission to use each scale.**

All data relating to the primary outcomes of interest already will be collected by CCFW and relevant Texas data systems. The research team will receive identifying data from all sources, and the data sharing agreements required to exchange this data are in process.

c) **For school-based activities where class time is used, describe in detail the activities planned for non-subjects and explain where both subjects and nonsubjects will be located during the activities.**

N/a

d) **State if deception will be used. If so, provide a rationale and describe debriefing procedures. Submit a debriefing script in attachments section**

N/a

e) **Do any of the following apply.**

i. **Will subjects be audio recorded?** N
ii. **Will subjects be videotaped?** N
iii. **Will subjects be photographed?** N

If yes to i, ii or iii, explain the collection process and use in the context of this research of such media

f) **Will the proposed research involve the use of existing data/specimens? If yes, please check all that apply:** N

i. **The research involves data from publicly available sources**
ii. **That data will be recorded by the investigator in such a manner that subjects cannot be identified.**
iii. **Any link to identifying information has been destroyed**

---

* * * Background and additional procedures * * *

4. Background and additional procedures

a. **Relevant Background: Discuss the present knowledge, appropriate literature and rationale for conducting the research. Include the rationale for the selected subject population.**

LIFT pairs clients with highly skilled navigators to help guide them toward personal and economic stability. By utilizing continuous education and the latest clinically informed techniques, these navigators are at the forefront of this cutting edge and revolutionary form of case management. Since LIFT's inception in 2016, the program has helped end poverty for more than 500 clients in the Dallas-Fort Worth area. Developed by CCFW and evaluated by their internal Research & Analytics Department, LIFT increases earnings, employment and overall well being.

Through this new research, CCFW aims to increase the number of clients served across diverse geographical areas, enhancing service delivery effectiveness, and to provide definitive evidence on whether virtual case management services are as effective in helping their clients move out of poverty as in-person services.

Various studies using random design to explore the impact of virtual education in a college-length course have found significant negative impacts on learning outcomes relative to in-person instruction (Alpert et al., 2016; Bettinger et al., 2017; Figlio et al., 2023; Kofoed, 2021). Online students also struggled to concentrate in class and felt less connected to their instructors and peers (Kofoed, 2021).

Virtual instruction has differing effects across demographics. Negative impacts of online instruction are particularly strong for Hispanic students, male students, and lower-achieving students (Figlio et al., 2023). Remote peer mentoring has positive effects on motivation and studying behavior, particularly for the most able students (Hardt et al., 2020). Estimates imply that the availability of streaming services increases exam scores for high-ability students and decreases exam scores for lower-achieving students, though least-able students still benefit from live-streaming options because they save on attendance costs (Cacault et al., 2021). Other evidence suggests that students who select into the online classes perform better than they would, all other things constant, in a face-to-face class (Coates et al., 2004).

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class (Coates et al., 2004).

In the medical field, various virtual interventions have proven to be feasible, effective, and noninferior in achieving health outcomes, including telegram-based virtual education for adolescents with moderate-to-severe asthma, virtual obesity pharmacotherapy in adults, and Virtual House Calls for patients with multiple sclerosis (Faraji et al., 2020; Griebeler 2022; Robb et al., 2019). Virtual ultrasound instruction appears to be an effective alternative to traditional in-person instruction for pediatric residents (Gillon et al., 2024).

Most RCTs comparing virtual and in-person content delivery methods have been conducted in academics or healthcare and varied results across those sectors. There is a distinct need for more evidence regarding the impacts of online support in the non-profit case management setting, which requires a unique one-on-one relationship. The significance of researching the benefits of virtual versus in-person case management extends far beyond North Texas. By conclusively determining if virtual services are as effective as in-person services, this RCT not only enables CCFW to serve more clients and expand their reach, but also demonstrates to other nonprofits and government entities that they, too, can broaden their services to assist more families in need, regardless of location.

Alpert, William T., Kenneth A. Couch, and Oskar R. Harmon. 2016. "A Randomized Assessment of Online Learning." American Economic Review: Papers & Proceedings, 106(5): 378–382. http://dx.doi.org/10.1257/aer.p20161057
Bettinger, Eric P., Lindsay Fox, Susanna Loeb, and Eric S. Taylor. 2017. "Virtual Classrooms: How Online College Courses Affect Student Success." American Economic Review, 107(9): 2855–2875. https://doi.org/10.1257/aer.20151193
Cacault, M. Paula, Christian Hildebrand, Jeremy Laurent-Lucchetti, and Michele Pellizzari. Forthcoming. "Distance Learning in Higher Education: Evidence from a Randomized Experiment." Journal of the European Economic Association, 1–51. https://doi.org/10.1093/jeea/jvaa060
Coates, Dennis, Brad R. Humphreys, John Kane, and Michelle A. Vachris. 2004. ""No Significant Distance" between face to face and online Instruction: Evidence from Principles of Economics." Economics of Education Review, 23(5): 533–546. https://doi.org/10.1016/j.econedurev.2004.02.002
Figlio, David, Mark Rush, and Lu Yin. 2013. "Is it Live or Is It Internet? Experimental Estimates of the Effects of Online Instruction on Student Learning." Journal of Labor Economics, 31(4): 763–784. https://www.journals.uchicago.edu/doi/10.1086/669930
Gillon, J.T., Liu, E.L., Dutreuil, V. et al. Comparison of in-person versus virtual ultrasound instruction for pediatric residents. BMC Med Educ 24, 203 (2024). https://doi.org/10.1186/s12909-024-05196-6
Griebeler ML, Butsch WS, Rodriguez P, et al. The use of virtual visits for obesity pharmacotherapy in patients with overweight or obesity compared with in-person encounters. Obesity (Silver Spring). 2022;30(11):2194-2203. https://doi.org/10.1002/oby.23548
Hardt, David, Markus Nagler, and Johannes Rincke. 2020. "Can Peer Mentoring Improve Online Teaching Effectiveness? An RCT During the COVID-19 Pandemic." Working Paper.
Kofoed, Michael S. 2021. "Zooming to Class?: Experimental Evidence on College Students' Online Learning during COVID-19." IZA Institute for Labor Economics, DP No. 14356.
Robb JF, Hyland MH, Goodman AD. Comparison of telemedicine versus in-person visits for persons with multiple sclerosis: A randomized crossover study of feasibility, cost, and satisfaction. Mult Scler Relat Disord. 2019 Nov;36:101258. https://doi.org/10.1016/j.msard.2019.05.001

b. Describe the statistical methods of the research and plans for analysis of the data (i.e. planned statistics, justification of sample size, etc.).

We will estimate treatment effects by OLS using the following regression:
$Yi=\alpha 0+Ti\beta 0+Xi\gamma 0+\varepsilon i$
Yi is the outcome of interest. Ti indicates random assignment of person i to the virtual service group. The vector Xi includes a set of person-level characteristics collected at baseline, and εi is an error term. The coefficient on the treatment indicator β0 estimates the difference in means between the virtual service and in-person service groups, or the intent-to-treat effect. That is, it estimates the causal effect of being offered to enroll in virtual LIFT services. We will also estimate the causal impact of the virtual services on those who are treated – i.e. "treatment-on-treated" – by instrumenting for virtual program participation with treatment assignment.

We plan to enroll participants into the study for four years, with a total of about 1,300 study participants. We estimate that 650 will be enrolled in the treatment group (virtual services), and 650 will be enrolled in the control group (in-person services) over the course of the study.

c. Alternative Procedures. Describe any alternatives to participating in the research. (e.g., standard of care treatment, etc.). Any standard treatment that is being withheld must be disclosed. This information must be included in the consent form.

d. Will subjects be followed after their active participation is complete?

If yes, explain why and describe how:

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e. **Will subjects have access to the study treatment/procedure after completing the study?**

If yes, explain why and describe how:

(Explicit consent must be obtained for use of these methods for Expedited and Full Board studies.)

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* * * Subject Population (a-f) * * *

5. Subject Population

a) **How many subjects to you intend to enroll and/or how many subject records to you intend to access?**

i. **At this site**

# of subjects 1300

# of records 1300

ii. **At all sites** X **N/A**

# of subjects

# of records

b) **Inclusion and Exclusion Criteria (e.g., Participants must have 20/20 vision, Participants must be 30-45 years of age, etc.)**

i. **Identify inclusion criteria.**

Eligible participants include those who are 18 and above, speak English or Spanish, are ready and able to work, and live or work within the 28 county service area. Anyone with a financial coaching need is eligible; there are no income limitations on the sample.

ii. **Identify exclusion criteria.**

Applicants will be deemed ineligible for CCFW's LIFT program if they are under 18 years of age, speak a language other than English or Spanish (for which CCFW does not have support capacity), are not ready or able to work, live and work outside the 28 county service area.

c) **What is the rationale for studying the requested group(s) of participants?**

CCFW serves a vast geographical area of 28 North Texas counties comprising both smaller, rural communities and larger, urban areas. Serving clients in the more rural parts of this service area is difficult due to the cost and challenges of traveling to these areas and of hiring, training and supervising qualified navigators. Since there are not enough LIFT navigators across all geographic areas served by CCFW to provide in-person case management to all program participants, LEO and CCFW seek to generate conclusive evidence regarding the engagement and efficacy of their virtual services across this geographic area for eligible participants. In order to determine the effectiveness of virtual case management for at-risk families in CCFW's service areas, the data must be from clients and families who are a part of this group.

d) **If women, minorities, or minors are intentionally excluded, a clear compelling rationale must be provided. Examples for not including minors: disease does not occur in children; drug or device would interfere with normal growth and development; etc.** X **N/A**

e) **State if any of the subjects are students, employees, or laboratory personnel. Please explain how subjects will be protected from coercion and undue influence** X **N/A**

f) **Please describe the expertise you have, or have access to, which prepares you to conduct research in this location and/or with this subject population, including specific qualifications (e.g., relevant coursework, background, experience, and training). Also, explain**

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your knowledge of local community attitudes and cultural norms and cultural sensitivities necessary to carry out the research (e.g., differences with U.S. culture).

The investigators and study staff have significant experience designing and implementing randomized control trials studying the effects of anti-poverty interventions in the United States. This evaluation would be supported by the Wilson Sheehan Lab for Economic Opportunities.

CCFW has been fortunate to partner with LEO for two different RCTs. In 2013, they collaborated to launch Stay the Course, a college persistence program intended to provide comprehensive case management services to low-income students at a local community college, working with them to overcome nonacademic barriers to college completion. Randomization of over 1,000 students led to the conclusion that Stay The Course does improve college persistence and completion, particularly among female students. In 2015, CCFW and LEO launched an RCT for Padua, a program designed to change the way we look at case management. Padua provides the tools, guidance, and support required for individuals and families to transcend poverty, become financially self-sufficient, and be able to withstand future economic challenges. The innovative model combines individualized case management, resource connections, financial coaching, and strategic financial assistance with a long- term commitment. This longitudinal research continues to show that Padua clients experienced increased earnings, gains in full-time employment, and a reduction in credit card debt.

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* * * Subject Population (g-k) * * *

5. Subject Population (Input N/A if not applicable)

g) **Will bilingual or multilingual subjects be recruited?** Y

h) **Will non-English speaking subjects be recruited?** Y

If yes, state language(s) spoken (other than English):

Spanish

i) **Will subjects be less than 18 years of age?** N

j) **Describe any planned screening procedures. Attach your screening document(s) (e.g., health history questionnaire) in the Attachment Section (#16).**

Eligible participants include those who are 18 and above, speak English or Spanish, are ready and able to work, and live or work within the 28 county service area. Anyone with a financial coaching need is eligible; there are no income limitations on the sample. These criteria mirror program eligibility criteria already established by CCFW.

The "lead application" will collect personal information such as name, date of birth, address, county of residence, phone number, e-mail, preferred language, and preferred method of contact. We will also ask for basic demographic information such as gender, race/ethnicity, annual family income, household composition, employment status, level of education, and public benefits usage. This application asks questions about a client's goals and this informs the first recruitment conversation and can transition to a case record once the client engages in the program. The lead application questions are attached to the protocol.

k) **Will you be conducting international/transnational research and enrolling participants at foreign sites?** N

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* * * Recruitment Process, Subject Compensation and Costs * * *

6. Recruitment Process:

a) **Describe the step-by-step procedures for identifying and recruiting potential research subjects or requesting pre-existing data or materials.**

- **List any specific agencies or institutions that will provide access to prospective subjects.**
- **Identify who will contact prospective subjects and how.**

Recruitment is conducted through a series of individual and partner referrals. Prospective clients learn about LIFT and apply through various streams: direct referrals, Parishes, Parish Social Ministries, Gabriel Project, Disaster Response, or community presentations. Referred or interested individuals who contact CCFW for services will be directed by program staff to complete an

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online application. Eligible applicants will be identified by their responses to the online lead application, and they will continue the enrollment process as described in the "Procedures" section.

b) Planned Subject Identification Methods:

	N/A	X	Direct advertising
	Chart/database review		Living conditions (e.g., nursing home residents)
	Class participants		From PI's own practice/clinic
	Circumstance (e.g., homelessness)	X	Referrals
	Organization mailing lists		The University of Notre Dame Subject Pool
	Other (please specify):		

c) Planned Recruitment Materials/Methods:

X	N/A		Flyers/posters
	Phone Scripts		Letters to providers/schools/organizations
	Television ads		Newspaper ads
	Letters to prospective subjects		Radio ads
	Oral Scripts		PowerPoint presentations
	Internet ads/postings		Email
	Face to face interactions		The University of Notre Dame Subject Pool
	Other (please specify):		

(All advertising must be submitted for review in its final printed/recorded form)

Note: Attach copies of ALL recruitment materials in the attachment Section

7. Subject Compensation and Costs:

a) Will subjects receive compensation for participation? N

Total amount (in dollars or equivalent)

b) Form of Compensation:

	Cash		Raffles/lotteries
	Check		Course/extra credit
	Gift card/certificate		Reimbursement only
	Voucher		Other (please specify)

c) Describe the remuneration plan (Include when subjects will be paid, whether payment will be prorated and whether a 1099 will be issued.)

d) For raffles include the number of prizes, nature and value of each prize.

e) If extra course credit is offered be sure to address the alternative means by which students can accrue extra course credit should they not wish to participate in the study.

f) Will subjects or their health care providers be required to pay for any study related procedures or products?

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i. If yes, explain:

g) Who is responsible for costs incurred due to injury/harm?

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* * * Risks * * *

8. Risks (Input N/A if not applicable)

US Department of Health & Human Services (HHS) Regulations define a subject at risk as follows: "...any individual who may be exposed to the possibility of injury, including physical, psychological, or social injury, as a consequence of participation as a subject in any research, development, or related activity which departs from the application of those accepted methods necessary to meet his needs, or which increases the ordinary risks of daily life, including the recognized risks inherent in a chosen occupation or field of service."

a) PI's evaluation of the overall level of Risk. (Please check one: minimal or minimal.)

X Minimal (everyday living)

Minimal (greater than everyday living)

b) Describe all known risks or discomforts associated with study procedures whether physical, psychological or social (e.g., pain, stress, invasion of privacy, breach of confidentiality) noting probability and magnitude of potential harm. Specify the risks(s) associated with each research procedure or test.

The risk of releasing identifiable information is limited. The lead application at CCFW is a secure online portal powered through FormsAssembly software that integrates directly into the Salesforce Client Database, which CCFW uses to track data from all of their clients. Files transferred from participating agencies to LEO will always be transferred in a secured and encrypted format. Data will be stored on Notre Dame's secure servers whenever identifiable data is received. In reporting statistical results, only aggregate statistics such as regression coefficients and sample/subsample means will be reported. Therefore, readers will not be able to identify individual respondents from published work.

c) Describe the procedures or safeguards in place to protect against or minimize potential risks (e.g., referral to psychological counseling resources).

Participants will have the option to opt out of the study at any time. They will be provided with the contact information of the researchers and the Notre Dame IRB.

In reporting statistical results, only aggregate statistics like regression coefficients and sample/subsample means will be reported. Therefore, readers will not be able to identify individual respondents from published work.

Any data stored at the University of Notre Dame will be stored on our secure servers. Only members of the research team will have access to the folders containing secure data through an access control list. Data is only accessible when logged into the University of Notre Dame network, either by accessing data from campus or logging in through a VPN. All members of the research team sign the Staff Confidentiality Agreement, agreeing to access data only for the purpose of the research project. Data cannot be accessed unless authorized users are logged in with their authenticated username/password combination through the two step login system.

Files transferred between participating agencies and LEO will always be transferred in a secured and encrypted format. While Notre Dame will have to securely transfer identifiable information to the Ray Marshall center to match state administrative records, the files and analysis output returned to Notre Dame will be de-identified in an effort to minimize potential risks. Infutor data will be accessed from a secure data access point already established at Notre Dame.

d) How will subjects be assessed for unanticipated problems?

Subjects will be provided with the contact information for both the research team and the Notre Dame IRB, along with instructions to contact the Notre Dame IRB in the case of an unanticipated problem or a question or complaint about their rights as a research participant.

e) Is there a plan to monitor study data for subject safety? Y

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If yes, discuss who will monitor the study data and describe the monitoring plan:

If LEO determines that there is any greater risk to subjects or their data than we originally anticipated, we will notify the IRB within 24 hours.

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* * * Benefits * * *

9. Benefits

a) Discuss any potential benefits that would justify involvement of subjects in this study.

i. Direct benefits to subjects (if applicable)

LIFT is an opportunity for people to achieve financial security through tailored emotional and economic support. All study participants will have access to these direct benefits, and the only difference between study groups will be the method of delivery of these benefits.

ii. Indirect benefits to society

This study will inform the CCFW and the greater academic community about the effectiveness of virtual versus in-person case management services. If this study shows that, compared to in-person services, virtual services have no effect on outcomes such as service engagement, goal attainment, financial knowledge, and trust and emotional resilience, this study can be used as evidence to secure further funding or legislation to expand operations and benefit more people.

b) Explain how the potential benefits justify the potential risks involved in participation in this research.

As explained above, the risks to individuals who are the subjects of the research study are minimal. Additionally, the potential direct benefits to those who receive supportive services and the potential indirect benefits to society that could result from the results of this study are significant. By conclusively determining if virtual services are as effective as in-person services, this RCT not only enables CCFW to serve more clients and expand their reach, but also demonstrates to other nonprofits and government entities that they, too, can broaden their services to assist more families in need, regardless of location. As a result, the potential benefits of the study outweigh the potential risks.

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* * * Procedures to Maintain Confidentiality * * *

10. Procedures to Maintain Confidentiality

Which of the following types of data will you work with:

X **Identifiable**
Information is considered to be identifiable when it can be linked to specific individuals by the investigator(s) either directly or indirectly through coding systems, or when characteristics of the information obtained are such that by their nature a reasonably knowledgeable person or investigator could ascertain the identities of individuals. Therefore, even though a dataset may have been stripped of direct identifiers (names, addresses, student ID numbers, etc.), it may still be possible to identify an individual through a combination of other characteristics (e.g., age, gender, ethnicity, and place of employment).

Explain why you could not complete the research using de-identified data.

First, through information collected through the application process, the research team will determine the eligibility of applicants and randomize those eligible who provide consent. Then, the research team will need to use the identifiable information collected from study participants to link to administrative data sources to evaluate outcomes for the study. These processes are not practicable in the absence of identifiable data.

Anonymous
Data are anonymous if no one, not even the researcher, can connect the data to the person who provided it–no identifying information is collected from the individual. Investigators must be aware, however, that even if no direct identifiers (name, address, student ID, etc.) are collected, identification of a participant may be possible from unique individual characteristics (indirect identifiers). For example, a participant who is a member of a certain ethnic group or who was studied because of distinctive personal accomplishments or medical history might be identifiable from even a large data pool.

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De-identified
If the dataset has been stripped of all identifying information and there is no way that it could be linked back to the subjects from whom it was originally collected (through a key to a coding system or by any other means). Note: This also applies if the source of the data is identifiable but the data collected is not.

Coded
This refers to data that have been stripped of all direct subject identifiers, but in this case each record has its own study ID or code, which is linked to identifiable information such as name or medical record number. The linking file must be separate from the coded data set. This linking file may be held by someone on the study team (e.g. the PI) or it could be held by someone outside of the study team (e.g. researcher at another institution). A coded data set may include limited identifiers under HIPAA. Of note, the code itself may not contain identifiers such as subject initials or medical record number.

a) **If information derived from the study will be provided to the subject's personal physician, a government agency, or any other person or group (other than the research team), describe to whom the information will be given and the nature of the information, if applicable.** N/A

CCFW already gathers baseline information on new program participants that they store internally. All data are collected regularly by program employees and entered into Salesforce, CCFW main database system. This is the primary system to collect, store, and monitor client data.
The researchers will collect and track information about participants using CCFW databases, and they will use this information to link to administrative data. This will include linking to data on earnings, public benefits use, credit reports and consumer reference data, as well as other records. Longitudinal data will be accessed via a partnership The Ray Marshall Center at the University of Texas. While Notre Dame will have to securely transfer identifiable information to the Ray Marshall center to match state administrative records, the files and analysis output returned to Notre Dame will be de-identified in an effort to minimize potential risks of data breaches. Infutor data will be accessed from a secure data access point already established at Notre Dame. Experian credit data will require the sharing of identifiable information to and from Experian, but all transfers will occur via secure platforms.

b) **Explain how you will protect subjects' privacy.**
Note: Privacy refers to persons and their interest in controlling the access of others to themselves. For example, based on their privacy interest's people want to control:

- **The time and place where they give information.**
- **The nature of the information they give.**
- **The nature of the experiences that are given to them.**
- **Who receives and can use the information.**

For example, persons might not want to be seen entering a place that might stigmatize them, such as a pregnancy-counseling center that is clearly identified as such by signs on the front of the building. Please keep this definition in mind as you respond to this item.

Since all study participants will receive services from CCFW, all data collected through CCFW intake and surveys of individuals would be collected whether or not they participate in this study. Because of this, study will not put their privacy at any increased risk. They will not be included in the study unless they consent to study participation. Study participation will not require any additional public interaction with organization staff beyond what is standard. All data will be stored on Notre Dame's secure storage platforms.

c) **Describe how you will maintain the confidentiality of subjects' information.**
Note: Confidentiality pertains to the treatment of information that an individual has disclosed in a relationship of trust and with the expectation that it will not be divulged to others (without permission) in ways that are inconsistent with the understanding of the original disclosure. Please keep this definition in mind as you respond to this item.

The research team will receive identifiable information on all applicants who consent to be in the study, and these data transfers will always receive information via encrypted file data transfer. Only the PIs and the Research Associate assigned to the project will have access to this information. All data will be kept on Notre Dame's secure storage platforms, except for the instances in which identifiable information must be transferred to the Ray Marshall Center or Experian via secure file transfer.

d) **Who will have access to study records or specimens? (Please identify specific team members by name.)**

Only the PIs on the project and any LEO research staff designated by the PI to work on the project will have access to the study data and records.

e) **If you plan to use existing data, records or specimens, what is the source of the data/records/specimens, and how will you access them?**
NOTE: "Existing" means data or specimens collected (i.e., on the shelf) prior to the IRB application submission. It includes data or specimens collected for research and non-research activities.

Data will come from CCFW and Ray Marshall Center records, but data pertaining to research participants will only be collected after

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IRB submission as the study is prospective.

f) **How will subjects be asked to provide their permission for release of identifiable data collected as a part of this proposed research (e.g., pictures, recordings, responses to research questions), now or in future? Explain and include appropriate statements in consent materials.**

Individuals who have applied to and are eligible for the LIFT program will be contacted by CCFW staff to walk through the informed consent process. All participants will provide permission for release of identifiable data at one-on-one meetings for informed consent conducted by CCFW staff. If they change their mind and would like to withdraw from the study, they will be given the researchers' contact information so that they can do so at any time.

g) **If using existing data/biological specimens, will the researchers have access to a code linking the data to personally identifiable information?**

N/a

h) **If the data is coded, explain where the key to identifiers will be stored, how it will be protected, and who will have access to it.**

N/a

i) **Explain why, where, in what format, and for how long data/specimens will be retained.**

Data will be stored on Notre Dame's secure storage platforms. We plan to retain data for at least three years after publication in order to verify any questions about the analysis.

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* * * Consent Information * * *

11. Consent Information

11 a & b only apply to exempt applications

a) **How will subjects be informed of procedures, intent of the study, and potential risks to them?**

b) **How will subjects be informed they may withdraw at any time without penalty?**

Note: Attach, in the Attachments Section, written and/or verbal instructions the subject will receive.

Please provide consent process background information below.

Informed Consent

Title	Consent Type	Attached Date	Submitted Date
LIFT Waiver of Documentation of Consent	Waiver of Documentation of Informed Consent	01/07/2025	01/08/2025
Padua Consent Form	Informed Consent	02/03/2025	
CCFW LIFT Consent	Informed Consent	02/03/2025	

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* * * Assent Background * * *

12. Assent Background

(Complete if applicable)

Assent Document: A form or script of the information that will be conveyed to the child about the study. In general, researcher must obtain the affirmative agreement of children ages seven years and older for their participation. Assent forms should be written at a level understandable to the child. If the study includes a broad age range of hildren, more than one assent form may be needed (i.e., an assent form suitable for a 17 year old is not usually suitable for a 7 year old child).

Assent Waiver: No child assent will be sought at all. This means that the IRB is asked to waive the requirement for child assent. Among other circumstances, this option is appropriate when the capability of the child to understand the research is too limited or when the research holds out a prospect of direct benefits that is important to the health or well-being of the child.

All minors must provide an affirmative consent to participate by signing a simplified assent form, unless the Investigator(s) provides evidence to the IRB that the minor subjects are not capable of assenting because of age, maturity, psychological state, or other factors.

Provide assent process background information, in the space below, for each Assent Form, Alteration Form (i.e., Cover Letter or Verbal Script), and Waiver.

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* * * HIPAA * * *

13. Health Insurance Portability and Accountability Act (HIPAA)

If you are using PHI and this page is not active you must return to the General Checklist and check the box regarding the use of PHI in this research.

The HIPAA Privacy Rule establishes the right of an individual to authorize a covered entity, such as health plan, health care clearinghouse or health care provider, to use and disclose his/her Protected Health Information (PHI) for research purposes.

The Privacy Rule defines the elements of individual information that comprise PHI and establishes the conditions under which PHI may be used or disclosed by covered entities for research purposes. It also includes provisions to allow an individual's PHI to be disclosed or used in research without the person's authorization (i.e., IRB Waiver of HIPAA Requirement Authorization).

Is Your Research Covered by HIPAA's Privacy Rule? - Decision Tree

HIPAA Authorization Form

Waiver or Alteration of Authorization Form

Preparatory to Research Form

Limited Data Set/Data Use Agreement

Use and Disclosure of Decedents PHI without Authorization

Protected Health Information (PHI) is health information with one or more of the following identifiers. For more information see: http://privacyruleandresearch.nih.gov/clin_research.asp or consult HIPAA Privacy Rule for Research

Research which involves the use of de-identified data is exempt from HIPAA requirements. In order to be de-identified data. NONE of the subject identifiers listed below can be collected, used, reviewed, recoded, accessed or disclosed.

Please review the following list and indicate if any of the information will be collected from any medical records for the purpose of this research project.

1. Names
2. Social Security Numbers
3. Telephone Numbers
4. All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census;
   i. The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and
   ii. The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
5. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all wages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
6. Fax Numbers
7. Electronic Mail Addresses
8. Medical Record Numbers
   - You must attach a data collection sheet identifying the data points being collected from the MRN
9. Health Plan Beneficiary Numbers
10. Account Numbers
11. Certificate/License Numbers
12. Vehicle Identifiers and Serial Numbers, including License Plate Numbers
13. Device Identifiers and Serial Numbers
14. Web Universal Resource Locations (URLs)
15. Internet Protocol (IP) Address Numbers
16. Biometric Identifiers, including Finger and Voice Prints
17. Full Face Photographic Images and any Comparable Images

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18. Any other unique identifying number, character, or code (note this does not mean the unique code assigned by the Investigator(s) to code the research data)

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* * * Drugs and Devices * * *

14. Drugs and Devices

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* * * Potential Conflict of Interest * * *

15. Potential Conflict of Interest

Conflict of Interest and the definitions related to the Conflict of Interest Policy and the following questions, please refer to the Help Screen.

Conflict of Interest: Please check Yes or No for each item below.

a) N Does the research involve a drug, device, or biological invented by you, an immediate family member or other Research Personnel?

b) N Is the research sponsored by an entity with which you, an immediate family member, or other Research Personnel have a paid consulting or advising relationship?

c) N Will you, members of your immediate family, or other Research Personnel receive special compensation or increased compensation if the research generates a favorable outcome?

d) N Will you, members of your immediate family, or other Research Personnel receive any money, gift or anything of monetary value above and beyond the actual costs of enrollment, conduct of the research, and reporting on the results, including, but not limited to, finders fees, referral fees, recruitment bonuses, and an enrollment bonus for reaching an accrual goal or similar types of payments?

e) N Do you, members of your immediate family or other Research Personnel have any other interests or relationships (including volunteer services) that might constitute a conflict of interest or an appearance of conflict of interest in connection with the research project?

f) N Will the payment you receive for services provided during the conduct of the research (e.g., investigator and Research Personnel time and tests) be inconsistent with fair market value for those services?

Significant Financial Interest: Please check Yes or No for each item below.

g) N Will you, your immediate family members or other Research Personnel receive salaries, royalties and/or other payments for services (e.g., consulting fees, honoraria, research design, management position, independent contractor, service on advisory or review committees, board membership seminars, lectures or teaching engagements when totaled together exceeded $5,000 during the previous 12 months or are expected to exceed $5,000 over the next 12 months)? This excludes reasonable costs of conducting the research, as specified in the research agreement.

h) N Do you, your immediate family members, or other Research Personnel hold any ownership interests including stocks, bonds, or stock options that exceed $5,000 and/or that constitute more than a five percent (5%) ownership interest in the sponsoring organization? This does not include any interests held solely by reason of investment in a business by a mutual, pension or other institutional investment fund over which the investigator and/or his or her immediate family do not exercise day-to-day control of investment decisions.

N If either g or h are Yes, is there a management plan in place?

N/A If you have a management plan, is the COI being managed related to human subject research and/or this protocol?

Minimizing Risks and Disclosure to Subjects

i) Have you disclosed any actual, potential or perceived conflicts of interest in the consent form? Research Personnel are required to disclose all such conflicts to all research participants in the research consent form.

j) **What steps, if any, have you taken or will you take to manage the conflict of interest and minimize the risks associated with any actual, potential or perceived conflicts of interest arising out of this research?**

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If you checked Yes to any statement (a-h, except f) above, please identify the research team member(s) below and provide details concerning the potential conflict of interest.

By submitting this form, you are attesting that you have read the The University of Notre Dame HRPP Policy on Conflict of Interest and agree to abide by its terms. You will update this disclosure form when new or changes in conflict of interest arise, and that you will comply with any conflict management plan required by the Institutional Review Board (IRB) to manage, reduce, or eliminate any actual or potential conflict of interest for the duration of the research.

---

* * * Attachments * * *

16. Attachments

Attach relevant documents here. These could include:

- Collaborating Investigator's IRB approval and approved documents
- Conflict of Interest information
- Debriefing Script; Grant/Sub-contract
- HIPAA Authorization Form from HIPAA-covered entity
- Interview/Focus Group Questions
- Investigator's Brochure
- Letters of Agreement/Cooperation from organizations who will help with recruitment
- Methodology section of associated Thesis or Dissertation project
- Questionnaires
- Radiation Control Office approval material
- Recruitment Material (e.g., flyers, email text, verbal scripts)
- Sponsor's Protocol; Surveys
- Other files associated with the protocol (you can upload most standard file formats: xls, pdf, jpg, tif, etc.)

Please be sure to attach all documents associated with your protocol. Failure to attach the files associated with the protocol may result in this protocol being returned to you for completion prior to being reviewed.

Students: Be sure to attach the Methods section of your thesis or dissertation proposal. If this protocol is associated with a grant proposal, please remember to attach your grant.

To update or revise any attachments, please delete the existing attachment and upload the revised document to replace it.

Document Type	Document Name	Attached Date	Submitted Date
Questionnaires	LIFT Application	01/07/2025	01/08/2025
Questionnaires	LIFT_Baseline Survey	01/07/2025	01/08/2025
Questionnaires	Measuring Emotional Resilience 2022 Proposal - Copy	01/07/2025	01/08/2025
Questionnaires	LIFT Trust Survey	01/07/2025	01/08/2025
Questionnaires	Financial Pulse Survey [client-facing]	01/07/2025	01/08/2025
Other, supplemental information	Turner CITI Cert 20250108	01/08/2025	01/08/2025

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Other, supplemental information	citiCompletionReport_8142077_31762036_Kofoed	02/03/2025	
Recruitment Material (e.g., flyers, email text, verbal scripts)	Enrollment ppt	02/03/2025	
Letters of Agreement Cooperation	Letter of Support - LIFT IRB (1)	02/03/2025	
Explanatory diagram (Sequence of events)	WFS Enrollment Diagram (1)	02/03/2025	

---

* * * Obligations * * *

Obligations

The Principal Investigator of this study provides the following attestations:

- The eProtocol application submitted for this study is complete and accurate.
  X The Principal Investigator has read and agrees to the above.
- The Principal Investigator has evaluated the protocol and determined that s/he has sufficient resources to conduct the study as submitted.
- The Principal Investigator will not begin the study until s/he has received notification of final determination of non-human subjects research.
  X The Principal Investigator has read and agrees to the above.
- The Principal Investigator acknowledges his/her responsibility for the accuracy of all documents research personnel submit to the IRB on his/her behalf.
- The Principal Investigator will comply with all Research Compliance requests to report on the status of the study.
  X The Principal Investigator has read and agrees to the above.
- **Non-Human Subjects research:**
  The Principal Investigator will not conduct research procedures outside of those described in the submission without prior review and approval.
- **Exempt research:**
  The Principal Investigator will seek and obtain prior approval from the IRB for any modifications which may affect the Exempt status of the study.
- **Expedited/Full Board research:**
  The Principal Investigator will seek and obtain prior approval from the IRB for modifications to the study, including changes in procedures, consent forms, etc.
  X The Principal Investigator has read and agrees to the above.
- The Principal Investigator will promptly report any unexpected or otherwise significant adverse events or unanticipated problems or incidents that may occur in the course of this study.
- The Principal Investigator will notify the IRB when his/her research has been completed or terminated.
  X The Principal Investigator has read and agrees to abide by the above obligations.

The certification below should only be completed if this study has a student listed as Principal Investigator. Only the faculty member listed on the Personnel Information tab can check this box. No notification is sent to the Faculty Advisor, since the status of the protocol does not change until the form is submitted. Please contact the Faculty Advisor listed, and ask them to login to eProtocol using their own credentials. They will find this study on the first page, from which they should select "Edit" and review the submission. Once they approve, they can click

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on the box below, save the submission, and either submit or notify the student that the form can be submitted.

The Faculty Advisor has reviewed the protocol, finds the information to be complete and accurate, and agrees to serve as the responsible advisor for this protocol.

---

* * * Event History * * *

Event History

Date	Status	View Attachments	Letters
01/07/2025	NEW FORM CREATED		
01/08/2025	NEW FORM SUBMITTED	Y	
01/08/2025	NEW FORM PANEL ASSIGNED		
01/08/2025	NEW FORM REVIEWER(S) ASSIGNED		
01/15/2025	NEW FORM SUBMITTED (CYCLE 1)	Y	
01/22/2025	NEW FORM REVIEWER(S) ASSIGNED		
02/03/2025	NEW FORM SUBMITTED (CYCLE 2)	Y	
02/03/2025	NEW FORM APPROVED	Y	Y

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*** * * Attached Document * * ***

Document Name	Created Date
LIFT_request_for_waiver_of_consent_documentation.docx	01/07/2025

The University of Notre Dame
Request for Waiver of Documentation of Consent

IRB Number: PI Name:

Protocol title:

Waiver or alteration of the requirement for Documentation of Informed Consent (45 CFR 46.117)
According to 45 CFR 46.117, an IRB may approve a waiver for written documentation of informed consent provided specific criteria are met. Please validate that all of the following are met by providing a justification in the space provided.

☐ The research presents no more than minimal risk.
Protocol Specific Justification:

☐ The research involves procedures that do not require written consent when performed outside of a research setting.
Protocol Specific Justification:

OR

☐ The principal risks are those associated with a breach of confidentiality concerning the subject's participation in the research.
Protocol Specific Justification:

☐ The consent document is the only record linking the subject to the research.
Protocol Specific Justification:

☐ Each participant will be asked whether they want documentation linking them to the research and the the participant wishes with govern.
Protocol Specific Justification:

☐ The study is not FDA regulated.

PROTOCOL
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*** * * Attached Document * * ***

Document Name	Created Date
LIFT Application.pdf	01/07/2025

PAGE 1

First Name *

Last Name *

Phone *

Email *

Preferred Method of Contact *

- [ ] Phone
- [ ] Text
- [ ] Email
- [ ] Mail

Best day to reach you? *

Preferred Language *

Other Languages Spoken

- [ ] English
- [ ] Burmese
- [ ] Arabic
- [ ] NA

*Please double check that the information you provided is accurate.

NEXT →

PAGE 2

NEXT →

PAGE 2

Street Address *

City *

State (TX) *

Zip Code *

Country (US) *

County *

Date of Birth *

MM/DD/YYYY

Gender *

If Gender is "Not listed above/prefer to self-describe"

Race/ Ethnicity *

If Another Race/ Ethnicity, Please Specify

*Please double check that the information you provided is accurate.

← PREV NEXT →

PAGE 3

← PREV NEXT →

PAGE 3

Are you willing and able to work full time? *

*Please double check that the information you provided is accurate.

← PREV NEXT →

Not willing to work fulltime

If no, what are your current barriers to working? *

*Please double check that the information you provided is accurate.

← PREV NEXT →

PAGE 4

Why are you interested in working with LIFT? Please select all areas in which you hope to be supported in achieving your goals. (Select all that apply) *

← PREV NEXT →

PAGE 4

Why are you interested in working with LIFT? Please select all areas in which you hope to be supported in achieving your goals. (Select all that apply) *

What is your primary goal for participation in this program? *

Select one

If other, please specify

Fill out if you chose "other" in the last question. Otherwise, leave blank.

*Please double check that the information you provided is accurate.

← PREV SUBMIT

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*** * * Attached Document * * ***

Document Name	Created Date
LIFT_Baseline Survey.docx	01/07/2025

LIFT Randomizer

Start of Block: staff

client_id Client ID

staff Outreach Specialist

O Maura Hogaboom (1)

O Other: (2) ____

zipcode ZIP Code

End of Block: staff

Start of Block: name

first First name

last Last name

Page Break

dob Date of birth

End of Block: name

Start of Block: consent_form

form **To be read to participants who enter the study via phone by Outreach Specialist:**

Catholic Charities Fort Worth is working with the University of Notre Dame to learn about our LIFT program, and we would like to ask for your help. We are going to give you more information so that you can decide if you want to participate in this study that will help us understand how online case management helps people stay in the program and reach their goals.

There are not enough navigators to provide in-person case management to everyone who is in LIFT so some people will receive online case management. To make it fair, we will randomly select people for in-person or online case management.

If you agree to be part of the study, you will be asked to share information about yourself with the Notre Dame study team, like your name, birthday, social security number, your address, and other personal information. By agreeing to participate, you agree to let the study team use information about when you start and leave the LIFT program, what services you use, if you complete the program, and other program data. This includes responses to surveys you would take whether or not you agree to be in the study. The researchers will also link your information to earnings, public benefits use, credit reports, and other records. They may also reach out to you in the future to complete a follow-up survey.

If you agree to participate, you will be one of about 1,300 participants. Your privacy is very important to CCFW and the study team. We will only use your information for the study, and results from the study will only be about groups, never about you individually. Information provided by you for this study may be used for future research studies or shared with other researchers for future research. If that happens, any personal information that could identify you will be removed before information is shared with other researchers or results are made public. Though we cannot completely guarantee privacy, the risk of your information being exposed is very small, and we will make every effort to keep your information safe.

Participating in the study will not change your chances of receiving services or affect

your relationship with CCFW. If you do not consent to be part of the study, you will have access to Padua, a different case management program provided by CCFW. Deciding to be part of the study is up to you, and you can leave at any time. Your participation will help CCFW to better serve families in the community.

If you would like to withdraw from the study after joining, you can email Michael Kofoed at mkofoed@nd.edu. Do you have any questions?

A copy of this consent form will be emailed or mailed to you for your records.

End of Block: consent_form

Start of Block: Eligibility/Consent

consent_status Did this client consent to participate in the study?

O Yes (1)

O No (2)

End of Block: Eligibility/Consent

Start of Block: baseline

ssn Please enter social security number below, including dashes

Ex. XXX-XX-XXXX.

inc Current Annual Family Income

employ Current Employment Status

O Currently employed (1)

O Currently unemployed (2)

Display This Question:

If Current Employment Status = Currently employed

employ_type Type of Employment

O Part-time (1)

O Full-time (more than 35 hours per week) (2)

O Temporary (3)

Display This Question:

If Current Employment Status = Currently unemployed

employ_unemp Current Unemployment Status

O Seeking employment (1)

O Not seeking employment (2)

Page Break

pub_ben Are you currently enrolled in any public benefits programs?

O Yes (1)

O No (2)

Display This Question:

If Are you currently enrolled in any public benefits programs? = Yes

pub_ben_type Please select all programs in which you are enrolled?

- [ ] CHIP (1)

- [ ] Medicaid (2)

☐ Medicare (3)

- [ ] SNAP (4)

- [ ] SSI (5)

- [ ] SSDI (6)

☐ TANF (7)

- [ ] Unemployment (8)

- [ ] WIC (9)

☐ Another not listed above: (10)

____

ed Current Level of Education

▼ No formal education (1) ... Doctoral or professional degree (8)

hh_adult Including yourself, how many adults (older than 18) are part of your household?

O 1 (1)

O 2 (5)

O 3 (6)

O 4 (7)

O 5 (8)

O More than 5 (9) ____

hh_child How many people in your household are under the age of 18?

O 1 (1)

O 2 (5)

O 3 (6)

O 4 (7)

O 5 (8)

O More than 5 (9) ____

End of Block: baseline

Start of Block: Please click next for group assignment.

Q20 Please click "next" to submit.

End of Block: Please click next for group assignment.

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Protocol Submission Form

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*** * * Attached Document * * ***

Document Name	Created Date
Measuring Emotional Resilience 2022 Proposal - Copy.pdf	01/07/2025

Measuring Emotional Resilience 2022

Introduction & Purpose

Executive function is a construct referring to a set of "higher order" cognitive skills that enable us to organize, direct and manage cognitive activities, emotional responses, and overt behaviors (Roth et al, 2013). Executive functioning might include processes like the ability to initiate behaviors; inhibit prepotent responses or competing actions; retain and manipulate information "online" (i.e., working memory); select relevant task goals; plan and organize thoughts and behaviors; think flexibly in order to solve problems or to adapt to changes in one's environment; regulate emotions; and monitor and evaluate one's thoughts, emotions, and behaviors.(Roth et al, 2013) The evaluation of executive function is a necessary part of neuropsychological assessments because of its relevance to real life behavior in various clinical populations (Donders & Strong, 2016)

A commonly studied predictor of executive dysfunction is **SES and poverty** (Rhoades et al., 2011). Research supports the idea that poverty is a significant, if not the most important, environmental predictor of executive dysfunction (Harvard video).

The system of poverty is cyclical and can hinder individuals and families from meeting their needs or withstanding a financial emergency. People experiencing poverty may face chronic stress and trauma that perpetuates poverty and significantly affects one's ability to bounce back. Poverty can be considered one of the most important predictors of executive dysfunction, creating a biological, social, and psychological feedback loop that can work against poverty alleviation efforts.

We can understand executive functioning as a complicated biopsychosocial process that integrates both the lower-level brain structures with higher order functioning and is outside the scope of the program to accurately test. We can, however, isolate and assess two crucial elements of the higher order functioning seen in executive function development. These elements are the **ability to cope** and the **ability to plan**.

For the purposes of this research, the ability to cope with traumatic situations and the ability to plan for the future is known as ***emotional resiliency*****.**

Ability to Cope

Coping can be defined as ongoing cognitive and behavioral processes to manage external or internal demands exceeding the resources of the individual. The literature related to coping directly identifies **resilience** as the primary mechanism which allows an individual to engage in any coping strategy. Resilience can be considered an individual's attitudes and behaviors that

enable them to engage in adaptive coping strategies when faced with acute or chronic stressful life events.

Ability to Plan
One way of understanding the ability to plan from a psychological perspective is to see it as a form of self-regulation which, in turn, has been defined as the ability to develop, implement, and flexibly maintain planned behavior to achieve one's goals. (Kanfer, 1970)

Padua is one of Catholic Charities' pathways programs that implements a strengths-based coaching approach to empower clients and set them on a path out of poverty. Padua focuses on enhancing emotional resiliency, social support, and financial stability through coaching and modeling, resource support, goal setting and planning, and Financial Social Work.

The focus on developing coping and planning skills is integrated into resource planning and financial coaching. Padua seeks to develop client self-awareness, decrease their reactivity, increase their self-efficacy, and improve their problem-solving skills through clinically informed coaching.

This study would review the efficacy of a CCFW anti-poverty program focused on building emotional resilience in clients. The aim of this study is to evaluate the outcomes of clients using pre and post intervention data. We hypothesize that there would be a difference in emotional resilience levels pre and post intervention, and that the longer they were in the program will yield more significant results.

Research Questions

The current study aims to find out if there is a difference in emotional resilience levels between Padua clients prior to receiving services and after program completion. The selected assessment have been shown to accurately measure levels of **executive functioning** and **resilience**. The planning subscale for the executive function measure will produce scores for clients' ability to plan. And the resilience scale will assess clients' ability to cope. The following research questions are intended to guide this study to capture the impact of Padua services.

RQ1 Does Padua have an impact on client's ability to cope?

RQ2 Does Padua have an impact on client's ability to plan?

Our hypothesis is that clients' ability to cope and their ability to plan will show meaningful increase from program start to completion. This is based on the type of services and coaching Padua offers to clients. To test this hypothesis, we will collect preliminary data from clients about their levels of coping and planning using a retrospective pretest posttest design.

Preliminary data on a client's ability to cope and ability to plan should allow us to further develop a model of Padua's impact on executive function/emotional resilience.

Methods

Retrospective Pretest-Posttest (RPP) is a highly recommended alternative design to Traditional Pretest- Posttest (TPP) methodology (Change & Little, 2018). RPP captures participants' perceived changes due to program effects in repeated measure research. The pretest and posttest data are simultaneously collected at the time of posttest. Participants report their current status (posttest) as well as retrospectively recall their status before the intervention (pretest) within a single sitting ("then" and "now").

The proposed research suggests using two scales to measure levels of emotional resilience in clients**. The Behavior Rating Inventory of Executive Function –Adult (BRIEF-A)** measures aspects of executive function in two domains. The metacognitive domain of this scale contains a planning and organizing subscale which will be used to better understand if clients' ability to plan was affected by Padua services. **The BRS (Brief Resilience Scale)** measures resilience and has been correlated with active coping (Chmitorz et al, 2018). This 6-item scale will assess Padua's effect on clients' ability to cope.

The BRIEF-A (Appendix A) includes 32 questions comprising the four subscales of the Metacognitive domain: (1) Initiate (e.g. "I need to be reminded to begin a task even when I am willing"), (2) Working Memory (e.g. "I have trouble concentrating on tasks such as chores, reading, or work"), (3) Plan/Organize (e.g. "I get overwhelmed by large tasks"), and (4) Task Monitor (e.g. "I make careless errors when completing tasks"). It also includes two additional items with repeated content and reversed wording to account for acquiescence bias. For the purposes of this study, we will limit our questions to the Plan/Organize subscale.

The Brief Resilience Scale (BRS; Appendix C) is a simple self-assessment that individuals can complete to assess their resilience. It consists of six statements for individuals to rate themselves on. The items assess an individual's ability to bounce back quickly after a stressful event or life's setbacks. When completed it generates a resilience score of between 6 and 30. The Brief Resilience Scale (BRS) is well suited to assess individuals over time. As individuals take action to improve their resilience, they should start to see changes in their scores.

Using RPP survey methods, the pre and post intervention data will be collected at the same time. Participants will be asked to indicate their level of agreement with each of the statements before and after services and to rate themselves twice using a 5-point Likert scale.

Analysis

The survey data will be collected then analyzed to determine if emotional resiliency levels significantly changed. To measure emotional resilience specifically, the scores from the BRIEF-A

Plan and Organize subscale can be isolated from the Metacognitive index and paired with the BRS scores to assess planning and coping. Group means (before and after) for the ability to cope and the ability to plan will be examined.

Future Research

Eventually, the research may employ a traditional approach and clients will be pretested before program entry and will take the posttest after program completion. Future research may consider the effects of Padua on executive functioning using the whole BRIEF- A.

Appendix A

The BRIEF (Behavior Rating Inventory of Executive Function)- Adult version (BRIEF-A)

1. I do not have problems completing my work.
2. I make careless mistakes when completing work.
3. I have trouble being attentive while working (such as household chores, reading or work)
4. I need to be reminded to start a task even when it's my own will.
5. I get overwhelmed by large tasks.
6. I have trouble with jobs or tasks that have more than one step.
7. I have trouble getting ready for the day.
8. When I have many important things to do, I have trouble deciding which activity to start first.
9. I forget what I am doing in the middle of thing/activities.
10. I don't inspect my work for mistakes.
11. I lay around in the house a lot.
12. I start work (such as cooking, projects) without the right tools.
13. I fail to judge how difficult or easy work will be.
14. I have trouble starting anything on my own.
15. I have trouble staying on the same topic when talking.
16. I don't plan early for future activities.
17. I concentrate for a short time.
18. I have goals that are unachievable.
19. I make mistakes carelessly.
20. I have difficulty being excited about things.

21. I forget instructions easily.

22. I have good ideas but cannot put my ideas into action.

23. I have trouble getting started on tasks.

24. I have trouble finishing tasks (such as chores, work).

25. I start things at the last minute (such as assignments, chores, tasks).

26. I have difficulty finishing a task on my own.

27. I have trouble remembering things, even for a few minutes (such as directions, phone numbers).

28. I have trouble coming up with ideas for what to do with my free time.

29. I don't plan early for tasks.

30. I have problems organizing activities.

31. I have trouble doing more than one thing at a time.

32. I have trouble organizing work.

33. I have problems completing my work.

34. I do not make careless mistakes when completing work.

Appendix B

Behavior Rating Inventory of Executive Function- Adults: (BRIEF-A)
Scoring Procedure

For this adapted version of the BRIEF-A, an overall score for the metacognitive index of executive function can be determined by reverse-scoring questions 1 & 34 and adding up responses to each item.

You can also break the overall scale into sub-scales accordingly

-Add up responses to questions 4, 7, 11, 14, 20, 23, 25, and 28 to determine score on the Initiate Sub-scale, reflecting an individual's ability to begin a task or activity and to independently generate ideas, responses, or problem-solving strategies.

-Add up responses to questions 3, 6, 9, 15, 17, 21, 27, and 31 to determine score on the Working Memory Sub-scale, measuring the capacity to hold info in mind for the purpose of completing a task, encoding info, or generating goals, plans, and sequential steps to achieving goals.

-Add up responses to questions 5, 8, 12, 16, 18, 22, 26, 29, 30, and 32 to determine score on the Plan/Organize Sub-scale, measuring an individual's ability to manage current & future-oriented task demands.

-Add up responses to questions 2, 10, 13, 19, 24, and 33 to determine score on the Task Monitor Sub-scale, reflecting the ability to keep track of one's problem-solving success or failure and to identify & correct mistakes during behaviors.

Appendix C

Brief Resilience Scale (BRS)

Respond to each statement below by circling <u>one answer per row.</u>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS 1	I tend to bounce back quickly after hard times.	1	2	3	4	5
BRS 2	I have a hard time making it through stressful events.	5	4	3	2	1
BRS 3	It does not take me long to recover from a stressful event.	1	2	3	4	5
BRS 4	It is hard for me to snap back when something bad happens.	5	4	3	2	1
BRS 5	I usually come through difficult times with little trouble.	1	2	3	4	5
BRS 6	I tend to take a long time to get over setbacks in my life.	5	4	3	2	1

Scoring: Add the value (1-5) of your responses for all six items, creating a range from 6-30. Divide the sum by the total number of questions answered (6) for your final score.

Total score: _____ / 6

My score: _____ (average)

BRS Score	Interpretation
1.00 - 2.99	Low resilience
3.00 - 4.30	Normal resilience
4.31 - 5.00	High resilience

Smith, B.W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P. and Bernard, J. (2008). The Brief Resilience Scale: Assessing the Ability to Bounce Back. *International Journal of Behavioral Medicine*, 15, 194-200.

Chmitorz, A., Wenzel, M., Stieglitz, R. D., Kunzler, A., Bagusat, C., Helmreich, I., ... & Tüscher, O. (2018). Population-based validation of a German version of the Brief Resilience Scale. *PloS one*, *13*(2), e0192761.

Kanfer, F. H. Self-regulation: Research, issues and speculations. In C. Neuringer and J. L. Michael (Eds.), Behavior modification in clinical psychology. New York: Appleton-CenturyCrofts. 1970, 178-220.

Smith, B.W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., Bernard, J. (2008) The Brief Resilience Scale: Assessing the Ability to Bounce Back. *International Journal of Behavioral Medicine, 15* 194-200.

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*** * * Attached Document * * ***

Document Name	Created Date
LIFT Trust Survey.pdf	01/07/2025

On a scale of 1-5 (with 1 being "strongly disagree" and 5 being "strongly agree"), please rate your experience with your navigator:

- My navigator is usually considerate of my needs and puts them first.
- I have so much trust in my navigator that I always try to follow his/her advice.
- I trust my navigator so much that whatever he/she tells me, it must be true.
- Sometimes, I do not trust my navigator's opinion and therefore I feel I need a second one.
- I can trust my navigator's judgments concerning my goals.
- My navigator will do whatever it takes to give me the support that I need.
- I can trust my navigator's decisions on which next steps are best for me.
- My navigator offers me the highest quality in services.
- All things considered, I completely trust my navigator.

Please answer either "yes" or "no" to the following questions:

- If you wanted to schedule a visit for yourself with a doctor, would you be able to?
- Do you consistently have enough healthy food to last a week?
- If you wanted to consistently pay your rent or mortgage, would you be able to?
- If you wanted to own a personal cell phone, would you be able to get one and keep it in service (in other words, able to make and receive calls/messages) consistently?
- If you wanted to purchase a gift for a friend/family celebration (like a wedding or birthday), would you be able to?
- If you had any legal questions (for example, about child support, traffic tickets, immigration, etc.), would you know where to go to have them answered?

PROTOCOL
Protocol Submission Form

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*** * * Attached Document * * ***

Document Name	Created Date
Financial Pulse Survey [client-facing].pdf	01/07/2025

Financial Pulse Survey

Introduction

The following survey will ask you a series of questions about your financial knowledge, your feelings about your finances and your financial practices. The purpose of this survey is to help you learn more about your financial strengths and areas where the **Working Family Services** program can support you more fully in pursuit of your personal financial goals.

Section 1: What you Know **Decide if each of the following statements is True or False.**	"True"	"False"
Only income and expenses matter when you're making a budget.		☑
To have enough money for an emergency, you must save at least 3 to 6 months' worth of living expenses.		☑
If you make and stick to a monthly budget, you'll be able to pay your bills on time.		☑
If you can't pay all your bills and debt collectors are calling, just pay the one who calls the most.		☑
The only way to receive employment income is a paycheck.		☑
Credit is when you owe someone money.		☑
Your total monthly debt payments may affect your ability to borrow more money.	☑	
A poor credit history can keep you from getting an apartment, and in some states, insurance or even a job.	☑	
The only cost of having a checking account is the monthly service fee.		☑
As a consumer, you have almost no rights when it comes to financial products.		☑

Section 2: How you Feel **How well does this statement describe you or your current situation?**					
Prompt Statement	"Completely"	"Very Well"	"Somewhat"	"Very Little"	"Not at All"
Because of my money situation, I feel like I will never have the things I want in life.	Least Ideal				☑Most ideal
I am just getting by financially.	Least Ideal				☑Most ideal
I am concerned that the money I have or will save won't last.	Least Ideal				☑Most ideal
Choose how often does this statement apply to you?					

Prompt Statement	"Always"	"Often"	"Sometimes"	"Rarely"	"Never"
I have money leftover at the end of the month	☑Most ideal				Least Ideal
My finances control my life.	Least Ideal				☑Most ideal
~~I am distracted or less productive at work because of financial worries.~~	~~Least Ideal~~				~~☑Most ideal~~

Section 3: Your Experiences

Please indicate how often you have engaged in the following activities in the past six (6) months.

Prompt Statement	"Always"	"Often"	"Sometimes"	"Rarely"	"Never"	N/A[1]
Comparison shopped when purchasing a product or service.	☑Most ideal				Least Ideal	-
Paid all your bills on time.	☑Most ideal				Least Ideal	-
Kept a written or electronic record of your monthly expenses.	☑Most ideal				Least Ideal	-
Stayed within your budget or spending plan.	☑Most ideal				Least Ideal	-
Began or maintained an emergency savings fund.	☑Most ideal				Least Ideal	-
Saved money from every paycheck.	☑Most ideal				Least Ideal	-
Saved for a long-term goal such as a car, education, home, etc.	☑Most ideal				Least Ideal	-
Contributed money to a retirement account.	☑Most ideal				Least Ideal	-
Bought bonds, stocks, or mutual funds.	☑Most ideal				Least Ideal	-
Maintained or purchased a health insurance policy.	☑Most ideal				Least Ideal	-
Maintained or purchased a life insurance policy.	☑Most ideal				Least Ideal	-

[1] N/A is only an available option for the final four items of the inventory.

Commented [BH1]: Was added for MM@W and BB. Probably could remove here.

Commented [SW2R1]: @Cindy Casey do we want to remove this question?

Commented [BH3R1]: Hi! Just a reminder - we will review this in more detail in Phase 3 so no need to make any edits now.

Commented [SW4R1]: Sounds like a plan. Thanks!

Commented [BH5]: Hey Shelly - Section 3 is actually a formal, validated survey of overall financial management behavior so we can't reliably remove individual questions. I could have been clearer in the language to "pare down" the FPS...we can remove whole sections. However, removing any sections would result in not being able to report outcomes.

Section 1: Financial Knowledge/Literacy
Section 2: Financial Well-being
Section 3: Financial Management Behaviors

Commented [CC6R5]: Bridget I am not sure this section applies to many of our clients. I'd like to discuss how this is used in MM@W

Used a Pay Day Loan services	Least Ideal				☑Most ideal	-
Paid off credit card balance in full each month.	☑Most ideal				Least Ideal	
Maxed out the limit on one or more credit cards.	Least Ideal				☑Most ideal	
Made only minimum payments on a loan.	Least Ideal				☑Most ideal	
Maintained or purchased property insurance like auto, homeowners, or renters insurance.	☑Most ideal				Least Ideal	

Confirmation

Thank you for completing the Financial Pulse Survey for the **Working Family Services** Program!

References

The survey is based on 3 distinct assessments, with a few slight adaptations. Each source corresponds to the 3 parts of the FPS.

PART 1 - WHAT YOU KNOW

CFPB Financial Empowerment Self-Assessment (part 1 p.14 of the CFPB Financial Empowerment Toolkit)

PART 2 - HOW YOU FEEL

CFPB Financial Well-Being Scale (abbreviated version) (Measuring financial well-being: A guide to using the CFPB Financial Well-Being Scale | Consumer Financial Protection Bureau (consumerfinance.gov))

PART 3 - YOUR EXPERIENCES

The Financial Management Behavior Scale

Dew, J., & Xiao, J. J. (2011). The Financial Management Behavior Scale: Development and Validation. *Journal of Financial Counseling and Planning*, 22(1), 43-59. Retrieved from http://afcpe.org/journal-articles.php?volume=387&article=403Available at:http://afcpe.org/journal-articles.php?volume=387&article=403

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Document Name	Created Date
Turner CITI Cert 20250108.pdf	01/08/2025

CITI PROGRAM

Completion Date 08-Jan-2025
Expiration Date 08-Jan-2028
Record ID 63485902

This is to certify that:

Patrick Turner

Not valid for renewal of certification through CME.

Has completed the following CITI Program course:

Social and Behavioral Responsible Conduct of Research
(Curriculum Group)
Social and Behavioral Responsible Conduct of Research
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

University of Notre Dame

CITI
Collaborative Institutional Training Initiative

101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

Generated on 08-Jan-2025. Verify at www.citiprogram.org/verify/?wa614a1dd-abee-4644-b2ac-efda1b7bb2dc-63485902

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Document Name	Created Date
citiCompletionReport_8142077_31762036_Kofoed.pdf	02/03/2025

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 1 OF 2
COURSEWORK REQUIREMENTS*

* Scores on this Requirements Report (Part 1) reflect quiz completions at the time all requirements for the course were met. The Transcript Report (Part 2) lists more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Michael Kofoed (ID: 8142077)
- **Institution Affiliation:** University of Tennessee-Knoxville (ID: 1658)
- **Institution Email:** mkofoed1@utk.edu
- **Institution Unit:** Economics

- **Curriculum Group:** Social & Behavioral Research - Basic
- **Course Learner Group:** Social & Behavioral Research - Basic/Refresher
- **Stage:** Stage 1 - Basic Course
- **Description:** Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in Social/Behavioral Research with human subjects.

- **Record ID:** 58499258
- **Completion Date:** 19-Sep-2023
- **Expiration Date:** 19-Sep-2026
- **Minimum Passing:** 80
- **Reported Score*:** 90

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Avoiding Group Harms - U.S. Research Perspectives (ID: 14080)	19-Sep-2023	3/3 (100%)
Belmont Report and Its Principles (ID: 1127)	19-Sep-2023	3/3 (100%)
Knoxville Institutional Page (ID: 13664)	19-Sep-2023	No Quiz
Students in Research (ID: 1321)	19-Sep-2023	5/5 (100%)
Informed Consent - SBE (ID: 504)	19-Sep-2023	4/5 (80%)
Privacy and Confidentiality - SBE (ID: 505)	19-Sep-2023	3/5 (60%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	19-Sep-2023	5/5 (100%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	19-Sep-2023	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

This document was generated on 30-Apr-2024. Verify at:
www.citiprogram.org/verify/?k8b3b8619-ad34-4278-a628-59057c12dfe4-58499258

Collaborative Institutional Training Initiative (CITI Program)
101 NE 3rd Avenue
Suite 320
Fort Lauderdale, FL 33301 US

Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 2 OF 2

COURSEWORK TRANSCRIPT**

** Scores on this Transcript Report (Part 2) reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. The Requirements Report (Part 1) lists the reported scores at the time all requirements for the course were met.

- **Name:** Michael Kofoed (ID: 8142077)
- **Institution Affiliation:** University of Tennessee-Knoxville (ID: 1658)
- **Institution Email:** mkofoed1@utk.edu
- **Institution Unit:** Economics

- **Curriculum Group:** Social & Behavioral Research - Basic
- **Course Learner Group:** Social & Behavioral Research - Basic/Refresher
- **Stage:** Stage 1 - Basic Course
- **Description:** Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in Social/Behavioral Research with human subjects.

- **Record ID:** 58499258
- **Current Score**:** 92

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
History and Ethical Principles - SBE (ID: 490)	27-May-2019	5/5 (100%)
Knoxville Institutional Page (ID: 13664)	19-Sep-2023	No Quiz
Defining Research with Human Subjects - SBE (ID: 491)	27-May-2019	5/5 (100%)
The Federal Regulations - SBE (ID: 502)	27-May-2019	5/5 (100%)
Belmont Report and Its Principles (ID: 1127)	19-Sep-2023	3/3 (100%)
Assessing Risk - SBE (ID: 503)	27-May-2019	5/5 (100%)
Informed Consent - SBE (ID: 504)	19-Sep-2023	4/5 (80%)
Records-Based Research (ID: 5)	28-May-2019	3/3 (100%)
Privacy and Confidentiality - SBE (ID: 505)	19-Sep-2023	3/5 (60%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	19-Sep-2023	5/5 (100%)
Avoiding Group Harms - U.S. Research Perspectives (ID: 14080)	19-Sep-2023	3/3 (100%)
Internet-Based Research - SBE (ID: 510)	28-May-2019	4/5 (80%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	19-Sep-2023	5/5 (100%)
Students in Research (ID: 1321)	19-Sep-2023	5/5 (100%)
Vulnerable Subjects - Research Involving Workers/Employees (ID: 483)	30-May-2019	4/4 (100%)
Conflicts of Interest in Human Subjects Research (ID: 17464)	30-May-2019	4/5 (80%)
Cultural Competence in Research (ID: 15166)	27-May-2019	4/5 (80%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

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Document Name	Created Date
Enrollment ppt.pptx	02/03/2025

OUR VISION

Ending poverty one family at a time.

A Financial Wellness Program

Catholic Charities Fort Worth

HOW WE WORK TOGETHER

COACHING

You will have confidential one-on-one virtual coaching that is 45 minutes twice month with your navigator that is trained in financial literacy and social work .

PLAN

You will have the opportunity to overcome financial related obstacles and create strategic plans for saving, debt elimination, and credit building.

RESOURCES

You will have access to Catholic Charities community resources. Which includes but not limited to, a banking council, housing, utilities, transportation, and other resources!

ACHEIVE

You will achieve financial success as you work towards your financial goals through goal setting, accountability check-ins, and all while earning incentives along the way.

OUR SUCCESS IS WITHIN YOURS

CLIENT A

Reduced her negative debt from $13,320 to $4000. This same client has also increased her savings from $935 to $6000!

CLIENT B

Began to save money when she realized she was spending $45-60 a month on her morning coffee runs. By making her coffee at home now, she is saving $540 just by making that simple change.

CLIENT C

Worked with Navigator to analyze the pros and cons of applying for a full-time position. She accepted a promotion that resulted in a $3 per hour raise.

FUN FACT!

55% of clients increased their savings and 44% increased their flexible income, according to our recent survey!

MEET OUR TEAM

ATHENA CLARK

Program Manager

RAVEN SALINAS

Navigator

RENEE BROWN

Navigator

GERMAN AGUIRRE

Navigator

Barriers to accomplishing goals...

- Fear of failure or success
- No plan development
- Not writing out the plan
- Lack of commitment, focus or motivation
- Inadequate skillset
- Resources
- Having too many goals
- No accountability
- Mindset

Catholic Charities Fort Worth

Types of Financial Goals

- **Budget :** Creating/Following/Updating
- **Savings:** Rainy Day/Emergency/Christmas, Vacation
- **Major Purchase:** Vehicle, Home, or Special Event
- **Life Change:** Family, College, Retirement, Income
- **Credit:** Understanding , Building, and Repair

Catholic Charities Fort Worth

Home Purchase Exercise

- Review Budget
- Pull Credit Report
- Work on Your Credit
- Research Home Location and Market Value
- Develop a Timeframe of Purchase
- Develop Budget and Savings Plan
- Shop the Market for Home Loan

Catholic Charities
Fort Worth

Identifying Your Personal Goal

- Identify your Big Financial Goal (BFG)
- Why is this Goal Important
- Determine the Steps (mini goals) to Accomplish that BFG
- Calculate the Price Associated with Each Goal
- Develop a Timeframe Required/Desired to Accomplish
- Establish Accountability Measures

Catholic Charities Fort Worth

CONGRATULATIONS!!!!!

You have taken the first steps to accomplishing your financial goal (s)!

Catholic Charities
Fort Worth

READY TO JUMPSTART THE NEW YOU?

JOIN OUR PROGRAM

LIKE OUR FACEBOOK

How to Reach Us

Text/Call Us @: (469) 424-4321

Message Us @: navigator@ccdofw.org

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Document Name	Created Date
Letter of Support - LIFT IRB (1).pdf	02/03/2025

Catholic Charities Fort Worth | RELENTLESSLY Ending Poverty

P.O. Box 15610
Fort Worth, TX 76119
P: 817.534.0814
F: 817.926.2233

January 16, 2025

To the Institutional Review Board at the University of Notre Dame,

This letter of permission for research is to confirm the willingness of Catholic Charities Fort Worth (CCFW) to collaborate with the University of Notre Dame's Wilson Sheehan Lab for Economic Opportunity (LEO) on the impact evaluation of virtual provision of case management across our service areas.

As part of our mission to provide lasting, empowering solutions to poverty, CCFW operates the LIFT program as a way of helping people achieve financial freedom through tailored emotional and economic support. LIFT has shown promising results in increased earnings, employment and overall wellbeing for many clients. While most LIFT intervention is primarily conducted in-person, many services were adapted to be delivered virtually during the COVID-19 pandemic. CCFW's program team aims to increase the number of clients served across diverse geographical areas and to understand whether providing their holistic case management services virtually will result in the same engagement and efficacy as their in-person services. There is limited causal evidence on the effectiveness of providing virtual services across sectors, especially in the field of nonprofits. The evidence generated will help us expand services to more remote areas or allow us to focus our resources on providing effective services for our clients.

We affirm that individuals should not be negatively impacted by receiving services either in an in-person or virtual delivery method.

We are excited about this project and encourage you to look favorably upon this protocol submission. Thank you for your consideration, and please feel free to contact us should you have any questions.

Sincerely,

Michael Iglio
CEO & President

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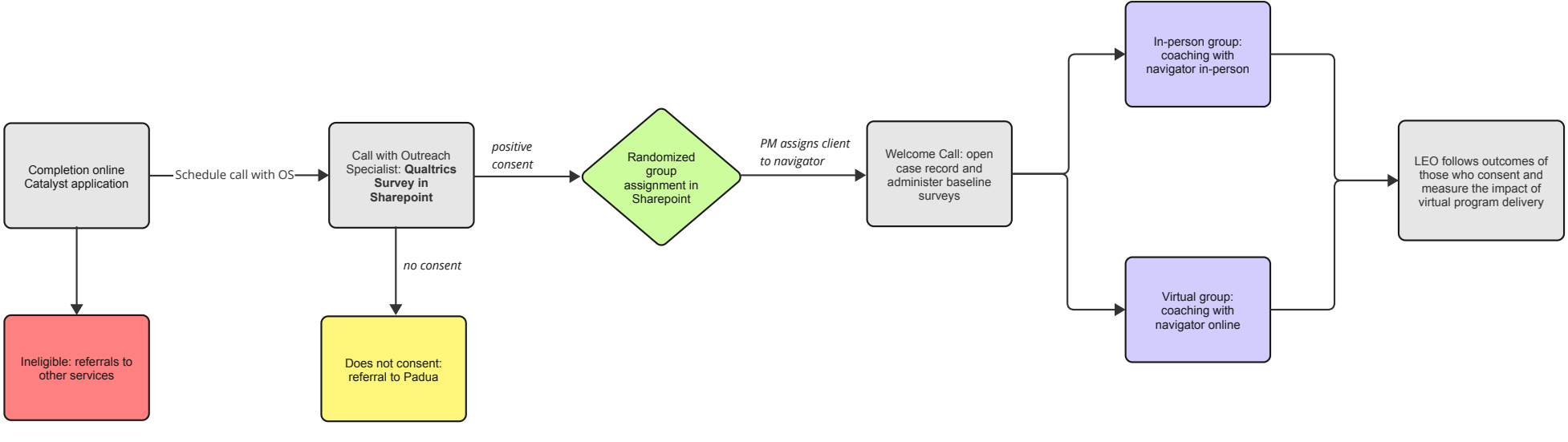
Document Name	Created Date
WFS Enrollment Diagram (1).pdf	02/03/2025

LIFT RCT Enrollment Diagram



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Document Name	Created Date
LIFT_Consent Form_2025.02.03.pdf	02/03/2025

To be read to participants who enter the study via phone by Outreach Specialist:

Catholic Charities Fort Worth is working with the University of Notre Dame to learn about our LIFT program, and we would like to ask for your help. We are going to give you more information so that you can decide if you want to participate in this research study. This research study will help us understand how online case management helps people stay in the program and reach their goals.

There are two ways to participate in the LIFT program: in-person case management or online case management. To understand whether online and in-person case management help people achieve their goals equally well, we will randomly assign participants to one of these two options.

If you agree to be part of the study, whether you participate in in-person or online case management, you will be asked to share information about yourself with the Notre Dame study team, like your name, birthday, social security number, your address, and other personal information. By agreeing to participate, you agree to let the study team use CCFW's information about when you start and leave the LIFT program, what services you use, if you complete the program, and other program data. This includes responses to surveys you would take whether or not you agree to be in the study. The researchers will also work with external data sources to link your information to earnings, public benefits use, credit reports from Experian, and other records over the next two years. They may also reach out to you in the future to complete a follow-up survey.

If you agree to participate, you will be one of about 1,200 participants.

Your privacy is very important to CCFW and the study team. We will only use your information for the study, and results from the study will only be about groups, never about you individually. Information provided by you for this study may be used for future research studies or shared with other researchers for future research. If that happens, any personal information that could identify you will be removed before information is shared with other researchers or results are made public. Though we cannot completely guarantee privacy, the risk of your information being exposed is very small, and we will make every effort to keep your information safe.

Participating in the study will not change your chances of receiving services or affect your relationship with CCFW. If you do not consent to be part of the study, you will have access to Padua, a different case management program provided by CCFW. Deciding to be part of the study is up to you, and you can leave at any time without affecting your relationship with CCFW. Your participation will help CCFW to better serve families in the community.

If you would like to withdraw from the study after joining, you can email Michael Kofoed at mkofoed@nd.edu. For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, please contact Notre Dame Research Compliance at 574-631-1461 or at compliance@nd.edu.

Do you have any questions?

Keeping in mind all that we just talked about, do you agree to participate in the study?

- Yes

- No

A copy of this consent form will be emailed or mailed to you for your records.