Resources, Risks and Support Form

Project Title:

DBH Resources Needed (If no resources are needed, ☐ check here. If additional forms are attached, check here. ☐)

Estimated DBH Staff Hours: What type(s) of staff?

Department Equipment:

Other DBH resources:

Estimated Client Hours:

Assessment of Potential Risks (Check here if special forms or other attachments accompany this application. ☐)

Describe in detail any foreseeable risks to participants:

Describe how the researcher will mitigate these risks:

Special Considerations for Child Participants (complete this section if Box 17 on Face Sheet is checked)

Will this project involve direct contact with minors? ☐ Yes ☐ No

If "Yes", please describe in detail how parental/guardian informed consent for participation will be obtained and how the children's rights and welfare will be protected. (Check here if special consent forms or other attachments accompany this application. ☐)

Other Agency Involvement (If no other agencies are involved, please check here. ☐)

If other public or private agencies, schools, or institutions will be involved in this project, please describe the nature of their involvement and your specific relationship to that agency.

Direct DBH Involvement or Support (If there is no DBH involvement, please check here. ☐)

If this project relates to or is internally supported by DBH staff or administrators, please describe the nature and involvement of these personnel.