**ADDENDUM: PARENTAL CONSENT/AUTHORIZATION FOR CHILD’S PARTICIPATION IN THE CLINCARD PROGRAM**

**Insert the below language into your main consent form under the section titled “WILL MY CHILD BE PAID FOR TAKING PART IN THIS RESEARCH?”. Replace instructional language (in BLUE) with language that applies to your research.**

In order to compensate you and your child for your time and effort in participating in this study, you and your child will be paid $xx for each visit that your child completes, according to the schedule below *Add or delete as appropriate* for a total of $xxx.

(Insert table showing visits and amount paid if the amount is different at each visit/milestone.)

*If using ClinCard, insert this:*

Payment for participating in this study will be made using ClinCard, a pre-paid Visa that works like a debit card, to you (the parent/guardian). We will give you one card that will be used as payment for each of your child’s visit/in accordance with the schedule above for the duration of the study. The ClinCard will come with an information sheet about how to use the card and who to call if you or your child have any questions. You may use this card online or at stores that accept Visa. Please see the ClinCard Cardholder [FAQ sheet](https://clincardusers.rutgers.edu/quick-facts/) or the Rutgers ClinCard Information Page: <https://sites.rutgers.edu/clincard-users/> for important details about how to use the card, about fees that may apply and what to do if the card is lost or stolen.

ClinCard is administered by an outside company called Greenphire. Greenphire will be given your name, address, and date of birth. They will use this information only as part of the payment system, and it will not be given or sold to any other company. Greenphire will not receive any information about your or your child’s health status or the study that your child is participating in.

*If this study has any single payment which will exceed $100.00 OR the total taxable payments could add up to more than $300.00 in a calendar year, ALSO insert this:*

It is important for you to know that payments for participating in research are considered taxable income. In accordance with Rutgers Tax Policy, study teams are requested to collect a parent or guardian’s social security number (SSN) or tax identification number (TIN) if any single payment exceeds $100.00 or if there is a possibility that you and your child will earn more than $300 on any given study in a calendar year, which is the case with this study. Your SSN or TIN will be entered into the ClinCard system, where it will be securely maintained and accessible only to the individuals at Rutgers who have an absolute need to see it.

If you and your child earn $600 or more in payments through ClinCard at Rutgers during any calendar year, and if you have provided your SSN or TIN, the Rutgers Tax Office will issue you an IRS-1099 form (or 1042-S form if you are a non-resident alien), and you will be required to report this as income on you taxes.

If you do not provide your SSN or TIN, Rutgers’ Tax Policy requires that, once you and your child have earned more than $300 in payments on a study in a calendar year, that 24% of the next payment (or portion of any payment that takes you and your child over $300) and the remainder of payments you receive for the year, be withheld from the payment. For example, if you have already earned $300 in payments on this study in one year, you and your child’s next study visit payment would be $100, you will receive $76 on your ClinCard instead of the full $100. The Rutgers Tax Office will send that $24 to the United States Internal Revenue Service (IRS) in order to comply with US tax law. Note that the payment from Rutgers to the IRS will not identify you in any way, therefore, you will not be able to receive a refund or credit against that withholding for any other taxes.

Please also note that if, during your child’s study participation, your situation changes and you are able to provide your SSN or TIN, you are asked to let the study team know at your child’s next study visit. If you provide your valid SSN or TIN, funds will not be automatically withheld from that point forward. If you and your child then earn $600 or more in the calendar year, an IRS Form 1099 will be issued to you. You will report this as income on your tax return.

*If ClinCard will be used to directly reimburse expenses, such as travel, out-of-pocket medication costs, etc., ALSO insert this as applicable:*

You may request reimbursement for expenses related to your child’s participation in this study. These include parking, tolls, taxi or rideshare, mileage, bus, train or airfare, hotel, or out-of-pocket medication costs [edit the list of expense types which are reimbursable as per the study budget]using ClinCard. So long as you provide receipts for these expenses to the study team, reimbursements are not taxable income. Note: A receipt is NOT required in order to be reimbursed for mileage, but you will need to provide specific information to the study team as to how far you and your child traveled in your vehicle to get to and from the study site.

*Insert the following information if the study budget allows rideshares for participants through the Lyft integration with ClinCard:*

**Transportation using the Lyft** **Ridesharing service for research activities:**

The study team may be able to arrange rides for you and your child to and from the study site through the ridesharing service known as Lyft.  You will not need to use cash or a credit card – the fare for the ride will be paid directly through the study.  The study team will let you know if this service is available for your child’s study.  It is important for you to know, however, should you and your child use this ridesharing service, that Rutgers, the State University of New Jersey, is not responsible in the event of an accident or other event that results in damage to your or your child’s property, injury to you or your child, or in your or your child’s death.

If you would like to participate in the ClinCard reimbursement card program, please sign this permission form in the spaces provided below. Please take as much time as you like to decide. Please ask your child’s study coordinator any questions you or your child may have.

*Insert the following after the signature lines for the main informed consent:*

**CONSENT TO PARTICIPATE IN THE CLINCARD REIMBURSEMENT CARD SERVICE**

If you would like to participate in the ClinCard reimbursement card program, please sign this consent form in the spaces provided below.

**By signing below, I agree that:**

* I give permission to use and share my information about me as described in this form.
* I would like to participate in the ClinCard program and have read the disclosures and descriptions above.
* During the study I may change my mind, and I may choose not to participate in the ClinCard program for the study by telling the study coordinator. My child will not be penalized or lose any benefits to which my child is otherwise entitled.

Parent/Guardian Name (Print):

Parent/Guardian Signature: Date:

Insert the following after the signature lines for the ClinCard consent if applicable:

**CONSENT TO PARTICIPATE IN THE TEXT MESSAGING SERVICE FOR CLINCARD**

You have the option to receive updates related to payment reminders through text message (standard text messaging rates will apply). These messages will remind you of your regularly scheduled study visits and let you know when payments made to you are loaded on your ClinCard. If you decide to opt-in for the text messaging reminders, you may receive: one payment notification after each visit; and one balance reminder after 5 ½ months of no activity.

* I understand that using the text message service for the study is optional.
* I give permission to use and share my information as described in this form.
* I would like to receive the optional text message service and have read the disclosures and descriptions above.
* During the study I may change my mind, and I may choose not to use the text message service for the study by telling the study coordinator. My child will not be penalized or lose any benefits to which they are otherwise entitled.

Parent/Guardian Initials: Date:

Insert the following after the signature lines for the ClinCard consent if applicable:

**CONSENT TO PARTICIPATE IN THE EMAIL SERVICE FOR CLINCARD**

You have the option to receive updates related to payment reminders through email message. These messages will remind you of regularly scheduled study visits and let you know when payments made to you are loaded on the ClinCard. If you decide to opt-in for the email reminders, you may receive: one payment notification after each visit; and one balance reminder after 5 ½ months of no activity.

* I understand that using the email service for the study is optional.
* I give permission to use and share my information as described in this form.
* I would like to receive the email reminder service and have read the disclosures and descriptions above.
* During the study I may change my mind, and I may choose not to use the email service for the study by telling the study coordinator. My child will not be penalized or lose any benefits to which they are otherwise entitled.

Parent/Guardian Initials: Date: