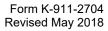


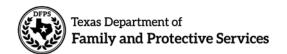
## REQUEST FOR APPROVAL TO CONDUCT RESEARCH

**Purpose:** Use this form to request approval from the Texas Department of Family and Protective Services (DFPS) to conduct research involving DFPS client data or contact with DFPS clients or staff.

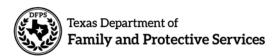
**Directions:** Submit this form and supporting documents (such as the institutional review board application and approval, study instruments, surveys, and consent forms) to DFPS at <a href="Research.evaluation@dfps.state.tx.us">Research.evaluation@dfps.state.tx.us</a>. If DFPS approves the request, DFPS will contact the requester to initiate a memorandum of understanding (MOU) and request a background check authorization, if applicable.

REQUESTER INFORMATION		
Name:	Title:	
Email Address:	Telephone Number:	
Organization/University:		
Provide the name and email address of each collaborator collaborator.	(if applicable). Students <i>must</i> include their advisor as a	
	NFORMATION	
Describe the research purpose. Include the research questhere and attach additional sheets, if necessary.)	tion and importance. (Please provide a brief summary	





Describe the research design and analysis plan. (Please provide a brief summary here and attach additional sheets, if necessary.)		
Research Time Frame — Begin Date (must be a future date): End Date:		
Describe the support you need from DFPS. Include specific data needs, contact with clients or staff, and other staff resources. (Please provide a brief summary here and attach additional sheets, if necessary.)		
Where will you conduct the research? (For example: Travis County; City of Dallas; Region 01; Statewide)		
Will the results of the research be published or distributed? Yes No		
If so, where will the results be published or distributed? (For example, provide the title of the journal, distribution list, or website.)		
DFPS must review the results of the research before you publish or distribute them. Do you agree to give DFPS ample time to review and provide feedback before publishing or distributing the results?   Yes No		



Is approval by an institutional review board (IRB) required for this study? 

Yes No

No

Pate of IRB review:

If the requestor's IRB indicated approval is not needed, attach the IRB determination letter. If IRB approval is needed, attach the complete IRB application. Note: DFPS does not have an IRB and relies on researchers to use their organization's IRB.

FOR USE BY DFPS		
APPROVER NAME	APPROVER DATE	
Regional Director(s):		
State Office Director(s):		
Management Reporting and Statistics:		
General Counsel:		
Government Relations:		
Associate Commissioner:		
Other (please specify name and DFPS division):		
DFPS Comments:		
DFPS Commissioner:		