

**Denver Basic Income Project
Program Consent Form**

ABOUT THE PROGRAM

Program Title: The Denver Basic Income Project “the program”

Program Duration: 12 months

Denver Basic Income Project: The program will be giving basic income over the course of a year to individuals experiencing homelessness with the goal of building a healthier society grounded in social justice and human thriving. The program is fiscally sponsored by Impact Charitable, a non-profit organization (501c3).

Program Participation: As a participant in the program, it is important that you read over the program components so you understand what to expect if you decide to participate. Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate.

Participant Attestations:

- All the information you supply in the program enrollment process including your identity and housing status will be accurate, true and complete to the best of your knowledge.
- You will not threaten, commit violence, or cause harm to any persons helping with the program
- You will use the support for your benefit and not to harm others.
- You reside in the United States.
- You agree that you are participating in this program based on your own choice and no one is making you do it.
- You understand that this is a new program and we may make some new rules or adjustments along the way. We will tell you about any changes in advance. By agreeing to be in the program, you are agreeing to work with us to help make the program work.
- If things do not work out for you as well as hoped, you understand that our program is not responsible for those outcomes.

PROGRAM SERVICES

DBIP Program Services: The program will provide the following services to every enrolled participant for a 12-month duration:

1. Cash Assistance Payments (for 12 months)
2. SmartPhone (if needed)
3. Benefits Education (if needed)

1. Cash Assistance Payments:

1.1. Payment Groups: Every participant is *randomly* assigned to a ‘payment group’. There are 3 different payment groups in the program which include:

- *Group A* (basic income) - \$1,000 monthly cash transfers for 12 consecutive months (total of \$12,000)
- *Group B* (basic income) - \$6,500 upfront cash transfer for the first month / \$500 cash transfer for the 11 consecutive months (total of \$12,000)

**DENVER
BASIC INCOME
PROJECT**

- *Group C* (participation stipend) - \$50 monthly cash transfer for 12 consecutive months (total of \$600)

1.2. Payment Methods: The program offers two payment methods which include:

- **Direct Bank Deposit:** Payments will be sent through a direct bank deposit (ACH transfer) to the participant's bank account. The participant has to have an active bank account to select this method.
- **USIO Debit Card:** The program will provide the applicant with a USIO debit card. The program will load the payments to the participant's debit card. The participant does NOT need a bank account to select this method.

1.3. Payment Frequency:

- **Debit Card:** All monthly cash assistance payments will be loaded onto the participants debit card on the 15th of the month.
- **Direct Bank Deposit:** All monthly cash assistance payments will be sent on the 12th of the month, and will likely hit the participants bank account around the 15th of the month. Please note, given direct bank deposits can take 2-3 days, we can not predict exactly when the recipient will receive the payments.

1.4. Lost/Stolen Card Policy: If a card is lost or stolen, the participant needs to take the following steps:

- Report the card as lost/stolen to the USIO customer support team as soon as possible by calling 1-855-925-4626
- Visit the Community Based Organization (CBO) that enrolled them into the program to get a new debit card issued and activated.

1.5. Card Program Fraud Policy: The program will only load the amount equal to the remaining balance from the old card onto the participant's new card. If there are any funds that were stolen/used before the card is reported stolen to USIO, the applicant will need to dispute charges directly with USIO.

2. SmartPhones:

2.1. Requirement: The participant must have a smartphone and an active data plan for the duration of the program. The participant must enter their smartphone on the program's Mobile Management System. The participant will have the option to use their existing smartphone, or they can elect to get a smartphone through the program with an assigned phone number and yearlong data-plan.

2.2. Program Communication: The program will text the participant's cell phone for the following reasons. It is important that the participant reads texts sent by the program and responds when necessary.

- Payment information
- Research information
- Other general program communication

2.3. Lost / Stolen / Broken Phone Policy: If the participant reports their smartphone as lost, stolen, or broken, the program will work with the applicant to provide 1 replacement smartphone with no added costs. To replace any additional phones beyond this, the program does not guarantee it can cover these costs.

DENVER BASIC INCOME PROJECT

3. **Benefits Education:** Participants run the risk of experiencing a loss or decrease in cash and noncash benefits, given the monthly cash payment associated with participation in the program. As a part of the program, the participant can choose to be connected to someone that will provide education around their benefits to help the participant understand the potential impacts of program involvement on cash and non-cash benefits.

OTHER PROGRAM TERMS:

Confidentiality: All of the information the participant provides will be kept confidential and stored in an encrypted secure data-base by AidKit. The participants name will not be used in any report, and any program data reports will be reported in a way that will not identify you.

Data Sharing: The program may share some confidential data with Metro Denver Homeless Initiative (MDHI) to identify what program participants are in the Homeless Management Information System, which means we may share some of your personal information such as name and contact information. All data shared with MDHI can not be used outside of its intended program purpose.

Program Withdrawal or Discontinuation: You may choose to withdraw from the program at any time by notifying the program and signing a withdrawal form. Further, if you do not meet the ‘Participant Attestations’ [outlined in this document] or violate other rules that we tell you about, such as harming others, the program reserves the right to discontinue your program participation. In the case of participant misrepresentation, the program reserves the right to seek a refund. If you withdraw or we discontinue your participation in the program, you will no longer have access to the monthly cash assistance payments or to the phone. You may be asked to return the phone.

Release of Liability: As we work together to make this program work, you understand that if things go wrong (including you or someone else is harmed), the program, including the program’s sponsor, Impact Charitable, [name of any other organization], and all of the staff, volunteers, directors, and officers of these organizations and this program are not responsible for any damages or legal or financial claims of any kind related to you or anyone harmed by your participation in the program.

Research Participation: All program participants are encouraged to participate in the University of Denver research study but have the right to refuse participation in any of the research activities.

Signing the Consent Form: By signing below, you are agreeing that:

- You have read this form (or someone has read it to you);
- You have had the opportunity to ask questions and have had them answered to your satisfaction.
- You voluntarily agree to participate in the program.
- You understand that if the program does not work out for you or something goes wrong for you during your participation, the program and all of the people working on it are not responsible for any harm caused.

Participant Name: _____ Participant Signature _____ Date: _____