**PREVENTENTION AND EARLY INTERVENTATION (PEI) DIVISION**

**CLIENT ENROLLMENT FORM – YOUTH & FAMILY PROGRAMS**

**Community Youth Development (CYD) Program**

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| \*Agency ID/Contract No.24816819 | SubcontractorN/A | \*Workflow      | \*Enrollment ID No.      |
| Planned Service Frequency* Less than 1x Month
* 1x Month
* 2x Month
* More than 2x Month
 | \*Enrollment Start Date      | \*Service Start Date      |
| Staff Assigned to FamilyN/A | \*Name of Person Completing Intake      | \*Data Entry Staff Name and Data Entry Date      |
| **\*AUTHORIZATION FOR SERVICE**I have been provided information on the referenced Prevention and Early Intervention Program and wish to receive services. I understand that data on my child/youth/family will be collected, maintained, and entered into a secure database. The information will be utilized to track services for evaluation purposes and to ensure quality services are being provided. I hereby authorize my child/youth/family to participate in the program. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Parent or Guardian Index Child/Youth Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell Phone & Email Address School Name   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Date of Birth Child Date of Birth*Authorization for Service must be completed per Index Child/Youth at enrollment and annually.* |

The Community Youth Development program through the YWCA offers different youth programs, including leadership training, mentoring opportunities, and after-school & weekend activities.

This **FREE** program provides many new opportunities to youth in our community. Please check the programs your student is interested in:

**Youth Leadership Development**- *Program that focuses on leadership skill building, such as problem solving, team-building, communication, and conflict-resolution.*

**Post-High School Readiness**- *Program that prepares young people for their transition from school to the multiple pathways after high school.*

**Mentoring**- *Program that matches a young person with an adult mentor to strengthen positive youth development.*

**Ancillary Activities**- *Program that provides events and activities that support youth exploration in sports, arts, music, dance, and STEM activities.*

**For more information, please call 806-776-9716 or email** **cyd@ywcalubbock.org****.**

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| \*Priority CharacteristicsTwo or more priority characteristics must be selected for CYD eligibility.  |
| Behavioral Concern Current or Former Military Connection Current or Past Alcohol Abuse - Caregiver Current or Past Alcohol Abuse - Youth Current or Past Child Maltreatment or Child Welfare Involvement Current or Past Conflict at School Current or Past Criminal Justice Involvement - Youth Current or Past Domestic or Interpersonal Violence Current or Past Use or Abuse of Other Substance - Youth Developmental Delay or Disability - Caregiver Developmental Delay or Disability - Index Child/Youth Family Dynamics/Structure Concern Family or Household Conflict High Stress Level Homeless/Runaway Household has a child with developmental delays or disabilities Household has a history of alcohol abuse or a need for alcohol abuse treatment Household has a history of substance abuse or needs substance abuse treatment Low School Attainment - Caregiver Low-Income Household Mental Health Concern - Caregiver Mental Health Concern - Index Child/Youth Parenting Skills Concern School Engagement Concern Social Support Concern Household contains an enrollee who is Pregnant and under 21  |
| \*Primary Language Spoken in the Home:     English    Spanish    Vietnamese    Chinese    Other\_\_\_\_\_\_\_\_\_\_    Not Assessed |
| \*Referred By: Self-Referral (Parent) Self-Referral (Youth) Friend/Relative School, daycare or other education providerHealthcare providerClergy/ChurchChild Protective ServicesLaw Enforcement | Juvenile Justice SystemTexas Youth/Runaway Hotline211 or other hotlinePrior ParticipantFamily Connects Other Community Agency Other |
| \*Eligible for CYD by: *\*Only check one box* |    Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_   Eligible on 30% Rule *list 30% School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |    Other *(justification)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Index Child/Youth information |
| person ID No.       (PEIRS Generates number once enrollment Saved)  |
| \***First Name**:        | Middle Name:        |
| **\*Last Name:** | Suffix:    II    III    IV    JR    SR |
| **\*Date** **of** **Birth:**       | **\*Gender:**    Male    Female |
| **\*SSN**:      *If family refuses to provide, please note “Family Declined to Provide” to indicate effort was made to collect information* |
| **\*Primary Phone:** | Extension:       |
| Primary Email:       | **\*Hispanic Origin** (select only one):     Hispanic    Non-Hispanic    Unable To Determine |
| **\*Race** (select all that apply): * American Indian/Alaska Native
* Unable To Determine
 | * Asian
* Declined to Indicate
 | * Black
* White
 | * Native Hawaiian/Pacific Islander
 |
| **INDEX CHILD/YOUTH - PRIMARY ADDRESS** |
| \***Address 1**:       | Address 2:       |
| **\*City**:       | **\*State**:       | **\*Zip Code**:       |
| **\*County**:       | Colonia:       |  |
| INDEX CHILD/YOuth - OTHER INFORMATION |
| \***Disability Status:**     Yes    No    Not Assessed |

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| **PRIMARY PARTICIPATING CAREGIVER INFORMATION** |
| Person ID NO**.** |
| **\*First Name:**  | Middle Name**:**  |
| **\*Last Name:** | **Suffix:    II    III    IV    JR    SR** |
| **\*Date of Birth:** | **\*Gender:    Male    Female** |
| SSN:       |
| **\*Primary Phone:** | Extension:       |
| Primary Email:       | **\*Hispanic Origin (select only one):**    Hispanic    Non-Hispanic    Unable To Determine |
| **\*Relationship** **to** **Index Child/Youth:*** Parent
* Foster Parent
* Stepparent
* Grandparent
 | * Aunt/Uncle
* Cousin
* Sibling
* Caregiver’s Partner
 | * Fictive Kin
* Unrelated
 |
| **\*Race** (select all that apply): * American Indian/Alaska Native
* Unable To Determine
 | * Asian
* Declined to Indicate
 | * Black
* White
 | * Native Hawaiian/Pacific Islander
 |
| **PRIMARY PARTICIPATING CAREGIVER – OTHER INFORMATION** |
| **\*Disability Status:**    Yes    No    Not Assessed |

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| **PRIMARY PARTICIPATING CAREGIVER - PRIMARY ADDRESS***Use if different from Index Child/Youth Primary Address* |
| \***Address 1**:       | Address 2:       |
| **\*City**:       | **\*State**:       | **\*Zip Code**:       |
| **\*County**:       | Colonia:       |  |

**YWCA of Lubbock Photo/Video Release**

With my signature below I hereby grant permission for my child(ren) to be photographed at this YWCA of Lubbock program. I understand that these photographs may be used in promotional materials, both online and in print. I agree that this form will remain in effect during the term(s) of my child’s involvement with the YWCA of Lubbock.

Child/Participants Full Name Date

Parent/Guardian’s Printed Name Parent/Guardian’s Signature