



COMMUNITY YOUTH DEVELOPMENT

The YWCA Community Youth Development (CYD) Program offers various youth programs that foster positive youth development and build healthy families and resilient community.

CYD MISSION

CYD is dedicated to empowering youth by creating safe spaces, fostering positive relationships and providing opportunities to develop skills and assets through a positive youth development approach. We aim to reduce juvenile crime by strengthening youth engagement and preparing them to thrive as responsible adults.

CYD OFFERS

- Youth Leadership Development: Focuses on enhancing leadership skills like problem-solving, team building, communication, and conflict resolution.
- Post High School Readiness: Prepares young individuals for their transition from high school to various pathways.
- Mentoring: Matches young individuals with adult mentors to foster positive youth development.
- Ancillary Activities: Provides events and activities that encourage youth exploration in sports, arts, music, dance, and STEM.
- Youth Advisory Council (YAC): A board of young leaders from the CYD program who offer input, feedback, and engage in decision-making to shape the local CYD program. They also identify and address community needs through service-learning projects.
- Parent Engagement Events: Monthly family engagements opportunities.

INFORMATION FOR PARENT/GUARDIANS

To participate, youth must be between the ages of 7 and 17 and live or attend school in one of the following zip codes: 79403, 79404, 79412, or 79415. Additionally, you must complete and submit the CYD enrollment application for your child(ren).

To maintain enrollment in CYD, students are required to participate in monthly activities. All of our programs and activities are FREE to enrolled youth and their families.

Should your student decide to exit the program, we will require them to complete a Program Experience Survey so that we may continue to improve our services in the future.



CONTACT US AT:

806-473-7986

OR

806-473-9508

CYD@YWCALUBBOCK.ORG

FOLLOW US ON SOCIAL MEDIA TO STAY UP TO DATE ON UNCOMING EVENTS



CYD_LUBBOCK



CYD OF LUBBOCK

**Family Support Services (FSS)
PARTICIPANT ENROLLMENT FORM – YOUTH & FAMILY PROGRAMS**

Program: Community Youth Development (CYD)			
*Agency ID/Contract No. 24816819	Subcontractor N/A	*Workflow CYD	*Enrollment ID No.
Planned Service Frequency <input type="checkbox"/> Less than 1x Month <input type="checkbox"/> 1x Month <input type="checkbox"/> 2x Month <input type="checkbox"/> More than 2x Month	*Enrollment Start Date		*Service Start Date
Staff Assigned to Family (Site Coordinator)	*Name of Person Completing Intake	*Data Entry Staff Name and Data Entry Date	
*AUTHORIZATION FOR SERVICE			
I have been provided information on the referenced Family Support Services 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.			
*Printed Name of Parent or Guardian:			
*Signature of Parent or Guardian:			
*Date Signed (MM/DD/YYYY):			

YWCA of Lubbock Media Release
<input type="checkbox"/> Yes, I hereby grant permission for my child 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.
<input type="checkbox"/> No, I do not grant permission for my child to be photographed at this YWCA of Lubbock program.

YWCA of Lubbock Transportation Release
<input type="checkbox"/> Yes, I hereby grant permission for the YWCA of Lubbock to transport my child on field trips and from school for after-school and summer programming.
<input type="checkbox"/> No, I do not grant permission for my child to be provided transportation on field trips and from school for after-school and summer programming.

INDEX CHILD/YOUTH INFORMATION			
*First Name:	Middle Name:		
*Last Name:	Suffix: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> JR <input type="checkbox"/> SR		
*Date of Birth:	*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
*Hispanic Origin (select only one):			
*Race (select all that apply):			
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Unable To Determine	<input type="checkbox"/> Declined to Indicate	<input type="checkbox"/> White	
INDEX CHILD/YOUTH - PRIMARY ADDRESS			
*Address:	*City: Lubbock		
*State: Texas	*Zip Code:	*County: Lubbock	
INDEX CHILD/YOUTH - OTHER INFORMATION			
*Disability Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Assessed			
*Previous Juvenile Probation/TJJD Involvement:			
If yes, when was youth involved in Juvenile Probation:(MM/DD/YYYY) ___/___/___			

Students Grade at Time of Enrollment: _____	Students School at Time of Enrollment: _____
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PRIMARY PARTICIPATING CAREGIVER INFORMATION

*First Name:	Middle Name:		
*Last Name:	Suffix: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> JR <input type="checkbox"/> SR		
*Date of Birth:	*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
*Primary Phone:	*Primary Email:		
*Hispanic Origin (select only one):			
*Relationship to Index Child/Youth:			
<input type="checkbox"/> Parent	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Fictive Kin	
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Cousin	<input type="checkbox"/> Unrelated	
<input type="checkbox"/> Stepparent	<input type="checkbox"/> Sibling		
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Caregiver's Partner		
*Race (select all that apply):			
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Unable To Determine	<input type="checkbox"/> Declined to Indicate	<input type="checkbox"/> White	

PRIMARY PARTICIPATING CAREGIVER – OTHER INFORMATION

*Disability Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Assessed		
*Military Status:		
<input type="checkbox"/> No Military Service	<input type="checkbox"/> National Guard	<input type="checkbox"/> Inactive Reserve
<input type="checkbox"/> Not Indicated	<input type="checkbox"/> Retired	
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Veteran (discharge other than dishonorable)	
<input type="checkbox"/> Active Reserve	<input type="checkbox"/> Discharged – Dishonorable	
Important Information for Former Female Military Service Members:		
If you are an adult woman who served in the military, you may be entitled to additional services. Please visit the Texas Veterans Portal (veterans.portal.texas.gov) and TVC Women Veterans Program website (tvc.texas.gov/women).		

PRIMARY PARTICIPATING CAREGIVER - PRIMARY ADDRESS

<i>Use if different from Index Child/Youth Primary Address</i>		
*Address:	*City: Lubbock	
*State: Texas	*Zip Code:	*County: Lubbock

***PRIORITY CHARACTERISTICS**

Check "Yes" for all priority characteristics that are known at the time of enrollment. Check "No" for those that do not apply and/or are not known at the time of enrollment. When entering this information in PEIRS, you will only enter the "Yes" answers.
CYD program requires two for eligibility.

Priority Characteristics	Yes	No
Behavioral Concern		
Current or Former Military Connection		
Current or Past Child Maltreatment or Child Welfare Involvement		
Current or Past Criminal Justice Involvement - Youth		
Current or Past Domestic or Interpersonal Violence		
Current or Past Substance Use or Alcohol Use – Youth		
Developmental Delay or Disability - Caregiver		
Developmental Delay or Disability - Index Child/Youth		
High Stress Level		
Homeless, runaway or housing instability		
Household contains an enrollee who is Pregnant and under 21		
Household has a child with developmental delays or disabilities		
Household has a history of alcohol abuse or a need for alcohol abuse treatment		
Kinship Support		
Low-Income Household		
Mental Health Concern - Caregiver		
Mental Health Concern - Index Child/Youth		
Parenting/Caregiver Skills Concern		
School Engagement Concern		
Social Support Concern		
Someone in the household has low student achievement or has a child with low student achievement		

***Primary Language Spoken in the Home:**

English Spanish Vietnamese Chinese Other _____ Not Assessed

***Referred By:**

- | | |
|--|---|
| <input type="checkbox"/> Self-Referral (Parent) | <input type="checkbox"/> 211 or other hotline |
| <input type="checkbox"/> Self-Referral (Youth) | <input type="checkbox"/> Prior Participant |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Family Connects |
| <input type="checkbox"/> School, daycare or other education provider | <input type="checkbox"/> Other Community Agency |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Other |
| <input type="checkbox"/> Clergy/Church | <input type="checkbox"/> Early Childhood Intervention (ECI) |
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Pregnancy Resource Centers |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Texas Thriving Families |
| <input type="checkbox"/> Juvenile Justice System | <input type="checkbox"/> Women, Infants and Children (WIC) |
| <input type="checkbox"/> Texas Youth/Runaway Hotline | |

***Eligible for CYD by:**

**Only check one box*

Zip Code: _____
 School Name: _____
 Eligible on 30% Rule
list 30%
School _____

Other
(justification) _____

