**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 | Subcontractor  N/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 Family  N/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**](mailto:cyd@ywcalubbock.org)**.**

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| \*Priority CharacteristicsTwo or more priority characteristics must be selected for CYD eligibility. | | | |
| Behavioral ConcernCurrent or Former Military ConnectionCurrent or Past Alcohol Abuse - CaregiverCurrent or Past Alcohol Abuse - YouthCurrent or Past Child Maltreatment or Child Welfare InvolvementCurrent or Past Conflict at SchoolCurrent or Past Criminal Justice Involvement - YouthCurrent or Past Domestic or Interpersonal ViolenceCurrent or Past Use or Abuse of Other Substance - YouthDevelopmental Delay or Disability - CaregiverDevelopmental Delay or Disability - Index Child/YouthFamily Dynamics/Structure ConcernFamily or Household ConflictHigh Stress LevelHomeless/RunawayHousehold has a child with developmental delays or disabilitiesHousehold has a history of alcohol abuse or a need for alcohol abuse treatmentHousehold has a history of substance abuse or needs substance abuse treatmentLow School Attainment - CaregiverLow-Income HouseholdMental Health Concern - CaregiverMental Health Concern - Index Child/YouthParenting Skills ConcernSchool Engagement ConcernSocial Support ConcernHousehold 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/RelativeSchool, daycare or other education providerHealthcare providerClergy/ChurchChild Protective ServicesLaw Enforcement | | Juvenile Justice SystemTexas Youth/Runaway Hotline211 or other hotlinePrior ParticipantFamily ConnectsOther Community AgencyOther | |
| \*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