CLEAR FORM

EBAYC

Where young people grow, thrive and lead!

SACRAMENTO INTAKE

Intake Date: _____

Program: ☐ Case Management ☐ Drop-in Center

☐ Peer Advocates – 7000 Franklin Blvd ☐ Youth Action Team – Grant High School

☐ Youth Action Team – Hiram Johnson High School ☐ Youth Action Team – Luther Burbank High School

Youth Information

First Name Middle Name Last Name

Street Address City Zip Code

Grade Level School ID number Gender Birth Date (MM/DD/YY)

1) Youth is living with *(Please check one, the primary caregiver):*

☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Grandparent(s)

☐ Foster Care ☐ Group Home ☐ Homeless ☐ Other: _____

2) Child's ethnicity *(Check all that apply):*

☐ African American/Black ☐ Burmese ☐ Chinese ☐ Eritrean ☐ Guatemalan

☐ Hmong ☐ Honduran ☐ Iraqi ☐ Khmer/Cambodian ☐ Laotian

☐ Mexican ☐ Mien ☐ Native American ☐ Nepali ☐ Pilipino/a

☐ Salvadoran ☐ Somali ☐ Tongan ☐ Vietnamese ☐ White/ Caucasian

☐ Yemeni ☐ Decline to state ☐ Other Latino/a: _____ ☐ Other: _____

Guardian Information

Primary Guardian (First and Last) Relationship Email Address

(_____)_____ (_____)_____

Home Phone Cell Phone

3) Primary Guardian's highest <u>COMPLETED</u> education level? *(Please check one)*

☐ None ☐ Less than High School ☐ High School/GED ☐ Trade School

☐ Associate Degree (Community College) ☐ Bachelor's Degree (Four-year College) ☐ Master's Degree or PhD

Secondary Guardian (First and Last) Relationship Email Address

(_____)_____ (_____)_____

Home Phone Cell Phone

4) Secondary Guardian's highest COMPLETED education level? ***(Please check one)***

☐ None ☐ Less than High School ☐ High School/GED ☐ Trade School
☐ Associate Degree (Community College) ☐ Bachelor's Degree (Four-year College) ☐ Master's Degree or PhD

Household Information Survey

Thank you for completing the survey below. The confidential information you provide helps us better understand our community and is used to seek funding and resources necessary for providing high-quality services for your child. We appreciate your support and input.

1) How many people live in your household? _____

("Household" means all the people who live in the same home including the child, parent/guardian, step parent, domestic partner, siblings, other family members such as aunt, uncles, in-laws, cousins, grandparents, or other people who are not related to.)

2) What is your total annual household income? ***(Please check one)***

☐ $10,000 or less ☐ $10,001- $20,000 ☐ $20,001 – $30,000 ☐ $30,001 - $40,000
☐ $40,001 - $50,000 ☐ $50,001 - $60,000 ☐ $60,001 - $70,000 ☐ $70,001 - $80,000
☐ $80,001 - $90,000 ☐ $90,001 - $100,000 ☐ $100,001 - $110,000 ☐ Over $110,000

3) Do you participate in any public benefits programs? ***(Check all that apply)***

☐ CalFRESH/SNAP ☐ CalWORKs ☐ General Assistance ☐ SSI ☐ Other: _____

4) What type of health insurance does your child have? ***(Please check one)***

☐ No health insurance ☐ Private Coverage (e.g. Kaiser, BlueCross, etc.) ☐ CHIP
☐ Medi-Cal ☐ Health PAC ☐ Covered California/Obamacare
☐ Other: _____

_____

Name of child's Medical Insurance Policy/Insurance ID Number

_____

Policy Holder's Name

Parent/ Guardian Consent Form
Program Participation

1. I am the legal parent/guardian, and I give my consent to EBAYC to enroll my child in EBAYC's program and activities for the program year 2022-2023.
2. EBAYC has informed me that the services my child receives from EBAYC are confidential to the full extent permitted by State and Federal laws.
3. EBAYC has informed me that my child may be interviewed and photographed, and/or videotaped for the purpose of publicizing the work of EBAYC. I hereby give the EBAYC the right to use my child's name, picture, portrait, photograph, video and audio recording for advertising or any other lawful purposes, and I waive any right to inspect or approve the finished version(s). ☐ Yes ☐ No
4. EBAYC has informed me that EBAYC obtains and uses school data about my child's academic progress to provide effective and high-quality support services to my child. School data includes information on school/classroom attendance, academic grades, test scores, and school discipline. EBAYC has informed me that this school data/information on my child shall be kept confidential with limited access to specified EBAYC employees, and will not be distributed to any other organizations or individuals. I hereby give my consent to:

   _____

   Name of Local Education Agency or Charter School or Charter Management Organization

   to disclose my child's personal education data, including grades, credits earned, test scores, attendance and suspensions, to EBAYC for the purpose of supporting my child's educational progress and evaluating the effectiveness of EBAYC's program.
5. EBAYC has informed me that my child will be asked to fill out a survey twice a year, and may be asked to take part in interviews for the purpose of evaluating the effectiveness of EBAYC's programs. I understand that my child's responses will be kept confidential and that my child has the right to refuse to answer any questions that make him or her feel uncomfortable or embarrassed.
6. EBAYC shall immediately notify me in the event of an emergency that requires my child to secure medical attention or hospitalization.
7. I authorize EBAYC to furnish and/or obtain emergency medical treatment, which may be necessary for my child during EBAYC programs and activities.
8. In the event of an emergency and EBAYC is unable to reach me immediately, EBAYC shall contact and/or release my child to the following individual(s). **Please list individual(s) other than the parent(s)/ Guardian.*

   _____(_____)_____
   Name (First and Last) Relationship to Child/Youth Telephone

   _____(_____)_____
   Name (First and Last) Relationship to Child/Youth Telephone
9. I understand that my children must comply with EBAYC's health & safety protocols as necessary in order to participate in the EBAYC's program. Failure to comply with safety protocols may result in immediate termination from program enrollment.

   ☐ Yes, I agree to the above terms ☐ No, I do not agree to the above terms
10. I do hereby for my child, myself, my heirs, executors and administrators, fully release and discharge EBAYC, its officers, agents, employees, and volunteers from all claims, demands and causes of action of any kind whatsoever which may be sustained as a result of my child's participation in the activities, services and programs of EBAYC.

_____ _____ _____

Parent/Guardian's Name Signature Date