



SHOP 55 EXPANDED LEARNING PROGRAM INTAKE

Intake Date: _____ Program: After School Program Peer Mentor Teaching Interns

Youth Information

First Name Middle Name Last Name Birth Date (MM/DD/YY)

Street Address City Zip Code

Grade Level Student ID# Student Email Gender
(2024-25 School Year)

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: _____

3) List sibling(s) enrolled or enrolling in EBAYC (If applicable):

(1) First Name Last Name DOB Grade School

(2) First Name Last Name DOB Grade School

Guardian Information

Primary Guardian (First and Last) Relationship Email Address
 (_____) _____ (_____) _____
 Home Phone Cell Phone

4) Primary 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

Secondary Guardian (First and Last) Relationship Email Address

(_____)
Home Phone

(_____)
Cell Phone

5) 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: _____

Parent/Guardian's Name

Signature

Relationship

Date

SHOP 55/EBAYC CONSENT 2024-25

STUDENT NAME: _____ BIRTHDATE: _____

Oakland High SHOP 55 Wellness Center is operated by the East Bay Asian Youth Center (EBAYC), in partnership with Oakland High and other community agencies. EBAYC SHOP 55 works with staff, partners, students, and families to improve student health, academics, and culture & climate.

CONSENT FOR SERVICES

I/We have read and understand the services and programs offered by EBAYC at the Oakland High Shop 55 Wellness Center, as described in the attached information. I/We understand that the services authorized by my/our signature on this form are limited to simple, common, and routine services that require parent/guardian consent:

- **Expanded Learning Program** – Academic Support, Enrichment, Youth Programs, and Employment or Internships.
- **Emotional and Mental health services:** crisis counseling, mental health & wellness screenings, health & wellness activities, group support, wellness check-ins, peer mentoring, individual therapy, and distribution of wellness kits.
- **Case Management** (Regular check-ins, mentoring, coaching, goal setting, and developing healthy coping skills)
- **Provide or coordinate basic life needs** (i.e. groceries, housing, financial assistance, etc.)
- **Communication on services, programs, and opportunities available.**
- **Education and referrals** for: academic support, internships, youth programs, nutrition, drug and alcohol abuse prevention, health insurance, mental health screening & service, sexually transmitted diseases, family planning and pregnancy prevention, including abstinence
- **Referrals for health care services not offered at the EBAYC Shop 55 Wellness Center**
- **Consultation or triage of minor illnesses and injuries**
- **Assistance with chronic illness management**, with guidance from OUSD staff.

If needed, the above services will be offered virtually (etc. via phone call, text, e-mail, zoom, and other virtual platforms). In-person service will resume if safely allowable and in accordance with Oakland Unified School District and Alameda County Public Health Department guidelines and protocol.

1. I am the legal parent/guardian, and I give my consent to the East Bay Asian Youth Center (EBAYC), to enroll my child in EBAYC's program and services for the school year 2024-2025.
2. This student has my permission to receive all services offered above, EXCEPT those that I have specifically excluded below. I have listed below those services from which I do not want this student to receive at EBAYC SHOP 55:

3. I understand that **California Minor Consent Law allows a minor 12-18 years of age to receive the below services without parental consent.** These services are provided at EBAYC Shop 55 and other high schools in OUSD. I understand I cannot exclude my child from these services which are guaranteed by the California Minor Consent Laws, listed below:
 - a. Pregnancy testing, contraceptives and referral for prenatal care, options counseling, referrals, and prenatal care

- b. Diagnosis and treatment of sexually transmitted diseases
 - c. Crisis mental health counseling/ assessment
 - d. Alcohol and substance abuse counseling
4. EBAYC has informed me that the services my child receives from EBAYC are confidential to the full extent permitted by State and Federal laws.
 5. 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 East Bay Asian Youth Center 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
 6. 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.
 7. EBAYC has informed me that in order to improve their services, they are participating in a County-wide evaluation of School-Based Health Centers. The evaluation is being conducted by the University of CA, San Francisco (UCSF). As part of this evaluation, they will collect information on clients who use their services and share this information confidentially with UCSF. UCSF will never share my name or my child/ward's name or other personally identifying information in any evaluation reports.
 8. EBAYC shall immediately notify me in the event of an emergency that requires my child to secure medical attention or hospitalization.
 9. I authorize EBAYC to furnish and/or obtain emergency medical treatment, which may be necessary for my child during EBAYC service, programs, and activities.
 10. 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
-----------------------	-----------------------------	-----------

Name of Child Youth's Medical Insurance Policy/Insurance Number

Primary Insured's Name

11. I do hereby for my child, myself, my heirs, executors and administrators, fully release and discharge the East Bay Asian Youth Center, 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	Relationship	Date
------------------------	-----------	--------------	------