

Program: Family and Youth Success Program (FAYS)

*Agency ID/Contract No. 24555273	Subcontractor CCD Counseling	*Workflow FAYS
Registration/CCD Client ID /	*WORKSHOP Date	Staff Assigned to Family RAC

***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.

I understand that I will be including information about my child in this registration, but my child will not be attending the workshop or receiving any other service at this time. I understand that my family may be eligible for other services that may include that child, including family counseling and that I can find more information and learn how to enroll at www.FamilyTreeProgram.org

* **Signature** of Parent or Guardian (Workshop Participant)

*Date

***Printed** Name of Parent or Guardian (Workshop Participant)

* **Index Youth's Name** (a child of the workshop participant)

***Eligibility Screen:** This Child has never been on probation

Priority Characteristic: Parenting Skills Concern

*Referred By: <input type="checkbox"/> Self-Referral (Parent) <input type="checkbox"/> Self-Referral (Youth) <input type="checkbox"/> Friend/Relative		<input type="checkbox"/> Prior Participant <input type="checkbox"/> Other Community Agency <input type="checkbox"/> Other (specify): _____	
Estimated Monthly Gross Income: \$ _____		# Household Members: _____	
Income Source: <input type="checkbox"/> Alimony <input type="checkbox"/> Rent from Tenants <input type="checkbox"/> TANF	<input type="checkbox"/> Cash assistance from friends/family and relatives <input type="checkbox"/> Salary/wages <input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Child support <input type="checkbox"/> Social security/disability <input type="checkbox"/> Other income (specify): _____	

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:	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	*SSN:	
*Hispanic Origin (select only one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unable To Determine			
*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 1:		Address 2:	
*City:	*State:	*Zip Code:	*County:
*Disability Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Assessed			

WORKSHOP PARTICIPANT 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:	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
*Primary Phone:	Primary Email:		
*Hispanic Origin (select only one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unable To Determine			
*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"/> Native <input type="checkbox"/> Declined to Indicate <input type="checkbox"/> White <input type="checkbox"/> Unable To Determine			
*Disability Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Assessed			