**Program**

**X** Community Youth Development (CYD)

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| Contract ID No.  **CAS - 24427236** | Subcontractor  **CREATIVE ARTS STUDIO** | | Workflow  **Community Youth Development** | | 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  **Anna Tirado & Augusto Contreras** | | 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. | | | | | |
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| Priority Characteristics | | | | |
| \**must select at least 2 priority characteristics to be eligible to receive CYD services*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 EnforcementJuvenile Justice SystemTexas Youth/Runaway Hotline211 or other hotlinePrior ParticipantFamily ConnectsOther Community AgencyOther | | | | |
| Eligible for CYD by: | Zip Code: | School Name: | | Eligible on 30% Rule |
| Provider ID: | | Evidence-based Practice Unique ID: | | |
| Provider Description: | | | | |
| Estimated Monthly Gross Income: | | | # Household Members | |
| Income Source: Alimony, Cash assistance from friends/family and relatives, child support, Rent from Tenants, salary/wages, social security/disability, TANF, unemployment benefits, other income (specify) | | | | |

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| Index Child/Youth information | | | | |
| ENROLLMENT 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: | | | | |
| 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    Asian    Black    Native Hawaiian/Pacific Islander     Unable To Determine    Declined to Indicate    White | | | | |
| **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 | | | | |
| **Highest Education Attained**     Less than K    1st Grade    2nd Grade    3rd Grade     4th Grade    5th Grade    6th Grade    7th Grade     8th Grade    9th Grade    10th Grade    11th Grade     12th Grade    Did Not Graduate    Graduated H.S.    Received GED     Post High School Technical Degree    Completed Associate Degree    Some College     College Graduate    Post Graduate    Not Assessed    Other | | | | |
| **Current Living Situation**:     I am staying in a public or private facility that provides temporary shelter (such as a shelter, mission, single room occupancy facility or motel)     I live in my home which I own     I live in my home which I rent     I am staying with friends or family members on a temporary basis     I live with parents or family members     I live in public housing     I live in some other stable arrangement     I am incarcerated     I am staying on the streets, in a car, park, sidewalk, abandoned building, or any unstable or nonpermanent situation     I live in a foster care environment     Not assessed | | | | |
| Juvenile Probation Date: | Expectant Parent:    Yes    No | | | Delivery Due Date: |
| **Education Status**     licensed day care    certified Pre-K    elementary school    middle school     high school    college    tech training    GED    Not Enrolled    Not Assessed | | | | |
| Is your current living situation a temporary arrangement due to housing loss or economic hardship?     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** |
| Primary Phone**:** | Extension: |
| Primary Email: | |
| **\*Hispanic Origin (select only one):    Hispanic    Non-Hispanic    Unable To Determine** | |
| **\*Relationship** **to** **Target** **Client:**    Self-(Prenatal Clients Only)    Parent    Foster Parent    Stepparent     Grandparent    Aunt/Uncle    Cousin    Sibling    Caregiver’s Partner    Fictive Kin     Unrelated | |
| **\*Race** (select all that apply):     American Indian/Alaska Native    Asian    Black    Native Hawaiian/Pacific Islander     Unable To Determine    Declined to Indicate    White | |
| **\*Disability Status:**     Yes    No    Unknown | |
| **\*Primary Language Spoken in the Home**:     English    Spanish    Vietnamese    Chinese    Other    Not Assessed | |
| **Marital Status:**     Child, Not Applicable    Single, Never Married    Not married, but living together with partner     Married    Separated    Divorced    Widowed    Unknown | |
| **\*Highest Education Attained**     Less than K    1st Grade    2nd Grade    3rd Grade     4th Grade    5th Grade    6th Grade    7th Grade     8th Grade    9th Grade    10th Grade    11th Grade     12th Grade    Did Not Graduate    Graduated H.S.    Received GED     Post High School Technical Degree    Completed Associate Degree    Some College     College Graduate    Post Graduate    Not Assessed    Other | |

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| **Military Status:**     No Military Service    Not Indicated    Active Duty    Active Reserve    Inactive Reserve     National Guard    Retired    Veteran (discharge other than dishonorable)    Discharged – Dishonorable | |
| Current Living Situation:     I am staying in a public or private facility that provides temporary shelter (such as a shelter, mission, single room occupancy facility or motel)     I live in my home which I own     I live in my home which I rent     I am staying with friends or family members on a temporary basis     I live with parents or family members     I live in public housing     I live in some other stable arrangement     I am incarcerated     I am staying on the streets, in a car, park, sidewalk, abandoned building, or any unstable or nonpermanent situation     I live in a foster care environment     Not assessed | |
| Expectant Parent:    Yes    No | Delivery Due Date: |
| Is your current living situation a temporary arrangement due to housing loss or economic hardship?     Yes    No    Not Assessed | |

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| **SECONDARY PARTICIPATING CAREGIVER INFORMATION (Optional)** | |
| Person ID NO**.** | |
| **\*First Name:** | Middle Name**:** |
| **\*Last Name:** | **Suffix:    II    III    IV    JR    SR** |
| **\*Date of Birth:** | **\*Gender:    Male    Female** |
| Primary Phone**:** | Extension: |
| Primary Email: | |
| **\*Hispanic Origin (select only one):    Hispanic    Non-Hispanic    Unable To Determine** | |
| **\*Relationship** **to** **Target** **Client**     Parent    Foster Parent    Stepparent    Grandparent    Aunt/Uncle    Cousin    Sibling     Caregiver’s Partner    Fictive Kin    Unrelated | |
| **\*Race** (select all that apply):     American Indian/Alaska Native    Asian    Black    Native Hawaiian/Pacific Islander     Unable To Determine    Declined to Indicate    White | |
| **\*Disability Status:**     Yes    No    Unknown | |
| **\*Primary Language Spoken in the Home**:     English    Spanish    Vietnamese    Chinese    Other    Not Assessed | |
| **Marital Status:**     Child, Not Applicable    Single, Never Married    Not married, but living together with partner     Married    Separated    Divorced    Widowed    Unknown | |
| **\*Highest Education Attained**     Less than K    1st Grade    2nd Grade    3rd Grade     4th Grade    5th Grade    6th Grade    7th Grade     8th Grade    9th Grade    10th Grade    11th Grade     12th Grade    Did Not Graduate    Graduated H.S.    Received GED     Post High School Technical Degree    Completed Associate Degree    Some College     College Graduate    Post Graduate    Not Assessed    Other | |

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| **OTHER PARTICIPANTS INFORMATION (Optional)** | |
| **\*First Name:** | Middle Name**:** |
| **\*Last Name:** | **Suffix:    II    III    IV    JR    SR** |
| **\*Gender:    Male    Female** | Date of Birth: |
| **\*Relationship** **to** **Target** **Client:**     Parent    Foster Parent    Stepparent    Grandparent    Aunt/Uncle    Cousin    Sibling     Caregiver’s Partner    Fictive Kin    Unrelated | |

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| **OTHER PARTICIPANTS INFORMATION (Optional)** | |
| **\*First Name:** | Middle Name**:** |
| **\*Last Name:** | **Suffix:    II    III    IV    JR    SR** |
| **\*Gender:    Male    Female** | Date of Birth: |
| **\*Relationship** **to** **Target** **Client:**     Parent    Foster Parent    Stepparent    Grandparent    Aunt/Uncle    Cousin    Sibling     Caregiver’s Partner    Fictive Kin    Unrelated | |

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| **OTHER PARTICIPANTS INFORMATION (Optional)** | |
| **\*First Name:** | Middle Name**:** |
| **\*Last Name:** | **Suffix:    II    III    IV    JR    SR** |
| **\*Gender:    Male    Female** | Date of Birth: |
| **\*Relationship** **to** **Target** **Client:**     Parent    Foster Parent    Stepparent    Grandparent    Aunt/Uncle    Cousin    Sibling     Caregiver’s Partner    Fictive Kin    Unrelated | |
| **OTHER PARTICIPANTS INFORMATION (Optional)** | |
| **\*First Name:** | Middle Name**:** |
| **\*Last Name:** | **Suffix:    II    III    IV    JR    SR** |
| **\*Gender:    Male    Female** | Date of Birth: |
| **\*Relationship** **to** **Target** **Client:**     Parent    Foster Parent    Stepparent    Grandparent    Aunt/Uncle    Cousin    Sibling     Caregiver’s Partner    Fictive Kin    Unrelated | |