

CREATE Partnership

FOR OFFICE USE ONLY:

Application Date: _____ In School Out of School
Programs: PAID Summer Jobs ELO RIMTA Youth Center

YOUTH INFORMATION

First Name _____ M.I.: _____ Last Name: _____
Date of Birth: _____ Social Security Number: _____
Gender: _____
Street: _____ City: _____ State: _____ Zip Code: _____
Primary Phone Number: _____ Alternate Phone Number: _____
Email Address: _____

Ethnic Origin: Hispanic or Latino Not Hispanic or Latino I do not wish to answer
Health Insurance: Yes No **Disability:** Yes No I do not wish to answer

Authorized to work in the U.S

Citizen of U.S or U.S Territory Alien/Refugee Lawfully Admitted to U.S U.S Permanent Resident
 No Alien/Visa Registration #: _____ Alien/Visa Expiration Date: _____

Veteran: Yes No

Race: White American Indian/Alaskan Native Hawaiian/Other Pacific Islander
 African American/Black Asian Multi-Racial I do not wish to answer

EDUCATION INFORMATION - Highest Education Level Achieved

In-school, H.S. or less In-School, Post H.S Not in school, H.S graduate
 Not in school, did not graduate Not in school, GED Program Received GED

Last Grade Completed: _____ Current School Name: _____ Current Grade: _____

(If Summer, use school name and grade this coming Fall)

School's Grade Portal (i.e. Skyward):

Portal Username: _____ Portal Password: _____

EMPLOYMENT

Employment Status: Employed Not Employed
 Employed but received notice of termination of employment or military separation

Employment History: Employer Name: _____

Phone Number: _____ Address: _____

Job Title: _____ Hourly Wage: \$ _____ Full Time Part Time

Start Date: _____ End Date: _____ Reason for Leaving: Laid-Off Quit Terminated

PARENT/GUARDIAN & FAMILY INFORMATION

Parent/Guardian First & Last Name: _____

Cell Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Please select all that apply for your child:

- FATE Program
- FOCUS Program
- Individualized Education Program (IEP)
- 540 Plan
- Limited English Proficiency (LEP)
- Physical Accommodations
- Foster Care
- Refugee/Entrant
- Non Apply

of persons in household?

- 2 persons
- 3 persons
- 4 persons
- 5 persons
- 6 persons
- 7 persons
- 8 persons
- 9 persons
- 10 + persons

Household Type?

- 2 adults, no children
- 2- parent household
- Foster Family
- Single Female Parent
- Grandparents raising g.children
- Living Alone
- Living with relative(s)
- Multi-generational family
- Single Male Parent
- Single person (no children)
- Other

Housing Status?

- Rent
- Live w/family, no rent
- Other permanent hsg.
- Own
- Homeless
- Rent, no subsidy
- Rent, with subsidy
- Homeless, in shelter
- Homeless, w/friends or family
- Homeless, on street
- Other

Please indicate household monthly income from all sources (i.e. employment, unemployment, SSI/SSDI, Child Support, TANF, SNAP, etc.):

Source:	Monthly Amount:	Who Receives/Relationship to Youth:

TANF Eligibility: Do you or a member of your household receive SNAP Benefits, RI Works or Medical Assistance (Anchor Card)? Yes No

MEDICAL POLICY

After a failed attempt at contacting the above Parent/Guardian we will reach out to an **alternate contact** - must be different from primary contact information:

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Does participant have any pre-existing conditions? Yes No

Conditions:

Please provide an emergency plan to address medical conditions:

In case of emergency, preferred hospital:

ACKNOWLEDGEMENT, WAIVER & MEDICAL RELEASE

I, _____ the parent/guardian of, _____ authorize said participant's full participation in **CREATE Partnership**. It is my understanding that participation in **CREATE Partnership** programming minimal physical risk. However, in the event of an injury, I will not sue the program, directors, staff or employees. I release, waive and discharge said parties from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death that may be sustained by my child, whether caused by the negligence of the releases, otherwise while participating in such activity. Or while in, or upon the premises where that activity is being conducted. I understand that **CREATE Partnership** may conduct focus groups, surveys, take photos, take videos and have off-site gallery openings of the participant's work plus sporadic field trips.

News Release: For the purpose of documentation, publication, revenue production and evaluation, **CREATE Partnership** participants may be periodically videotaped or photographed while they are engaged in creative activities. This may include individual and/or group interviews with participants, staff, and parents. Individuals will be videotaped only with their full consent at the time, and request to stop recording will be honored. My signature below acknowledged consent to be photographed and videotaped for the duration of my time as a participant at **CREATE Partnership**

- I consent to my child being photographed /videotaped.
- I do NOT consent to my child being photographed/videotaped.

Transportation Release: I understand that **CREATE Partnership** is not responsible for transportation to and from activities. I will not hold **CREATE Partnership** or any employee of **CREATE Partnership** responsible for injuries or accidents incurred while using transportation when provided as part of the program.

Program Release: I understand that **CREATE Partnership** is not responsible for supervision outside of designated program hours and program spaces. I understand that if my child or I need special accommodations, I need to notify **CREATE Partnership** writing, prior to my child attending and activity. I agree to follow all instructions and procedures in order to maintain a maximum level of safety and I understand that **CREATE Partnership** is not responsible for damaged, lost or stolen property.

Participant's Signature:

 Date:

Parent/Guardian's Signature:

 Date:

PROCESS: Applications are submitted to the Harbour Youth Center for eligibility and services. This and other information may be shared between The Harbour Youth Center and service providers beyond the Partnership. All SUMMER applicants will be screened for DHS eligibility. Social Security Numbers may be checked with DHS to determine TANF eligibility.

APPLICANT ASSURANCES/SIGNATURES: The information on this application is true to the best of my knowledge. I realize that any false statement I knowingly made may cause this application to be rejected or may result in my termination from the program. I also understand that I am not guaranteed employment or any other services through the CREATE Partnership. I agree to allow the Partnership staff to verify any information on this application to determine my eligibility for possible participation, and I understand that this information may be shared with other agencies to track long-term outcomes in this program.

Participant's Signature:

 Date:

Parent/Guardian's Signature:

 Date:

If applicant is under 18. If not parent, please identify relationship to applicant:

Staff Signature:

 Date: