

## Community Youth Development (CYD) FY22 Enrollment Form

<b>Subcontractor:</b>	<b>Staff Assigned to Family</b>	<b>Enrollment ID No for Youth:</b>
<b>Planned Service Frequency:</b>	<b>Person Completing Intake</b>	<b>Data Entry Staff Name and Date:</b>
<input type="checkbox"/> Less than 1x Month <input type="checkbox"/> 1x Month <input type="checkbox"/> 2x Month <input type="checkbox"/> More than 2x Month		
	<b>Enrollment Start Date</b>	<b>Service Start Date</b>

**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.

**Parent/ Guardian Personal Information:**

First Name: 
 Middle Name: 
 Last Name:

Phone Number: 
 Email: 
 Relationship to Youth: 
 Primary Language:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Youth Name

*Authorization for Services must be completed per Index Child/Youth at enrollment and annually*

**Referred By:**

<input type="checkbox"/> Self- Referral (Youth)	<input type="checkbox"/> Texas Youth/ Runaway Hotline
<input type="checkbox"/> Parent Referral	<input type="checkbox"/> Juvenile Justice System
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Prior Participant
<input type="checkbox"/> School	<input type="checkbox"/> Other Community Agency
<input type="checkbox"/> Healthcare Provider	<input type="checkbox"/> 211 or Another Hotline
<input type="checkbox"/> Clergy/Church	<input type="checkbox"/> Family Connections
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Other: _____





**Youth Name:** (First, Last)

**PEIRS Enrollment ID:**

**Youth Personal Information:**

First Name:

Middle Name:

Last Name:

Suffix:  
 Jr.  Sr.  II  III  IV

Date of Birth:

\*\*If family refuses to provide, please  
SSN: note "Family Declined to Provide"

Gender:  
 Male  
 Female

Disability Status:  
 Yes  
 No  
 Not Assessed

Hispanic Origin:  
 Hispanic  
 Non-Hispanic  
 Unable To Determine

Race:  
 American Indian/ Alaska Native  
 Black  
 Native Hawaiian/Pacific Islander  
 Unable to Determine  
 Asian  
 White  
 Decline To Indicate

**Contact Information:**

Home Address:

Home City:

Home State:

Home Zip Code:

Home County:

Phone Number:

Youth Email:

Parent Email:

**School Information:**

Current Grade:  
 1<sup>st</sup> Grade  2<sup>nd</sup> Grade  3<sup>rd</sup> Grade  
 4<sup>th</sup> Grade  5<sup>th</sup> Grade  6<sup>th</sup> Grade  
 7<sup>th</sup> Grade  8<sup>th</sup> Grade  9<sup>th</sup> Grade  
 10<sup>th</sup> Grade  11<sup>th</sup> Grade  12<sup>th</sup> Grade

Current School Attending:

School ID Number:



Contract Number: 24821437



Has the youth been on probation (if so, list date):

- Yes
- No

Date: \_\_\_\_\_



**Youth Name:** (First, Last)

**PEIRS Enrollment ID:**

**Youth Assessment Form**  
(for staff use only)

**Priority Characteristics: (2 or more must be selected to be eligible for CYD)**

- |   |  |
|---|--|
| <input type="checkbox"/> Behavior Concern   | <input type="checkbox"/> School Engagement Concern                                       |
| <input type="checkbox"/> Parenting Skills Concern   | <input type="checkbox"/> High Stress Level   |
| <input type="checkbox"/> Low-Income Household   | <input type="checkbox"/> Homeless/Runaway  |
| <input type="checkbox"/> Mental Health Concern (Youth)  | <input type="checkbox"/> Family or Household Conflict                                    |
| <input type="checkbox"/> Low School Attainment (Caregiver)  | <input type="checkbox"/> Mental Health Concern (Caregiver)                               |
| <input type="checkbox"/> Current or Past Alcohol Abuse (Caregiver)                                      | <input type="checkbox"/> Current or Former Military Connection                           |
| <input type="checkbox"/> Current or Past Alcohol Abuse (Youth)  | <input type="checkbox"/> Social Support Concern  |
| <input type="checkbox"/> Current or Past Conflict at School   | <input type="checkbox"/> Current or Past Domestic or Interpersonal Violence              |
| <input type="checkbox"/> Family Dynamics/Structure Concern  | <input type="checkbox"/> Current or Past Use or Abuse of Other Substance (Youth)         |
| <input type="checkbox"/> Developmental Delay or Disability (Youth)                                      | <input type="checkbox"/> Household has a child with developmental delays or disabilities |
| <input type="checkbox"/> Developmental Delay or Disability (Caregiver)                                  | <input type="checkbox"/> Household Contains an enrollee who is Pregnant and under 21     |
| <input type="checkbox"/> Current or Past Criminal Justice Involvement (Youth)                           |  |
| <input type="checkbox"/> Current or Past Child Maltreatment or Child Welfare Involvement                |  |
| <input type="checkbox"/> Household has a history of alcohol abuse or a need for alcohol abuse treatment |  |
| <input type="checkbox"/> Household has a history of substance abuse or needs substance abuse treatment  |  |

**Current Living Situation:**

- |   |   |
|---|---|
| <input type="checkbox"/> I live in public housing   | <input type="checkbox"/> I am staying with friends or family members on a temporary basis   |
| <input type="checkbox"/> I live in my home which my parents own                                       | <input type="checkbox"/> I am staying on the streets, in a car, park, sidewalk, abandoned building, or any unstable or nonpermanent situation |
| <input type="checkbox"/> I live in my home which my parents rent                                      | <input type="checkbox"/> Not assessed   |
| <input type="checkbox"/> I live in some other stable arrangement                                      |   |
| <input type="checkbox"/> I live in foster care environment  |   |
| <input type="checkbox"/> I live with my parents or family members                                     |   |
| <input type="checkbox"/> I am staying in a public or private facility that provides temporary shelter |   |

**Primary Language Spoken in Home:**

- |                                  |                                       |                                       |
|----------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish      | <input type="checkbox"/> Vietnamese   |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Not Assessed |

**Eligible for CYD by:**

Zip Code: 78744

School Name: \_\_\_\_\_

Eligible on 30% Rule  
*List School:* \_\_\_\_\_

Other: (provide justification) \_\_\_\_\_  
\_\_\_\_\_



Contract Number: 24821437

