

BEFORE ENROLLING YOUTH - FOR YOUTH 17 AND YOUNGER – Parents must sign the SFYC Agreement and Release Form

SFYC Staff Section

SFYC Staff Name:	Enrollment Date:
Referral Source:	Referral/Outreach Date:

Parent/Guardian Information

Full Name:	Relation to Youth:
Phone Number:	Phone Type:
Parent English Proficiency:	Yes No

Youth Information

SFYC ID:	SYVPI ID:
Full Legal Name:	Age:
Housing Situation (Check Answer)	
Homeless	At imminent risk of losing housing
Fleeing domestic violence	At-risk of homelessness
	Homeless only under federal statutes
	Stably housed
	Refused to answer
Street Address:	
City:	State:
	Zip Code:
Home Phone:	Cell Phone:
Email Address:	Date of Birth:
Gender:	Male
	Female
	Transgender
	Refused to respond
	Other:
School status:	Enrolled
	Expelled or Suspended
	Dropped Out
	Home School
	Graduated
	GED Program
School Name:	School ID#:
Grade Level:	

Demographic Information

Race				
American Indian	Alaskan Native	Asian, Asian American		
Black, African American	Hispanic, Latino American	Native Hawaiian/Pacific Islander		
White, Caucasian American	Refused to answer	Other:		
Ethnic Background				
Cambodian/Khmer	Chinese	Ethiopian Filipino	Indian (India)	
Japanese	Korean	Mexican	Russian	
Samoan	Vietnamese	Afrikaans Albanian	Armenian	
Amharic (Ethiopia)	Burmese	Egyptian	Hawaiian	
Indonesian	Laotian	Mien	Nigerian	
Somalian	African	Central American	Other:	
Immigrant or Refugee:	Yes	No	Unknown	
Any adjustment struggles:				
Primary Language:	English	Spanish	Other:	
Language Spoken at Home:	English	Spanish	Other:	
English Limitation:	Yes	No	Unknown	
Active Duty in U.S. Military:	Yes	No	Unknown	
Disability:	Yes	No	Unknown	

Family Information

Living Situation				
Homeless	Two Parent Household	Single Mother Household		
Single Father Household	Relative Household	Unrelated person household		
Live alone	Group home	Foster parent		
Detention facility	Shelter	Couch Surfing		
Unknown				
SHA Housing:	Yes	No	Unknown	
Who lives with you? (List all their name, relationship to self, and age)				
Most Supportive Person in Family				
Father/Male Caretaker	Mother/Female Caretaker	Male Sibling		
Female Sibling	Grandparent	Extended Family		
No one				
Family Annual Income Level				
Very low – under 30% of Median Income				
Low – under 50% of Median Income				
Moderate – under 80% of Median Income				
Equal or Above Moderate – above 80% of Median Income				
Unknown				

SFYC Program:



DIETARY RESTRICTIONS FORM

This form must be completed and returned so that necessary eating arrangements may be accommodated.

_____ Check here if you have **NO DIETARY RESTRICTIONS**

Please check any of the following dietary restrictions that apply to you:

_____ Lactose intolerant or milk allergies (dairy free)

_____ Vegetarian (will eat animal products, but not meat, poultry, and fish)

_____ Ovo-Vegetarian (will not eat dairy foods, meat, poultry, and fish)

_____ Lacto-Vegetarian (will not eat eggs, meat, poultry, and fish)

_____ Vegan (no animal products whatsoever)

_____ Religious dietary practices

_____ Diabetic diet

_____ Gluten free

Please list any food allergies you have:

Please list foods that you may not eat due to religious or health reasons:

Participant Name (please print): _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if participant is under 18 years of age): _____

SafeFutures Youth Center – Youth Services Agreement & Release Form

This form contains the following agreements & release. This form must be signed by the client or by the client's parent/legal guardian in order to receive services by SafeFutures Youth Center.

1. Agreement for Participation in SafeFutures Youth Center Services and Data Collection
2. Transportation Release
3. Medical Consent and Liability Release
4. Photography and Video Production Consent and Release

Client (Youth) Full Name: _____ **Date of Birth:** _____

If client is 17 or younger,
Parent/Guardian Full Name: _____ **Relationship to Youth:** _____

SafeFutures Youth Center Staff Name: _____ **Title:** _____

Organization Name: SafeFutures Youth Center
Organization Address: 6337 35th Ave SW. Seattle WA 98126
Organization Phone: 206-938-9606

Agreement for Participation in SafeFutures Youth Center Services

I (named client or parent or legal guardian) give permission for named client to participate in SafeFutures Youth Center Services and give consent for SafeFutures Youth Center to collect data specified in this Agreement & Release. I understand that such participation is voluntary. All conditions of the program have been explained to my satisfaction.

Initial

I agree to release SafeFutures Youth Center and their staff, employees and representatives from any and all liability, loss, damage, cost, claims, or causes of action including, but not limited to bodily injuries and property damage arising from participation in the SafeFutures Youth Center program & services, or any related activity.

The undersigned further agrees to indemnify and hold harmless the staff, organizers, volunteers, and agents from any and all liability, loss, damage, costs, claims, or causes of action, including attorney's fees and witness costs, arising out of the undersigned's participation in the SafeFutures Youth Center. This authorization expires 30 days after the end of services with SafeFutures Youth Center OR, if earlier, on the date it is revoked, or on the date it expires under applicable state law.

Transportation Release | I understand that SafeFutures Youth Center services may include its staff, employees, and/or representative to provide transportation to named client to and from the center, field trips, college visitations, workshops, and other events. The undersigned hereby agrees to fully release, indemnify and hold harmless SafeFutures Youth Center and their staff, employees, and representatives from any and all liability, loss, damage, costs claims, or causes of action including, but not limited to bodily injuries, property damage, loss, attorney's fees and witness costs arising out of negligent operation, supervision of the vehicle, or any situation associated with transportation provided by SafeFutures Youth Center and their staff, employees, and representatives. This authorization expires 30 days after the end of services with SafeFutures Youth Center OR, if earlier, on the date it is revoked, or on the date it expires under applicable state law.

Initial

Medical Consent and Liability Release | I authorize SafeFutures Youth Center and their staff, employees, and/or representatives to seek and secure medical care for named client when deemed necessary and in medical emergency. I also give permission for the medical facility/provider secured by SafeFutures Youth Center staff, employees, and/or representatives to provide necessary medical emergency treatment. The undersigned hereby agrees to indemnify and hold harmless SafeFutures Youth Center and their staff, employees, and/or representatives from any and all liability, loss, damage, costs claims, or causes of action including, but not limited to bodily injuries, loss, attorney's fees, witness costs, and any medical expense accrued from secured medical facility/provider. This authorization expires 30 days after the end of services with SafeFutures Youth Center OR, if earlier, on the date it is revoked, or on the date it expires under applicable state law.

Initial

Emergency Contact Name: _____ Phone: _____

Medical Insurance Plan: _____ Group #: _____ Policy #: _____

Photography and Video Production Consent and Release | I hereby give consent and authorize SafeFutures Youth Center or anyone authorized by SafeFutures Youth Center to use and reproduce, without compensation or restriction, photographs and videos in which named client appears, in any manner whatsoever such as, but not limited to: publication, display, advertising, slide shows, etc. All negatives and positives, together with the produced content, shall constitute SafeFutures Youth Center property, solely and completely. This authorization expires 30 days after the end of services with SafeFutures Youth Center OR, if earlier, on the date it is revoked, or on the date it expires under applicable state law.

Initial

Signature of Client (If 18 or older)

Date

Signature of Parent/Guardian (If 17 or younger)

Date