



Enrollment



SERVICES

SafeFutures Youth Center is a non-profit organization that caters to youth and young adults who are low-income between the ages of 12 to 24. We specialize in providing case management services through a preventative program model, with a focus on equipping our young people with the tools they need for future success and life preparedness.

SFYC leads its mission to change youths' lives by building:

- Self-Identity and awareness
- Community connectedness
- Individual and peer relationships
- Family interaction and communication skills
- Pro-social, academic, and employable skills

We Provide :

- Case management/Individual mentorship
- Resource accessibility
- Social/emotional support
- (Paid/Unpaid) Skill/competency-based curriculum
- Career/college readiness & support throughout
- Academic support & tutoring afterschool
- (Paid) 6 Week summer employment program

For More Information:

Contact: (206) 938-9606

Email: safefutures@sfyc.net

Or Drop By: 6337 35th Ave. SW Seattle, Wa 98126

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

SFYC Staff Section

SFYC Staff Name:	<input type="text"/>	Enrollment Date:	<input type="text"/>
Referral Source:	<input type="text"/>	Referral/Outreach Date:	<input type="text"/>
SFYC ID:	<input type="text"/>	SFYC Program:	<input type="text"/>

Parent/Guardian Information

Full Name:	<input type="text"/>	Relation to Youth:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Type:	<input type="text"/>
Parent English Proficiency:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Youth Information

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

Demographic Information:

Race

<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Asian, Asian American
<input type="checkbox"/> Black, African American	<input type="checkbox"/> Hispanic, Latino American	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> White, Caucasian American	<input type="checkbox"/> Refused to answer	<input type="checkbox"/> Other:

Ethnic Background

<input type="checkbox"/> Cambodian/Khmer	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Indian (India)
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Mexican	<input type="checkbox"/> Russian
<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Afrikaans	<input type="checkbox"/> Armenian
<input type="checkbox"/> Amharic (Ethiopian)	<input type="checkbox"/> Burmese	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Indonesian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Mien	<input type="checkbox"/> Nigerian
<input type="checkbox"/> Somalian	<input type="checkbox"/> African	<input type="checkbox"/> Central American	<input type="checkbox"/> 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

<input type="checkbox"/> Homeless	<input type="checkbox"/> Two Parent Household	<input type="checkbox"/> Single Mother Household
<input type="checkbox"/> Single Father Household	<input type="checkbox"/> Relative Household	<input type="checkbox"/> Unrelated person household
<input type="checkbox"/> Live alone	<input type="checkbox"/> Group home	<input type="checkbox"/> Foster parent
<input type="checkbox"/> Detention facility	<input type="checkbox"/> Shelter	<input type="checkbox"/> Couch Surfing
<input type="checkbox"/> Unknown		

SHA Housing: Yes No Unknown

Who lives with you? (List all their name, relationship to self, and age)

Most Supportive Person in Family

<input type="checkbox"/> Father/Male Caretaker	<input type="checkbox"/> Mother/Female Caretaker	<input type="checkbox"/> Male Sibling
<input type="checkbox"/> Female Sibling	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Extended Family
<input type="checkbox"/> No one		

Family Annual Income Level

<input type="checkbox"/> Very low – under 30% of Median Income
<input type="checkbox"/> Low – under 50% of Median Income
<input type="checkbox"/> Moderate – under 80% of Median Income
<input type="checkbox"/> Equal or Above Moderate – above 80% of Median Income
<input type="checkbox"/> Unknown



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

Client (Youth) Full Name: _____

Date of Birth: _____

If client is 17 or younger,

Parent/Guardian Full Name: _____

Relationship to Youth: _____

Authorization for Use and Disclosure of Probation/Police Records and Education Records (FERPA)

I, the undersigned, hereby waive my rights under the **Privacy Act, 5 U.S.C. 552a (Supp. IV, 1974)** and authorize the disclosure to SafeFutures Youth Center or its authorized representative(s) or employee(s), bearing this release or copy thereof, any and all information pertaining to me. Moreover, to obtain any information and/or records from all government agencies, Educational Institutions, and community based organizations.

In addition, under **the Family Education Right and Privacy Act (FERPA)** of 1974, I consent to the release of named client's education records to SafeFutures Youth Center or its authorized representative(s) or employee(s), bearing this release or copy thereof, including but not limited to:

Initial

Probation/Police Records; including police and probation officer reports, arrest records, and court records.

Initial

Educational Information and Records; including student information, demographics (including Special Education status and 504 Status and race/ethnicity), attendance history, disciplinary history, coursework and grades history, test scores history, enrollment history, assignment grades, upcoming & missed assignments

This release includes permission for agency staff to access my child's academic records using an automated data feed. I acknowledge that I may revoke this consent by sending a written notification to SafeFutures Youth Center, 6337 35th Ave SW. Seattle, WA 98126. This Release of Information will make the above listed records and information available from the date of consenting signature until 30 days after the end of SafeFutures Youth Center services.

Client's School District ID#: _____ **Student's School:** _____
(ID# can be found on report cards or school mailing)

Signature of Client (If 18 or older)

Date

Signature of Parent/Guardian (If 17 or younger)

Date

SafeFutures Youth Center | Standard Client Rights

Washington State Law provides certain rights to consumer, prospective consumers, and legally responsible others. Per WAC 388-865-0410, you have the right to:

1. Be treated with respect and dignity
2. Develop a plan of care and services which meets your unique needs.
3. The services of a certified language or sign language interpreter and written materials and alternate format to accommodate disability consistent with Title VI of the Civil Rights Act.
4. Refuse any proposed services, consistent with requirements in chapter 71.05 and 71.34 RCW.
5. Receive care which does not discriminate against you, and is sensitive to your gender, race, color, national origin, Vietnam era or other veteran status, religion, creed, language, age disability, sexual orientation, marital status, ancestry, political ideology, use of guide or service dogs, use of Section 8 rent certificate, parental status or creed.
6. Be free of any sexual exploitation or harassment.
7. Review your clinical record and be given an opportunity to make amendments or corrections.
8. Receive an explanation of all medications prescribed, including expected effect and possible side effects.
9. Confidentiality as described in 70.08, 71.05, and 71.34 RCW and regulations. Information may be disclosed without permission in certain circumstances as described in 26.44, 71.05, and 70.02 RCW. Instances in which disclosure is mandatory include, but are not limited to, the following:
 - a. To report abuse or neglect of a child, dependent adult, or developmentally disabled person;
 - b. To law enforcement agencies and to a person whose health and safety has been threatened or who has been repeatedly harassed, when the identity of that person is known to SafeFutures Youth Center.
 - c. If it is believed that disclosure will avoid or minimize imminent danger to your health or safety or to that of anyone else;
 - d. To respond to a court order.

Information may be disclosed without permission in circumstances related to the following:

- a. In communications between qualified professional persons to facilitate services;
 - b. To the extent necessary for you to make a claim, or for a claim to be made on your behalf for aid, insurance, or medical assistance, and to contractual and financial sources for the purpose of determining compliance with licensure, certification, or registration laws.
10. All research concerning consumers whose cost of care is publicly funded must be done in accordance with all applicable laws, including DSHS rules on the protection of human research subjects as specified in chapter 388-04 WAC.
 11. Lodge a complaint with the ombuds person, regional support network or provider if you believe your rights have been violated. If you lodge a complaint or grievance, you must be free of any act of retaliation. The ombuds may, at your request, assist you in filing a grievance. The ombuds person and the RSN phone number is: 1-800-790-8049. To contact the RSN or ombuds person via TDD call the Crisis Clinic at 206-461-3219. See attached policy and procedure for resolving client grievances at SafeFutures Youth Center.
 12. Change case manager. If you wish to make a request, please talk to your service provider about procedures and limitations.

SafeFutures Youth Center | Resolving Client Complaints and Grievances

Policy: The agency has an open, prompt and responsive way for responding to concerns. If you have a concern, complaint, or grievance, every reasonable effort will be made to act in an understanding way so that you and the Agency will be in agreement with the results. The complaint process may be accessed both, by clients receiving services and clients applying for services. Documentation of complaints, grievances, and appeals is confidential and will be kept separate from your clinical record for six years from completion of the process.

Complaint Procedures: The Complaint process is the informal process of communicating concerns. We encourage you to discuss any concerns about your services face-to-face with your service provider so that resolution may occur quickly and at the lowest possible level.

1. You may make a complaint verbally or in writing about any matter regarding services you receive. We will respond as quickly as possible.
2. If the matter is not resolved within 10 business days, we will give you the option of continuing the complaint process or accessing the formal Grievance process (see below). In either case, we will continue to work to resolve your concern as quickly as possible.
3. You may receive written information that you may need for filing or resolving complaints and grievances, if you ask for it in writing.
4. Retaliation for filing a complaint or grievance is against the law and will not be tolerated. If you feel you are being unfairly treated or punished, this may be retaliation.
5. If the complaint or grievance involves your case manager, there may be times another case manager will be assigned to work with you during this period.

Formal Grievances: We encourage you to discuss any concerns about your services face-to-face with your service provider so that resolution may occur quickly and at the lowest possible level. If you feel you can't resolve the issue informally, follow the procedure below.

1. You or your representative must put your grievance in writing, dated and signed. You may involve other people in the process.
2. Grievances must be taken to supervisors at the Agency. The staff person named in your grievance will not participate in accepting, investigating or deciding the grievance.
3. The grievance will be investigated and resolved within thirty days. The timeframe may be extended by mutual written agreement but will not exceed ninety days. The supervisor will review this report and track it to assure that your grievance is resolved. You will be mailed a written response at the end of the process.
4. If you are still dissatisfied, you may appeal this decision by sending a signed, dated request for appeal to the Executive Director, within 10 days.
5. You may appeal the Executive Director's decision to the Board of Directors, through the Board President. A written report of the Board decision will be made to you within thirty days.
6. Retaliation for filing a complaint or grievance is against the law and will not be tolerated. If you feel you are being unfairly treated or punished, this may be retaliation.

Application and General Consent to Services

Various modalities may be part of your service plan. These may include case management, group treatment, advocacy and/or referral. You have the right to participate in decisions regarding your care, including the right to refuse services.

"I, _____, hereby request and consent to services which may be deemed advisable by the staff of SafeFutures Youth Center. I understand I will participate in the development of a service plan that best addresses my needs/situation."
[client's full name]

OR

"As the parent or legal guardian of _____, I hereby request and consent to services which may be deemed advisable by the staff of SafeFutures Youth Center. I understand I will participate in the development of a service plan that best addresses the child's needs/situation."
[client's full name]

Privacy Notice

A separate Privacy Notice has been provided to you. This notice includes information on how the agency uses and discloses your protected health information and describes your rights related to this information.

"I have received the information on Client Rights and Resolving Grievances; I have read and/or have had read to me and understand the information provided and consent to services/treatment; I acknowledge I have been informed about Advance Directives. I have received the SafeFutures Youth Center Privacy Notice.

Client Name (print)

Signature of Client (If 13 or older)

Date

Parent/Guardian Name (print)

Signature (If 12 or younger)

Date

SafeFutures Staff Name (print)

Signature

Date



SafeFutures Youth Center
6337 35th Ave. SW Seattle, WA 98126
206-938-9606 | www.sfyc.net

CLIENT GRIEVANCE FORM

This form is to be used by clients of SafeFutures Youth Center to initiate a **formal grievance (Step 2)** that seeks resolution of a problem or condition that a client believes to be unfair, inequitable, or a hindrance to his/her services received. A client who wishes to pursue a formal grievance must **first have attempted to resolve the grievance informally through a discussion with an SFYC staff (Step 1)**. Upon completion of this form, it is to be submitted to a member of SFYC's Management Team.

Grievant Name:

Street Address:

City: Zip Code:

Phone #:

Date Grievance was informally discussed with SFYC staff (Step 1):

CLIENT STATEMENT OF GRIEVANCE

1. **Describe what happened:** (Provide a concise statement of facts to identify the problem or condition you believe to be unfair and/or inequitable. Include specific dates, locations, names of involved individuals, how they were involved – attach a continuation page, if necessary)

2. **Name(s) of witness(es), if any and how they can be reached:** (address & phone #)

3. **Remedy of redress sought by the grievant:** (Be specific as to what resolution you are seeking)

Grievant Signature:

Date:

For SFYC Staff Only

Date received by SFYC Staff:	<input style="width: 90%; height: 25px;" type="text"/>	Initial:	<input style="width: 90%; height: 25px;" type="text"/>
Date received by SFYC Management:		Initial:	<input style="width: 90%; height: 25px;" type="text"/>