

Citizens Alliance for Progress, Inc.
YOUTH SERVICES APPLICATION

YOUTH PARTICIPANT INFORMATION

First Name _____ Middle _____ Last Name _____ DOB _____ Age _____

DEMOGRAPHIC

Sex: Male Female Gender: Male Female Trans Male Trans Female Gender Non-Conforming

Race: *Please select one (1) option*

Black White Multiracial Asian American Indian or Alaska Native Haitian Native Hawaiian
 Other Asian (Hmong, Laotian, Thai, Pakistani, Cambodian, etc.) Other Pacific Islander (Fujian, Tongan, etc.) Some Other Race

Spanish, Hispanic or Latino Ethnicity: *Please select one (1) option*

Not Applicable Puerto Rican Cuban Mexican, Mexican American, Chicano Other _____

Any other language(s) spoken at home: No Yes, please specify _____

EDUCATION

Student Id # _____ School _____ Grade _____

Does student have or receive any of the following:

Special Education Services No Yes Bilingual or ESL Services No Yes

Attention Deficit Hyperactivity (ADHD) or ADD? No Yes IEP or 504 Plan No Yes

HOUSEHOLD INFORMATION

Parent / Guardian Name #1 (Head of Household)	
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name _____	M.I. _____ Last Name _____
Contact # _____	
<i>Relationship to Child</i>	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	

Parent / Guardian Name #2 or Alternate Contact	
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name _____	M.I. _____ Last Name _____
Contact # _____	
<i>Relationship to Child</i>	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	

Address _____

City _____ State _____ Zip Code _____

Family Email Address _____

Household Arrangement

Dual Parent (Married Non-Married) Single Parent Relative/Kinship Care (Married Non-Married)

Current **Living** Situation: Own/Rent Temporary Housing Situation Homeless Shelter Other, please explain _____

Household Annual Income: \$ _____ # of **Adults** in Household _____ # of Minor **Children** in Household _____
(Before Taxes)

Other children in the program? No Yes If YES, please list: _____

Parent / Guardian Signature _____

Date _____

Office Use Only

New Participant **Returning** Participant Information **Update** **REFERRED BY** _____
 Academic Enhancement Summer Enrichment Camp Summer Career Institute Youth Development / Drop In

Episode Start Date _____ Episode Close Date _____ Reason for Closure _____