



Citizens Alliance for Progress, Inc.

401 Martin Luther King Jr. Dr., Tarpon Springs, FL 34689 | Phone: (727) 934-5881 | www.citizensallianceforprogress.org

Summer Career Institute Application

STUDENT INFORMATION:

Student Social Security # _____ Student Identification # _____

First Name _____ Last Name _____ Date of Birth _____

Age _____ Gender: Male Female Pregnant No Yes Shirt Size _____ Youth Adult

Address _____ City, St _____ Zip Code _____

School _____ Grade _____

Race

- Black (Non-Hispanic) White (Non-Hispanic) Hispanic Asian Indian
 Asian (Non-Hispanic) Pacific Islander American Indian Other

Primary Language: English Spanish Other: _____

Ethnicity

- No, Not Spanish/Hispanic/Latino Yes, Other Spanish/Hispanic/Latino Yes, Cuban
 Yes, Puerto Rican Yes, Mexican, Mexican American, Chicano

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

Household Arrangement

- Dual Parent-Married No Dependents-Single Female
 Other-Relative/Kinship Care-Married Single Parent-Male Head of Household
 No Dependents-Married Dual Parent-Non Married Male Head of Household
 Single Parent-Female Head of Household Dual Parent-Non Married Female Head of Household
 No Dependents-Single Male Other-Relative/Kinship Care-Male Head of Household
 No Dependents-Couple, Non-married Other-Relative/Kinship Care-Female Head of Household

PARENT INFORMATION:

Parent / Guardian #1 _____ Relationship to Child _____

Home/Cell # _____ Work # _____ Email Address _____

Parent / Guardian #2 _____ Relationship to Child _____

Home/Cell # _____ Work # _____ Email Address _____

Emergency Contact: _____ Phone # _____

Emergency Contact: _____ Phone # _____

Parent / Guardian Signature _____

Date _____

| OFFICE USE ONLY |

Episode Open Date: _____ Fam Id# _____ Mem Id# _____

Authorization and Consent for Disclosure, Receipt, and Use of Confidential Information by the Juvenile Welfare Board of Pinellas County

I, _____, (Print Participant Name) acknowledge that I am a participant of **Citizens Alliance for Progress, Inc. (CAP)** I acknowledge that the Juvenile Welfare Board of Pinellas County ("JWB") provides funds to make the program or service in which I am participating available. I also acknowledge that in order to make sure that all services delivered to participants are of the highest possible quality, JWB may need to review information about me and these services.

By signing this Authorization, I am indicating that I understand and agree that my confidential information may be contained in a JWB data collection system, and that this data collection system is exempt from disclosure under the Florida Public Records Act. This means that by law, JWB cannot release individually identifiable information about me or the services I receive (Fla. Stat. §119.071). I acknowledge that as necessary to carry out the purposes listed herein, JWB may review all information about me, including my participant file and all other information pertaining to me held by the agency providing the program or service, regardless of whether that information is entered into a JWB data collection system. I further acknowledge that JWB is simply storing and reviewing records and information as the payor for these services, and that JWB provides no direct services to me, including, but not limited to, coordination of services, recommendation of services, or medical diagnoses. I further acknowledge that JWB is not a covered entity as that term is defined under HIPAA (the Health Insurance Portability and Accountability Act).

I authorize JWB to utilize my confidential information to verify eligibility for funded services or programs, make payment for services rendered to me by funded programs or services, quality control of funded services or programs, evidence-based research of JWB funded services or programs, including, but not limited to, tracking outcomes of funded programs and services, and determination of future services/programs funded by JWB. I understand that the confidential information disclosed, received or used by JWB related to my Authorization will not be further disclosed to any other party without my express written consent or as otherwise permitted or required by applicable law unless it is presented in a report that presents information on a group of individuals in de-identified format, which means that no information that identifies me as an individual is revealed.

I acknowledge that this Authorization covers all information about me including, but not limited to, personally identifiable information, Protected Health Information, general medical, general counseling, as well as psychiatric/ psychological/ substance abuse information from my medical health record, any information concerning the performance of any tests, results of those tests, and counseling and treatment records, as allowed by all state, federal and local laws, including, but not limited to the following: Florida Statutes 394.459, 381.004, and 395.3025; Florida Evidence Code 90.503, 90.5035, and 90.5036; HIPAA, and the Code of Federal Regulations (CFR) Title 42. I consent to my minor participating in online or paper surveys that will be used for program improvements and enhancements. I understand that my records have a privileged and confidential status. I am waiving that status for the purposes contained by this Authorization.

I understand that the confidential information disclosed, received or used by JWB based on this Authorization will not be further disclosed to any other party without my express written consent or as otherwise permitted or required by applicable law. However, the individually identifiable confidential information received by JWB based on this Authorization may be used by JWB and its agents for research purposes, so long as the research results are reported as a whole in de-identified format, which means that no information that identifies me as an individual is revealed. Except, JWB will not provide any records covered by CFR Title 42 to any JWB agents.

I understand that I have the right to withdraw my approval in writing at any time. However, it is possible that JWB may have already relied on this Authorization before it receives notice of my withdrawal and that JWB may have already taken action based on the Authorization. If I do not withdraw my approval, it will automatically end one (1) year from the last day I received services from this program, or with respect to information used in research, upon completion of the last research project. By my signature below, I acknowledge that I have given my consent as indicated above freely, voluntarily, and without coercion, and that I have been given a copy of this authorization, signed by me on the date shown below.

Participant Name

Signature of Participant - or -
Participant's **Authorized Representative** (check one):
 Participant Parent Guardian
 Personal Representative (Legal Documents Required)

Effective Date

Witness Signature

Date

**Written Statement of Purpose(s) for Collection of Social Security Number for Recipients of
JWB-funded Programs and Services**

The Juvenile Welfare Board (JWB) invests in partnerships, innovation and advocacy to strengthen Pinellas County children and families. The vision of the JWB is that children in Pinellas County will have a future of more successful and satisfying lives because of the efforts of JWB and its partners. JWB was established by Florida statute in 1945 (Special Act 2003-320: F.S. §189.429) and approved overwhelmingly by voters in a referendum in 1946. JWB was created with a mission to provide needed services to children and families throughout Pinellas County. JWB funds services for children and families in Pinellas County.

The purpose of this document is to provide individuals with written information about how JWB uses the Social Security numbers it collects. JWB is required by Florida’s Public Records law [Fla. Stat. §119.071(5)] to provide this information to you.

Florida law allows JWB to collect Social Security numbers in order to carry out its duties and responsibilities prescribed by law (Fla. Stat. §119.071(5) (a) 2a. (II); Special Act 2003-320: F.S. §189.429). Specifically, it is imperative for JWB to collect Social Security numbers to conduct research, fund services, and to ensure that all services delivered to participants are of the highest possible quality.

In addition, collecting Social Security information is necessary to:

- Identify and match individuals and data to research in order to improve services for children and families;
- Coordination of services; and
- Receive reimbursement from Medicaid, if applicable, for providing services.

Social Security numbers held by JWB are confidential and exempt from disclosure except as specifically authorized by law (Fla. Stat. §119.071) (5) (a) 5.). JWB follows the highest security standards. All reports produced by JWB provide information about services in general. No individual person is ever identified in any way in any report without JWB first obtaining that person’s written consent.

Participant Name

Participant Signature

Date

Parent/Guardian Name
(if participant is under 18 years of age)

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

Date

Witness Signature

Date