

OJJDP-PASS PROGRAM FAMILY APPLICATION- 2020

**Office of Juvenile Justice Delinquency Prevention Prevention,
Access, Self-Empowerment and Support**

EMAIL, MAIL OR FAX APPLICATION by May 15,2020

ADDRESS: Coordinated Care Services Inc.
Cultural Competency & Diversity
Initiatives Attn: OJJDP - PASS Program
Application 1099 Jay St. Building J, 3rd
Floor, Rochester, NY 14611

FAX: (585) 328-521

Email: NMorris@ccsi.org

CONTACT INFORMATION

Program Manager:

Neville Morris MBA
Phone: (585) 690 – 6260 work
Phone: (607) 765 – 5656 cell
Email: NMorris@ccsi.org

Additional Information:

- **Reach out to the Program Manager**
- **Visit the website at CCSI.ORG, [Programs](#), [PASS Program](#)**
 - **Videos with Graduate parent and adolescent perspectives.**
 - **Program objectives, awards etc.**



OJJDP PASS. Applicant: _____ Confidential Information

Does applicant have a parent or a relative with a mental health challenge? Yes No

With whom does adolescent/applicant reside? NAME: _____

Or Organization: _____ Phone: _____

Mother Father Both Other- please specify: _____

Does applicant have any siblings who currently reside at the same address? If yes, please provide us with their names, age and sex.

NAME	AGE	SEX

Does your child smoke cigarettes? Yes No

Does your child have permission from you to smoke cigarettes? Yes No

If yes, please be advised that your child will not be allowed to smoke in the sleeping rooms or any rooms related to OJJDP – PASS events.

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Are you supportive of applicant's participation in this program? Yes No

Please explain:

Is there an IEP or 504 Plan in place for the applicant? _____

Please describe accommodations or supports currently being provided:

Additional information on applicant or any concerns you may have as a parent:

OJJDP-PASS 2020 VIRTUAL MEETING SCHEDULE

07/25 Sat	<u>PARENT WORKSHOPS</u>	<u>TIMES</u>
07/29 Wed	Parents & Mentors	10-12 & 1-3pm
08/01 Sat	Parents & Mentors	6-8pm
	Parents & Mentors	10-12pm
10/15-Thur	Parents	6:30 – 8:30pm
11/19-Thur	Parents	6:30 – 8:30pm
12/17-Thur	Parents	6:30 – 8:30pm
	<u>ADOLESCENT WORKSHOPS</u>	<u>TIMES</u>
08/14 Fri	Adolescent & Mentors	10-12 & 1-3pm
08/19 Wed	Adolescent & Mentors	10-12
09/19-Sat	1 st Saturday Workshop	10-12 & 1-3pm
10/10-Sat	2 nd Saturday Workshop	10-12 & 1-3pm
11/14-Sat	3 rd Saturday Workshop	10-12 & 1-3pm
12/11-Fri	Adolescent & Mentors	10-12 & 1-3pm
12/12-Sat	Adolescent & Mentors	10-12 & 1-3pm
	<u>MENTOR WORKSHOPS</u>	<u>TIMES</u>
07/18-Sat	Mentors Only	10-12 & 1-3pm
07/22-Wed	Mentors Only	6-8pm

Due to the uncertainty and limitations of the pandemic, the primary means of communication in the program will be virtual.

- Parents/Guardians of selected applicants are expected to participate virutally in the July Parent Orientation Workshop.
- Selected applicants usually do much better when parents participate in the parent workshop and the support meetings.
- Please begin to make tentative arrangements – i.e. Time off work if applicable, and Daycare arrangements, etc. to participate.

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Please submit (email, mail or fax) completed application by May 15th 2020.

EMAIL, MAIL or FAX APPLICATION

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OJJDP-PASS PROGRAM FAMILY APPLICATION
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(PREVENTION, ACCESS, SELF-EMPOWERMENT AND SUPPORT)

PERMISSION TO REQUEST INFORMATION
Form - Must be completed by: PARENT, GUARDIAN/PRIMARY CARE GIVER, etc.
*Please print or type

Please complete the permission form below and give it to the appropriate institution along with the Information Request Form. Some of the information requested, both from your child's mental health professional and school, is considered confidential and permission is needed before it can be shared with OJJDP – PASS.

I _____
Parent/Guardian name

give permission to: _____
Name of school / organization

Mental health professional: _____

to share information about _____
Applicant name

to the Coordinator of the OJJDP - PASS Program. This information is needed so my child can be considered for participation in the program.

Parent/Guardian Signature

Date

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MEDICAL AGREEMENT
Form - Must be completed by: PARENT, GUARDIAN/PRIMARY CARE GIVER, etc.
*Please print or type

Adolescent Name: _____ Date of Birth: _____

I/We being the parent/guardian of the above youth, do do not appoint the OJJDP-PASS Program to act on our behalf in authorizing emergency or otherwise necessary medical, dental, surgical care and hospitalization for the above named youth.

I/We understand that we will be notified in advance of the specific times, dates and chaperones/mentors for events as they are scheduled and will be requested to sign permission slips for each such event.

I understand that in some instances travel to another community may be a part of the OJJDP - PASS Program.

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I agree to have my child included in these activities yes no

Signature of Parent/Guardian _____ Date: _____

Address: _____

Home Phone # _____ Work Phone #: _____

Emergency Contact Name: _____ Phone # () _____

Hospitalization Coverage for the applicant:

**Please complete Hospitalization Coverage Information on the next page*

Hospitalization Coverage for the applicant:

Insurance Co. or other Program: _____

ID or Contract # _____

Family Physician Name _____ Phone # _____

Please describe any specific illness that applicant is experiencing. If necessary, please attach special instructions for applicable illness (e.g. if child is diabetic):

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Parent(s)/Guardian Signature

Date

***THIS FORM WILL BE RETAINED BY EVENT SUPERVISOR
AND WILL ACCOMPANY THE ADOLESCENT ON EACH WORKSHOP TRIP.***

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TRANSPORTATION AGREEMENT
Form - Must be completed by: PARENT, GUARDIAN/PRIMARY CARE GIVER, etc.
*Please print or type

Adolescent Name: _____

As parent/guardian of the above youth, I hereby consent to participation by my child in the OJJDP – PASS sponsored workshops.

I understand that in some instances travel to ANOTHER COMMUNITY may be a part of the OJJDP - PASS program.

I agree to have my child included in these activities yes no

Based on your location, I understand that this activity will involve my child traveling by either:

plane _____ car bus train

I understand that my child may share a hotel/motel room with another child of the same sex.

I understand that my child will be under the supervision of the OJJDP-PASS PROGRAM. While at this event, my child is subject to all rules and regulations with respect to the program.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Home Phone # _____ Work/Emergency Phone # _____

Transportation is provided for applicants selected for the program by OJJDP-PASS designated representatives or vendors. Please provide us with the following information for use in making travel arrangements:

Residence/where adolescent will be picked up:

Contact Person: _____ Phone: _____

**Transportation Agreement: continued on Next Page*

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FAMILY AGREEMENT
Form - Must be completed by: PARENT, GUARDIAN/PRIMARY CARE GIVER, etc.
*Please print or type

I accept _____ as a
CHAPERONE/MENTOR for my child in the OJJDP - PASS program. The Coordinator of the
OJJDP – PASS program has given me a copy of the Guidelines for Family, Youth and
Chaperones/Mentors and discussed them with me.

I understand them and agree to abide by them. I understand that the CHAPERONE/MENTOR is
a non-professional volunteer.

I have listed here any information or concerns about my child, such as activities to do or
avoid allergies, dietary limitations, fears likes/dislikes, medications, and any other special
needs:

Allergies: _____ No Yes - *If yes, please specify below:

Specify: _____

Requires a Special Diet: No _____ Yes *If yes, please specify below:

Specify: _____

*Family Agreement: continued on Next Page

Takes Medications: No Yes -*If yes, please specify below:

Specify: _____

Can your child administer his/her own medication? No Yes

What is the dosage of the medication he/she is taking? _____

When is the medication taken? _____

Activities to avoid: _____

Fears: _____

Likes: _____

Dislikes: _____

Special Needs: _____

Emergency Contact: _____ Phone # _____

Relationship to my child: _____

Hospitalization Coverage for the above-named youth:

Insurance Co. or another Program: _____

ID or Contract # _____

Family Physician Name: _____ Phone # _____

Primary Care Physician: _____ Phone # _____

Signature of Parent/Guardian _____ Date: _____

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MEDIA RELEASE AGREEMENT

Form - Must be completed by: ADOLESCENT and PARENT, GUARDIAN/PRIMARY CARE GIVER, etc.

*Please print or type

From time to time adolescents are in media (photo, video, etc.) taken at OJJDP-PASS events. These Medias are sometimes used in conjunction with the OJJDP-PASS project, in a published format, overheads, pamphlets, flyers, etc. At no time will Medias or names be used for sale; gains of profit or in any derogative manner i.e. to ridicule, scandal, reproach, scorn or in dignify adolescents. OJJDP-PASS hereby requests the right and your permission to copyright and/or use, reuse and/or publish, and republish Medias in which the media may sometimes be distorted in character, or form, in conjunction with their own or a fictitious name, on reproductions thereof in color, or black and white made through any media by an assigned OJJDP-PASS Affiliate, for any purpose whatsoever; including the use of any printed matter in conjunction therewith.

I waive the right to inspect to approve the finished format-Medias - photograph, video, or advertising copy or printed matter that may be used in conjunction with the OJJDP-PASS Program. I grant the OJJDP-PASS Program the following rights in the use of my child's likeness, voice or materials supplied by me or OJJDP-PASS assigned Affiliate, in a production to be produced by OJJDP-PASS. OJJDP-PASS will have total ownership of the production and material submitted, the right to edit the production and materials, the right to broadcast the production and materials; may use my name or my child's, likeness, appearance, voice, biological information and the material supplied by me or my child for purposes of advertising, publicity and/or sales promotion. OJJDP-PASS retains the rights to all materials provided or produced (as described above), and the use of these materials will not violate the rights of any person or organization and will not incur any liability for payment to any person or organization.

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I hereby release, discharge and agree to hold harmless, OJJDP-PASS Program, OJJDP-PASS representatives, their assigns, employees or any person or persons, corporation or corporations, acting under their permission or authority, for whom OJJDP-PASS might be acting including any firm publishing and/or distributing the finished product, in whole or in part, claims, costs, injuries, losses or damages of any kind arising out of or in connection with the OJJDP-PASS Program from and against all liability. Except where prohibited, participation in the OJJDP-PASS Program constitutes participants consent to the publication of his or her name, biographical information and likeness in any media for any commercial or promotional purpose as it relates to the program, without limitation or for compensation.

I have read the foregoing release, authorization and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof.

Dated: _____ Parent/Guardian Name: _____

I hereby certify that I am the parent and/or guardian of _____ participating adolescent under the age of twenty-one years. I hereby consent that any Media which are taken at OJJDP-PASS events may be used in conjunction with the project, signed by the adolescent with the same force and effect as if executed by me.

Parent or Guardian Signature

OJJDP-PASS Participating Adolescent Signature

Date: _____

Date: _____

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CONSENT AGREEMENT

Form - Must be completed by: PARENT, GUARDIAN/PRIMARY CARE GIVER, etc.

*Please print or type

I have read the program information, forms and application and I have had the opportunity to ask questions and share my concerns.

I voluntarily agree to submit the application, forms and complete the program process.

Parent/Guardian Name: _____
Please Print

Parent/Guardian Signature: _____
Signature

Today's Date: _____

SECOND PARENT SIGNATURE AS NEEDED:

Parent/Guardian Name: _____
Please Print

Parent/Guardian Signature: _____
Signature

Today's Date: _____

**OJJDP-PASS PROGRAM FAMILY APPLICATION
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ASSENT FOR CHILDREN 13-17 YEARS OF AGE

Form - Must be completed by: ADOLESCENT and PARENT, GUARDIAN/PRIMARY CARE GIVER, etc.

*Please print or type

MY PARENT/GUARDIAN KNOWS ABOUT THIS PROGRAM AND WANTS ME TO PARTICIPATE IF I WANT TO.

I KNOW THAT I DO NOT HAVE TO PARTICIPATE IF I DO NOT WANT TO.

I DO WANT TO PARTICIPATE IN THE PROGRAM AND KNOW THAT I CAN WITHDRAW MY PERMISSION TO PARTICIPATE AT ANYTIME.

MY PARENT/GUARDIAN OR I CAN CALL THE PEOPLE LISTED ON THIS FORM IF WE HAVE ANY QUESTIONS.

Adolescent Name: _____

Please Print

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Adolescent Signature: _____

Signature

Parent/Guardian Name: _____

Please Print

Parent/Guardian Signature: _____

Signature

Today's Date: _____

SECOND PARENT SIGNATURE AS NEEDED:

Parent/Guardian Name: _____

Please Print

Parent/Guardian Signature: _____

Signature

Today's Date: _____

OJJDP-PASS Applicant: _____ Confidential Information

Do you have children? Yes No

If yes, what are the ages: _____

Are your children living with you? Yes No

Would you have adequate childcare if you participated in this program? Please explain:

PLEASE DESCRIBE YOURSELF:

Are you currently involved in any activities or programs in your community (e.g. school, team sport, church, agency etc.)? If yes, please describe:

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Please tell us about school and your feelings towards school and learning:

Do you have an IEP or 504 Plan in place? Yes No

Please describe accommodations or supports currently being provided:

* Adolescent Participant Application: continued on Next Page

Tell us about your interests and hobbies (what do you like to do in your spare time?):

Do you smoke cigarettes or E-Cigarettes? Yes No

Do you have permission from your parent(s) or guardian to smoke cigarettes?
 Yes No

Do you have any physical limitations or medical conditions? Yes No
No Please explain:

Do you have any food allergies or special food requirements? Yes No
No Please explain:

Do you have any challenges/issues/preferences that if your mentor is aware of, it would make a better relationship? If so, please explain:

* Adolescent Participant Application: continued on Next Page

What are your reasons for wanting or not wanting to be a participant in this program?
(Please be specific)

Is it important that your mentor be of a specific age range, or ethnic background? If yes, please specify (every attempt will be made to satisfy your wishes but there's no guarantee on your specific requests):

Are you able and willing to travel? Yes No

If you are chosen as a participant, do you agree to actively participate? Yes No

Are you willing to share your experiences? Yes No

If on medication, do you take your medication independently? Yes No

Are you currently seeing someone who is helping you with any challenges you may have keeping friends, getting along with your family and other adults (for example, teachers, religious

leader (Pastor, Iman, Rabbi, coaches, etc.)? Yes No

If yes, please describe in your own words the reason(s) for seeing this person:

**List three (3) things you want to accomplish by being involved in this program:
(Preferably things what will help to make you more successful in whatever path you
choose in life.**

- 1. _____

- 2. _____

- 3. _____

How did you hear about this program? _____

Name of person who referred you _____
Phone Number _____

What can you share that would contribute to a successful relationship with your assigned mentors?

Participate in any Team Sports: _____
Are you working or Volunteering? _____

If accepted for the OJJDP-PASS Program, kindly notify your depending teams and jobs of the dates for accepting the OJJDP-PASS offering.

Applicant's signature: _____ Date _____