V.G.P.P. COMMUNITY TRANSFORMATION PROCESS

TO FIND THE CLOSEST SITE PLEASE E-MAIL BEMERY10@COX.NET

STUDENT'S INFORMATION **RELEASE AND REGISTRATION FORM**

First Name _____ Last Name _____Age_____

Primary Address _____ City _____

State _____ Zip Code _____ Home Phone_____ Work Phone_____

Parent's /Caregiver Name _____ Cell Phone _____

Medicaid Number: _____

SPECIFICS OF PROGRAM

Our goal is to help each student have the basics to be able to learn to address their life challenges so they can have the
ability to identify and access needed resources, to successfully initiate a life plan, to graduate, and get and keep a good job. Along with group services, we provide each student a life coach to help youth get engaged in an "age appropriate life plan". We will help youth become mindful of their behavior and begin to take responsibility. *Parents may need helping hands and tools. Parent training is also available to help to identify and confront youth and family core behaviors in a realistic manner.*

ADMISSION CRITERA

We will serve all the youth who qualify and are sent to these trainings, without discrimination to race, religion, sex, national origin, disability, or age.

a. Youth may qualify who are presently either behavioral challenged, truant, engaged in the extended court system,
guidance counselor admitted, at risk to fail school, drug involved, violence involved, and other similar circumstances

b. We will be focusing on giving additional youth a chance for help, rather then providing further assistance to youth who have already received support services, ie: therapeutic mentoring, day treatment services, counseling services ect

MEDICAL RELEASE

In the event of an emergency or non-emergency situation, I _____hereby grant permission for any and all medical attention deemed necessary to be administered to my child in the event of any accidental injury or illness, until as such time as I can be contacted. This permission includes any and all needed medical attention and services, under the care of qualified medical personnel. I will not hold any of this program's team, (and affiliated programs) responsible for my child's injuries, and will want my child treated ASAP. I ____will also not hold any of GXG/VGPP team and the program's affiliates liable for any injury that doesn't require emergency care, that my child may occur during this program.

Student Insurance:_____ Policy #:_____ Contact Info:_____

Registration for services and liability Release (Please initial in the blanks.)

I ___ request the services of VGPP and GXG to provide this gang reduction program with a life coach. I understand that the life coach will be meeting with me (the care giver) at the start of the program. Therefore, I ___ will set aside 30 minutes to go over the specifics of what I feel is needed to help my child. I ___will work in cooperation with the life coach, as together, we can do much more to help my child succeed.

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Review of Services Selected: I want my child to receive these group services with a cooperative life coach. *I feel that this program will help my child with behavior challenges and give them a solid chance to succeed in life, stay in home and not be drawn into the streets, courts or worse.* I commit to have my child at the appropriate meeting sites, on time, for the day or days that this program is assigned to them.

Parent's/Guardian's Signature _____ Date _____