

Youth Empowerment Services Application

Youth A - Information (Please Print Clearly):

Print Name
(First / Last) _____

Date of Birth _____ Student Phone _____ Student Email _____

School _____ Grade: _____

Student ID: _____ **Q Password:** _____

Medical Information:

Name of Physician _____ Phone _____

Health or Physical Condition _____

Medication _____

Allergies _____

Youth B - Information (Please Print Clearly):

Print Name
(First / Last) _____

Date of Birth _____ Student Phone _____ Student Email _____

School _____ Grade: _____

Student ID: _____ **Q Password:** _____

Medical Information:

Name of Physician _____ Phone _____

Health or Physical Condition _____

Medication _____

Allergies _____

Youth C - Information (Please Print Clearly):

Print Name
(First / Last) _____

Date of Birth _____ Student Phone _____ Student Email _____

School _____ Grade: _____

Student ID: _____ **Q Password:** _____

Medical Information:

Name of Physician _____ Phone _____

Health or Physical Condition _____

Medication _____

Allergies _____

Primary Parent / Guardian Information:

Name _____

Mailing Address _____

Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Secondary Parent / Guardian Information:

Name _____

Mailing Address _____

Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent / Guardian Signature: _____

Date: _____

Students **must** show proof of Alaska Native/American Indian heritage by either 1) Certificate of Indian Blood or 2) concurrent enrollment in the CITC TANF Program or 3) Letter from Tribal entity.

Traditional Native Foods Permission

Youth's printed full name(s)	Known Food Allergies	Permission to eat traditional Native foods
Youth A:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Youth B:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Youth C:		<input type="checkbox"/> YES <input type="checkbox"/> NO

By signing below, I give permission for my child[ren]/ward[s] to eat traditional Native food.

Parent/legal guardian signature: _____ **Date:** _____

Youth Code of Conduct

This is to affirm that I agree to the following terms and conditions for participation in the CITC Youth Empowerment Services Program:

- I understand any technology I bring other than a laptop for schoolwork, will be put onto the technology table.
- I will let staff know if I need to use my phone before picking it up from the technology table.
- I will abide by the rules of CITC Youth Empowerment Services Program and follow the instructions given by the instructors, counselors, staff, and supervisors.
- I will respect the culture and ways of others and be respectful of their words and thoughts.
- I will participate in the scheduled activities, to the best of my abilities.
- I will be accountable for my whereabouts at all times, agreeing to keep staff informed of my plans and activities.
- I will keep my hands and extensions to myself, which means I will not engage in public displays of affection or aggression.
- I will refrain from any behavior deemed inappropriate or behavior that involves risk to others, or myself (e.g., inappropriate use of CITC equipment, leaving CITC Youth Empowerment Service Program without permission).
- I will give CITC equipment and facilities the highest levels of care and consideration. If I misuse equipment or materials, I may not be allowed to use them.
- I will follow the social distancing and mask requirements required by CITC.

I agree and consent to my child[ren]'s participation in any program with in Youth Empowerment Services and assume the CITC YES Department Staff is dedicated to provide a safe space for our students while understanding that no measures can be completely eradicate the risks and hazards of all activates. By enrolling a student(s) at CITC YES Department, families understand and accept the risk of injury, which may occur.

By signing below, I acknowledge I have read and understand the Youth Code of Conduct and agree to its terms and conditions whether as applied as a group or as an individual:

Parent Signature:

Date:

Youth A Signature:

Date:

Youth B Signature:

Date:

Youth C Signature:

Date:

CITC Youth Empowerment Services Department Student Behavior Contract

Welcome to the CITC Youth Empowerment Services Programs!

Please read the following list of expectations and their corresponding rules of conduct carefully before signing the Student Behavior Contract. If there is anything that you do not understand, feel free to discuss it with your instructor or youth advocate prior to signing the contract. We wish you great success as you learn and enjoy your time with us.

I will:

Respect members of the CITC staff, adults, and my fellow students.

- Be polite to everyone and treat others as I would like to be treated.
- Show appreciation for the knowledge and expertise of teachers, Elders, and guest presenters by listening attentively.
- Keep my hands, extensions to myself, which means I will not engage in public displays of affection or aggression.

Respect the CITC Center.

- Do my part in keeping the CITC Youth Empowerment Services Program area clean and orderly.
- Report any damage immediately so that it can be repaired.

Respect the Youth Empowerment Services Programs.

- Show my commitment to the Youth Empowerment Service Programs by participating as much as I am able.
- Do my part to minimize distractions by turning off cell phones, iPods, etc. before entering the classroom or open student area.

If I cause any danger, damage, or disruption in any manner to the Youth Empowerment Services Programs' employees, visitors, participants, grounds, facilities, and/or other programs, I full understand that I will be subject to disciplinary actions to and including expulsion from Youth Empowerment Services Programs and may be prohibited from returning to CITC's property.

Parent / Guardian and Student read and sign:

We have read, fully understand, and agree to all of the CITC Youth Empowerment Services Programs' expectations listed on this form while participating in the YES Programs. We understand that CITC is partnered with the Anchorage School District.

Parent / Guardian Signature:

Date:

Youth A Signature:

Date:

Youth B Signature:

Date:

Youth C Signature:

Date:

Computer Usage and Internet Agreement

- A. I will use the technical resources without being disruptive to CITC's operations or in violation of the CITC's policies or any law.
- B. I acknowledge that all information created, sent, distributed, or stored on CITC's technical resources is the property of CITC.
- C. I have no reasonable expectation of privacy in any message, file, image, or data created, sent, distributed or received by using CITC's technical resources including the wireless network.
- D. I understand that with using CITC technical resources, my technology usage maybe monitored and I acknowledge CITC's right to conduct such monitoring.
- E. I understand that any communications that contain verbal abuse, slander, or defamation or that are offensive or threatening are strictly prohibited. This includes copying, posting, printing, and/or accessing sexually explicit or offensive material. Offensive content would include, but not limited to: harassing, vulgar, obscene or sexual comments or images, racial slurs, gender-specific comments, or any comments that would offend someone on the basis of his or her age, ethnicity, gender, religion, national origin, sexual orientation, pregnancy, marital or family status, citizenship or other protected class, disability or veteran status.
- F. I understand I am responsible for maintaining the protection and confidentiality of my passwords, IDs, and other system access.
- G. I will not attempt to discover another user's password, or to break into or access a computer system, account or data files other than my own authorized accounts. If I break this rule, it maybe grounds for immediate expulsion of the Youth Empowerment Servies Programs.
- H. I will notdownload or install programs, patches, sound files, screen savers, or any other binary files that are executable without prior approval or direction from the Youth Empowerment Servies Program Staff.
- I. I will not copy any computer program files.
- J. I will not partake in any activity that is illegal under local, state, federal or international law while utilizing CITC's network.Including:
 - 1. Violations of the rights of any person or company protected by copyright, trade secret, patent, or other intellectual property, or similar laws or regulations, including, but not limited to, the uploading and/or distribution of "pirated" or other software products that are not appropriately licensed for use by CITC.
 - 2. Unauthorized uploading or copyrighted material including, but not limited to, digitization and distribution of photographs from magazines, books, or other copyrighted sources, company logos and copyrighted music.
 - 3. Introduction of mallicious programs into the system or server (e.ge, viruses, worms, Trojan hourses, email bombs, etc.).
 - 4. Effecting security breaches or disruptions of network communication. Security breaches include, but are not limited to, accessing data for which the user is not intended recipient or logging into a server or account that the user is not expressly authorized to access, unless these duties are withing the scope of regular duties. For purposes of this section, "disruption" includes but is not limited to, network sniffing, pinged floods, packet spoofing, denial of service, and forged routing information for mallicious purposes.
- K. I will not sidestep around any user authentication or security of any account.

I understand that if I violate any of these tems, I may have my computer access removed and could be expelled from the Youth Empowerment Services Programs.

I have read and fully understand my obligations and responsibilities as outlined above.

Parent / Guardian Signature: _____ **Date:** _____

Youth A Signature: _____ **Date:** _____

Youth B Signature: _____ **Date:** _____

Youth C Signature: _____ **Date:** _____

Transportation:

- (Required)** CITC personnel are authorize to transport my student on Field trips in CITC vehicles. I also Authorized my student to be transported by other organizations approved by CITC for field trips.
- I will personally provide transportation for my student from his/her home to CITC Transportation Center And back.
- I (**The Student**) am 18 years of age and have my own transportation to and from the CITC Grad Tracks / Schoolyard Programs.
- I (**The Student**) need a bus pass to and from the CITC YES Department or location for any YES Programs.
- (**School Year Only**) I (Parent / Guardian) hereby authorize the student to be transported in CITC vehicles to the CITC YES Department. This is only applicable to particular schools (TBD) in the Anchorage School District. Pick-up details will be provided. Bad weather conditions may require cancellation of the day's program. Schools and parents will be notified by 12:00PM of any changes. Disruptive behavior, physical conflict, illegal drug and other serious infractions in CITC vehicles or organized approved transportation companies will not be tolerated.
- (**My Student**) I authorize my student can walk home at the end of day.
- (**Other**):

Only the following are authorized to pick up the student from CITC YES Grad Tracks / Schoolyard Programs.

Name:	Phone:	Relation to Student
1. _____		
2. _____		
3. _____		

Parent / Guardian Signature: _____

Photograph Acknowledgement and Agreement

I understand that the student maybe photographed and videotaped for educational, promotional, and archival purposes. I hereby consent to the release of all photos and videos that may be used.

I waive any and all claims against CITC YES Department, their employees, servants, and agents in connection with the student's participation in the Youth Empowerment Servies Programs.

Parent / Guardian Signature: _____ **Date:** _____

Youth A Signature: _____ **Date:** _____

Youth B Signature: _____ **Date:** _____

Youth C Signature: _____ **Date:** _____

Authorization for Mutual Exchange of Information

I authorize a representative of the Cook Inlet Tribal Council to access Anchorage School District assessment and achievement data for (name of student). _____

This data may include but is not limited to attendance, standardized test scores, graduation status, and transcript of grades earned up until date of withdrawal from ASD/ graduation.

I understand this data will be used solely for the purpose of determining the success of the Youth Empowerment Services Programs. Information will not be shared with any other individuals or agencies without written permission of the parent / guardian.

Parent / Guardian Name: _____ **Phone:** _____

Parent / Guardian Signature: _____ **Date:** _____

Youth A Signature: _____ **Date:** _____

Youth B Signature: _____ **Date:** _____

Youth C Signature: _____ **Date:** _____

Authorization for CITC to Release Personal Information

Participant's Name: _____ DOB: _____ Last four digits of SSN: _____
 (Month/Day/Year)

Participant Parent Legal Guardian authorizes Cook Inlet Tribal Council (CITC) to: **Anchorage School District**

_____ (Initial) release protected health and other information as indicated below.

The participant's signature below authorizes CITC to release protected health information and personal information to the following organization(s).

Name: _____
 (Facility, Organization, or Individual Name)

Address: _____ Phone/Fax: _____

PURPOSE OF INFORMATION:

At the request of the participant for the purpose of treatment or services. I understand that although this ROI provides CITC with the authority to release my information, CITC policies require that only the minimum necessary information be released for the provision of services. Other specifications or special conditions, if any:

AMOUNT OR KIND OF WRITTEN (W), ELECTRONIC (E) AND/OR VERBAL (V) INFORMATION RELEASED: (circle and initial all that apply)

- | | | | |
|---|--------------------------------------|-----------------|-----------------------------|
| <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> V | Admission Summary | W / E / V _____ | Income and Wages |
| <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> V | Application for Services | W / E / V _____ | Lab Reports (OCS and PO) |
| <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> V | Attendance/Progress Report | W / E / V _____ | Legal History |
| <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> V | Billing Information | W / E / V _____ | Medication Records |
| <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> V | Career Development Assessment | W / E / V _____ | Psychiatric Evaluation |
| <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> V | Discharge Status | W / E / V _____ | Psychological Evaluation |
| <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> V | Education Assessments* | W / E / V _____ | Psychosocial History |
| W / E / V _____ | FAS/FASD Assessments | W / E / V _____ | Service Plan (non-clinical) |
| W / E / V _____ | Health History/Physical Records | W / E / V _____ | Treatment Plan (clinical) |
| W / E / V _____ | Housing | W / E / V _____ | Other(specify) |
| W / E / V _____ | Immunization Records | | |

Psychotherapy Notes CANNOT be released with this Authorization. See Psychotherapy Authorization to obtain those records

***I give permission for the exchange of any and all information required for these purposes, including but not limited to grades, personal information, attendance, test scores, date and place of birth, schools attended, tribal affiliation, educational barriers, applicable community agencies and other information through Zangle and other resources between CITC and ASD, and within CITC. This exchange is permissible until this release expires, even if I am no longer a student of ASD or participant of CITC. I understand that I may request a copy of the records being released at any time.** (initial)

1. I understand that: (1) I can refuse to authorize the release of any personal health information (PHI); (2) I am not required to release PHI in order to ensure health care treatment, payment, enrollment, or eligibility for health care benefits; (3) I may inspect or copy the information to be used or disclosed, as provided in 45 C.F.R. § 164.524; and (4) the information released may include information regarding psychiatric treatment (except psychotherapy notes), substance use treatment/rehabilitation, medical treatment, and HIV status. I give specific authorization for these records to be used and disclosed. If I have questions about disclosure of my health information, I can contact the CITC Privacy Officer at 907-793-3403.

2. I understand that: (1) I have a right to revoke this authorization at any time; (2) if I revoke this authorization I must do so in writing and present my written revocation to CITC for PHI records, and in writing or orally for substance use disorder treatment records; (3) the revocation will not apply to information that has already been released in response to this authorization; and (4) the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Unless otherwise revoked, this authorization will expire on the following date: . If this space is left blank, this authorization will be presumed to expire two (2) years after the signature date below.

3. I understand that my alcohol and/or drug treatment/rehabilitation records (if any) are protected under the Health Insurance Portability Accountability Act of 1996 (HIPAA), and its enacting regulations, and that, depending on the nature of the record and treatment involved, my records may also be protected under the federal regulations governing confidentiality of substance use disorder patient records, 42 C.F.R. Part 2. I understand that only health information covered by 42 C.F.R. Part 2 (i.e., alcohol and drug use or treatment), will continue to be protected by law from redisclosure once it leaves CITC. However, if the information is covered only by HIPAA, it is subject to redisclosure by the recipient and may no longer be protected. I understand that my records cannot be disclosed by CITC beyond what is permitted under this authorization without my written consent, unless provided for by the regulations.

4. _____ (Initial) **Check If information being disclosed is subject to 42 C.F.R. Part 2 (i.e., alcohol and substance use or treatment).**
 NOTICE TO RECIPIENT: PROHIBITION ON REDISCLOSURE IF BOX IS CHECKED. This information has been disclosed to you from records that may be protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from further disclosing information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless such disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules also restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

By my signature below, I indicate that I have read this document or have had it read to me, I fully understand its meaning, and I consent to its terms knowingly and voluntarily.

Signature _____ **Date**

Signature of Guardian/Parent/Authorized Person _____ **Date**
Relationship to Participant

Printed Name

Signed copy received by participant: _____ Yes _____ No, participant declined copy. **CITC Employee Initials:** _____