

Code of Conduct for participation in the CITC Recovery Services Youth Reentry Program

The purpose of the CITC Recovery Services Youth Reentry Program is to assist the Department of Juvenile Justice (DJJ) involved youth in developing the skills that they need to be successful in their journey to adulthood. Every participant, along with staff, volunteers and parents, is expected to contribute to the success of this program.

Below is an outline of expectations that we ask of all participants, their parents/guardians, and program staff.

I, [Click here to enter your name](#) agree to meet these program expectations:

- Treat other participants and staff with respect
- Follow staff, volunteer and guest instructions and raise concerns respectfully
- Complete and actively participate in a case plan with my Youth Advocate
- Actively work toward reaching the goals stated in my case plan
- Utilize the tools and resources provided by staff to accomplish my goals
- Attend and participate in all scheduled meetings, classes and groups
- Notify my Youth Advocate within 24-hours of me missing a scheduled meeting or group
- Complete 20-hours of community service
- Follow all conditions of probation/parole
- Follow and comply with local, community, city, state and federal law

What are the consequences if I do not meet expectations of the program?

- I will receive a verbal warning regarding behaviors and actions that are not allowed and in most cases give me an opportunity to correct the behavior
- Depending on my behavior, my parent or guardian may be contacted
- In response to inappropriate behaviors and/or failure to meet the expectations, staff may require me to sign a corrective action plan in order to stay in the program
- Some behaviors may result in immediate suspension or termination
- If I am terminated, there will be a 30 day waiting period before I am eligible for reacceptance

The following may result in being dismissed from the program:

- Bullying, harassing, coercing or using derogatory language towards other participants, staff and/or volunteers
- Actual or threatened violence directed at other participants staff, and/or volunteers
- Behaviors that endangers the life of others
- Behaviors that interferes with the participation of others
- Touching a peer or adult in a physically and/or sexually aggressive manner
- Possessing or being under the influence of alcohol, tobacco, drugs or weapons.
- Leaving the program area without permission from staff
- Repeated absences or failure to meet agreed upon program requirements
- If more than three sessions are missed through the entirety of the program unless excused ahead of time

As the parent/guardian I will support my child's participation in this program by:

- Making arrangements so my child is able to attend every day of the program and able to arrive on time and prepared; this includes avoiding scheduling appointments during the program
- Working together with program staff to resolve issues that come up with my child.

Program staff commit to:

- Having respectful and effective communication with all participants and their parents
- Ensuring participants have an educative and fun experience
- Addressing issues that are brought to our attention
- Creating a safe environment where everyone is welcomed and given the opportunity to succeed



Everyone contributes to the success of this program!

Sign below acknowledging your understanding of and a commitment to following this code of conduct.

Participant

Date

Parent(s)/Guardian(s)

Date

Program Staff Representative

Date

Youth Reentry Intake Application

Name: _____ Date: _____

Date of Birth: _____

Are you currently enrolled with another CITC department? Yes No

If so, which CITC department? _____

Have you completed a ROI? Yes No

What services are you looking for?

- | | | |
|--|---|--|
| <input type="checkbox"/> Coping Skills | <input type="checkbox"/> Navigating Resources | <input type="checkbox"/> Social & Emotional Skills |
| <input type="checkbox"/> Mentorship | <input type="checkbox"/> Cultural Awareness | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Recovery Support | <input type="checkbox"/> Peer Support |
| <input type="checkbox"/> Prevention | <input type="checkbox"/> Support Groups | <input type="checkbox"/> Crisis Intervention |
| <input type="checkbox"/> Education | | <input type="checkbox"/> Cultural Activities |
| <input type="checkbox"/> Other _____ | | |

Youth Services

Are you between the ages of 14-22? Yes No

Have you ever been involved with the Division of Juvenile Justice? Yes No

Are currently incarcerated? Yes No

If so, which location: _____

Probation Officer Name: _____

Primary Number? _____

Have you completed a ROI? Yes No

Youth Reentry Intake Application

Instructions: Complete information for the youth. For families, fill in the information for the primary contact. Complete the information on subsequent pages for each family member to receive services.

Date of Intake: _____

Participant Name

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Other Names Used

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Date of Birth: _____

Gender: Male Female

Mailing Address: _____

E-mail Address: _____

Contact Phone Number: _____

What is your current housing situation? _____

U.S. Military Services

Are you registered for selective services? Yes No

(Males between 18 and 25 years of age, according to Federal guidelines.)

Are you active in the Military? Yes No

If discharged from the Military service, when? _____

Why were you discharged from the Military service? _____

Continuation

Ethnicity (Check All That Apply):

White: Black, African American: American Indian or Alaska Native: ___ Asian Indian:

Chinese: Filipino: Japanese: ___ Korean: Vietnamese: Native Hawaiian:

Guamanian or Chamorro: Samoan: Other Asian: Another Pacific Islander:

Another Race (Specify): _____

Hispanic, Latino or Spanish origin:

No, not of Hispanic, Latino or Spanish origin

Mexican, Mexican American-Chicano: Puerto Rican: Cuban:

Another Hispanic, Latino or Spanish origin (Specify): _____

Alaska Native Ethnicity:

Aleut: Alutiiq: Athabaskan: Eyak: Haida: Inupiat: Siberian Yup'ik:

Tlingit: Tsimshian: Yup'ik / Cup'ik: Don't Know: None:

Regional Corporation Affiliation:

Are you the following? Shareholder: Descendant: Family Member:

Which corporation do you belong to?

Bering Straits: Bristol Bay: NANA: Sealaska: Ahtna: Aleut: ASRC:

Chugach: Calista: CIRI: Doyon: Koniag: 13th Region: Unknown: None:

Employment Status:

Currently working? Yes No Part-Time? Yes No Estimated Never Worked

If unemployed, Last Date of Employment: _____

Education Status :

Last Grade Level Completed: _____ Completion Year: _____

Certificate/Degree Title: _____

Intake Form

Emergency Contact Information

Full Name: _____

Contact Phone Number(s): _____

I understand that the information that I have provided CJTC on this Intake form will be used to assist CITC in providing me an offering of appropriate services. I consent to receive services from CITC and understand that I can accept or decline any of the services or programs that CITC offers to me.

Participant Name (Printed): _____

Participant's signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CITC RECORDS REQUEST/RELEASE OF INFORMATION FORM

PARTICIPANT	Name: _____ Birthdate: _____ Other Names Used: _____
SEND TO	I request CITC, CSEL, ANJC, and/or GOTNV send information to this individual or organization: Person or Organization: _____ Phone: _____ How do you want the information provided? Check one <input type="checkbox"/> It will be picked up at the CITC Nat'uh Building <input type="checkbox"/> Verbally: Participant information may be discussed with the individual/organization named above. <input type="checkbox"/> Mail to: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street Address or P.O. Box City State Zip </div> <input type="checkbox"/> *Fax to: _____ <i>*Using Fax/Email may increase certain privacy risks, including risk of accidental disclosure and cyberattack.</i> <input type="checkbox"/> *Email to: _____
INFORMATION REQUESTED	What information do you want disclosed/sent? Check and/or describe AKP: <input type="checkbox"/> Career Assessment Materials <input type="checkbox"/> Resume <input type="checkbox"/> Training Certificates ANJC: <input type="checkbox"/> Attendance Records <input type="checkbox"/> Case Management <input type="checkbox"/> Court Case Materials <input type="checkbox"/> Referrals CFS: <input type="checkbox"/> Assistance Records <input type="checkbox"/> Attendance Records <input type="checkbox"/> Case Management <input type="checkbox"/> Home-Based Program Records <input type="checkbox"/> Training Certification CSEL: <input type="checkbox"/> Developmental results, diagnosis, & progress notes <input type="checkbox"/> Educational records & evaluations ETSD: <input type="checkbox"/> ABE program records <input type="checkbox"/> Case management Records <input type="checkbox"/> Life Skill Class Records <input type="checkbox"/> SWE Records <input type="checkbox"/> Training Certification or Attendance <input type="checkbox"/> Volunteer records <input type="checkbox"/> YEP Records RS: <input type="checkbox"/> Assessment & Pretreatment Records <input type="checkbox"/> Clare Swan (Outpatient) Records <input type="checkbox"/> Chanlyut Records <input type="checkbox"/> ETC Records YES: <input type="checkbox"/> Attendance Records <input type="checkbox"/> Training or Education Certifications Records for the following dates or service:
YOUR RIGHTS	HIPAA: I have a right to: (1) receive a copy of this signed authorization upon request; (2) refuse to sign this form/authorization; and (3) inspect or copy my information. CITC may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on a decision to sign this form. I may arrange to inspect or copy information by contacting CITC. 42 CFR Part 2: Information used or disclosed under this authorization may be subject to re-disclosure and no longer protected under federal law. However, federal/state law may restrict re-disclosure of HIV/AIDS, mental health information, genetic testing information and drug/alcohol diagnosis, treatment, or referral information. Redisclosure notification is included with released information where appropriate. VAWA: Information covered by Violence Against Women Act may be disclosed and I understand the type of information, reason for sharing, and potential recipients authorized in this release under this release.
WHY	Why are you requesting this disclosure? <input type="checkbox"/> Personal <input type="checkbox"/> Legal <input type="checkbox"/> Care Coordination <input type="checkbox"/> School <input type="checkbox"/> Other:
VALIDITY	Expiration: This authorization expires 1 year from the date signed <u>or</u> this requested date: ____/____/____ Revocation: Authorization may be revoked at any time by written notice to CITC. Revocation is not effective until received and is not effective for disclosures already made.
REQUESTOR	I authorize disclosure of the requested records and understand they may contain sensitive information. Signature: _____ Print Name: _____ Date: _____ Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street Address or P.O. Box City State Zip </div> Relationship to Participant: <input type="checkbox"/> Self <input type="checkbox"/> *Parent/Guardian <input type="checkbox"/> *Legally Authorized Representative <i>* Attach proof of relationship to the Participant of parent/guardian or legally authorized representative.</i> Minor's Signature, if for ANJC/RS records about Minor: _____ Date: _____ If we have questions, how may we contact you: <input type="checkbox"/> Phone: _____ <input type="checkbox"/> Email: _____
YOU MUST SHOW OR SUBMIT A COPY OF A VALID PHOTO ID WITH THIS REQUEST	
CITC USE ONLY Date Received On: _____ Verification of ID: <input type="checkbox"/> Copy Attached <input type="checkbox"/> Checked by (initial): _____	

“RELEASE REQUEST/RELEASE OF INFORMATION FORM” Instructions

CITC provides a Records Request Form to authorize the release or disclosure of Participant Information. CITC also accepts other forms as long as they meet the legal requirements to release the records that have been requested.

The “**Participant**” section is to provide the name of the person *who the records are about*, along with their date of birth. “Other Names Used” is to list names the Participant uses or has used, such as a maiden name.

The “**Send to**” section is to provide the following information:

- “Name” of the person or organization who you would like the information to be provided to. A phone number is requested to coordinate pick up or confirm receipt.
- “How do you want the information provided?” is where you describe how you want the records sent.
- You can also check a box to allow information to be released verbally. This is if you want CITC to be able to discuss your services with another person or organization.

The “**Information**” section is to describe the records you want sent, by selecting the program(s) that you need information from. Common documents for different programs are described to allow you to easily check a box, but you can also write in a description of any record or provide more detail. When checking boxes, be sure to select only those records that you want to have provided. Providing specific dates allows the request to be processed faster.

Programs and abbreviations:

- **AKP** – Alaska’s People
- **ANJC** – Alaska Native Justice Center
- **CFS** – Child & Family Services
- **CSELC** – Clare Swan Early Learning Center
- **ETSD** – Employment & Training Services Development
- **RS** – Recovery Services
- **YES** – Youth Empowerment Services

The “**Your Rights**” section provides legally required notices about your rights under federal privacy law, including HIPAA, 42 CFR Part 2, and VAWA. More information about your privacy rights is included in the CITC Notice of Privacy Practices.

The “**Why**” section is to indicate why you need the requested records. HIPAA requires that we ask this. You can select “Other” and do not need to provide additional information.

The “**Validity**” section explains your legal right to provide an expiration date or event and to revoke a release.

The “**Requestor**” section is to provide the information about the person *who is requesting the records*.

- The form must be signed and dated either:
 - by the Participant (if Participant is a competent adult),
 - by a Parent/Guardian (if Participant is a minor child), **or**
 - by a Legally Authorized Representative of the Participant.
 - Also, if the records are for an ANJC-service provided to a Minor Participant, then both the Minor Participant and their Parent/Guardian must sign. Minor means a person under 18 years of age, who is not married or emancipated.
- The form asks about the relationship of the Requestor to the Participant. Unless you are an adult requesting your own records, you must provide proof of relationship or have proof on file with CITC.
 - Acceptable proof for Parent/Guardian: a birth certification, certificate of adoption, or court order.
 - Acceptable proof for a Legally Authorized Representative: a court order or power of attorney that includes responsibility related to the records requested, or designation of executorship for the records of a deceased Participant.
- A mailing address and contact information is requested in case there are questions about the request or if a request cannot be processed due to legal restrictions.

YOU MUST SHOW OR SUBMIT A COPY OF A VALID PHOTO ID WITH THE REQUEST: We care about Participant privacy. CITC verifies the identity of requestors to ensure they have the right to authorize a release.

Options for submitting completed forms: *select one*

- Self drop-off, in-person at any CITC location Email to: CITCRecords@citci.org Fax to: 907-793-3423
 Mail to: CITC Records Request, 3600 San Jeronimo Drive, Anchorage, Alaska 99508

You will receive a response within 30 days of the request.