

**PREVENTION AND EARLY INTERVENTION (PEI) DIVISION
 CLIENT ENROLLMENT FORM – YOUTH & FAMILY PROGRAMS
 (*INDICATES REQUIRED FIELD)**

Program

Family and Youth Success Program (FAYS)

Contract ID No. 24555273	Subcontractor CCD Counseling PA	Workflow FAYS
*Enrollment/Service Start Date	* Initials of Staff Assigned to Family	Initials of Intake Staff (Only if different from Assigned to Family)
PEIRS Enrollment ID No.	CCD ID No.	CCD Staff Data Entry Name and Data

AUTHORIZATION FOR SERVICE

I have been provided information on the referenced Prevention and Early Intervention Program and wish to receive services. I understand that data on my child/youth/family will be collected, maintained, and entered into a secure database. The information will be utilized to track services for evaluation purposes and to ensure quality services are being provided. I hereby authorize my child/youth/family to participate in the program.

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian

Printed Name of Index Child/Youth

Authorization for Service must be completed per Index Child/Youth at enrollment and annually.

Please Complete at a Minimum All *Bolted Sections

***CONTRIBUTING FACTORS (Must check at least one and can check all that apply)**

- Behavioral Concern
- Current or Former Military Connection
- Current or Past Alcohol Abuse - Caregiver
- Current or Past Alcohol Abuse - Youth
- Current or Past Child Maltreatment or Child Welfare Involvement
- Current or Past Conflict at School
- Current or Past Criminal Justice Involvement - Youth
- Current or Past Domestic or Interpersonal Violence
- Current or Past Use or Abuse of Other Substance - Youth
- Developmental Delay or Disability - Caregiver
- Developmental Delay or Disability - Index Child/Youth
- Family Dynamics/Structure Concern
- Family or Household Conflict
- High Stress Level
- Homeless/Runaway
- Household has a child with developmental delays or disabilities
- Household has a history of alcohol abuse or a need for alcohol abuse treatment
- Household has a history of substance abuse or needs substance abuse treatment
- Low School Attainment - Caregiver
- Low-Income Household
- Mental Health Concern - Caregiver
- Mental Health Concern - Index Child/Youth
- Parenting Skills Concern
- School Engagement Concern
- Social Support Concern
- Household contains an enrollee who is Pregnant and under 21

***Primary Language Spoken in the Home (Select One):**

English Spanish Vietnamese Chinese Other Not Assessed

***Referred By (Write name of Source on line below and Check appropriate box):**

Referral Name: _____

- | | |
|---|-----------------------------|
| Self-Referral (Parent) | Juvenile Justice System |
| Self-Referral (Youth) | Texas Youth/Runaway Hotline |
| Friend/Relative | 211 or other hotline |
| School, daycare or other education provider | Prior Participant |
| Healthcare provider | Family Connects |
| Clergy/Church | Other Community Agency |
| Child Protective Services | Other |
| Law Enforcement | |

***Estimated Monthly Gross Income: \$** _____

***# Household Members:** _____

***Income Source:**

- | | | |
|-------------------|--|----------------------------------|
| Alimony | Cash assistance from friends/family or relatives | Child support |
| Rent from Tenants | Salary/wages | Social security/disability |
| TANF | Unemployment benefits | Other income (specify):
_____ |

Please Complete at a Minimum All *Bolted Sections

PRIMARY PARTICIPATING CAREGIVER INFORMATION				
Person ID NO.				
*First Name:			Middle Name:	
*Last Name:			Suffix: II III IV JR SR	
*Date of Birth:			*Gender: Male Female	
*Primary Phone:		*Primary Email:		
*Hispanic Origin (select one): Hispanic Non-Hispanic Unable To Determine				
*Relationship to Index Child/Youth (select one): Parent/Adoptive Foster Parent Stepparent Grandparent Aunt/Uncle Cousin Sibling Caregiver's Partner Fictive Kin Unrelated				
*Race (select all that apply): American Indian/Alaska Native Asian Black Native Hawaiian/Pacific Islander Unable To Determine Declined to Indicate White				
*Disability Status (select one): Yes No Not Assessed				
Primary Language Spoken in the Home (select one): English Spanish Vietnamese Chinese Other Not Assessed				
Marital Status (select one): Single, Never Married Not married, but living together with partner Married Separated Divorced Widowed Unknown				
Highest Education Attained (select one): Less than K 5 th Grade 11 th Grade Completed Associate Degree Kindergarten 6 th Grade 12 th Grade Some College 1 st Grade 7 th Grade Did Not Graduate College Graduate 2 nd Grade 8 th Grade Graduated H.S. Post Graduate 3 rd Grade 9 th Grade Received GED Not Assessed 4 th Grade 10 th Grade Post H.S. Technical Degree Other				
Military Status (select one): No Military Service Not Indicated Active Duty Active Reserve Inactive Reserve National Guard Retired Veteran (discharge other than dishonorable) Discharged – Dishonorable				
Current Living Situation (select one): I am staying in a public or private facility providing temporary shelter (i.e. shelter, mission, single room facility or motel) I live in my home which I own I live in my home which I rent I am staying with friends or family members on a temporary basis I live with parents or family members I live in public housing I live in some other stable arrangement I am incarcerated I am staying on the streets, in a car, park, sidewalk, abandoned building, or any unstable or nonpermanent situation I live in a foster care environment Not assessed				
Is your current living situation a temporary arrangement due to housing loss or economic hardship? Yes No Not Assessed				

Please Complete at a Minimum All *Bolted Sections

SECONDARY PARTICIPATING CAREGIVER INFORMATION (Optional)			
Person ID NO.			
*First Name:		Middle Name:	
*Last Name:		Suffix: II III IV JR SR	
*Date of Birth:		*Gender: Male Female	
*Primary Phone:		*Primary Email:	
*Hispanic Origin (select one): Hispanic Non-Hispanic Unable To Determine			
*Relationship to Target Client (select one): Parent/Adoptive Foster Parent Stepparent Grandparent Aunt/Uncle Cousin Sibling Caregiver's Partner Fictive Kin Unrelated			
*Race (select all that apply): American Indian/Alaska Native Asian Black Native Hawaiian/Pacific Islander Unable To Determine Declined to Indicate White			
*Disability Status (select one): Yes No Not Assessed			
Primary Language Spoken in the Home (select one): English Spanish Vietnamese Chinese Other Not Assessed			
Marital Status (select one): Single, Never Married Not married, but living together with partner Married Separated Divorced Widowed Unknown			
Highest Education Attained (select one): Less than K 5 th Grade 11 th Grade Completed Associate Degree Kindergarten 6 th Grade 12 th Grade Some College 1 st Grade 7 th Grade Did Not Graduate College Graduate 2 nd Grade 8 th Grade Graduated H.S. Post Graduate 3 rd Grade 9 th Grade Received GED Not Assessed 4 th Grade 10 th Grade Post H.S. Technical Degree Other			

ADDITIONAL PARTICIPANT INFORMATION (Others attending sessions)							
	*First Name	Middle Name	*Last Name	Suffix	*Gender	*Date of Birth	*Relationship to Client
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							



Family Tree Program

Denton County Dallas County

Funded by the State of Texas Administered by CCD Counseling PA

(888) 837-0666 www.familytreeprogram.org www.facebook.com/familytreeprogram

Family Tree Counseling Program

You are receiving services from CCD Counseling PA (CCD) or an individual or organization that is a subcontractor for CCD. CCD administers the Family Tree Program for Denton and Dallas Counties. Those services are funded by the state of Texas through their Family and Youth Success (FAYS) Program. A CCD employee, the Family Tree Case Manager enters information about you and the services you receive into an electronic database maintained by the State of Texas.

Authorization for Release of Confidential Information

I hereby authorize CCD (including any subcontractor) to disclose any and all records and information concerning myself and/or my family's participation in the Family Tree program to the state funded FAYS program.

The disclosure of information authorized herein is made for the following purposes:

1. For the billing and reporting of service delivery by CCD and/or their sub-contractors
2. For the management and administration of FAYS services by the state, and,
3. To evaluate and maintain the quality services delivered to me and or my family.

In addition, I consent for a staff member at CCD to communicate with me by mail, email and by phone at the contact numbers and addresses I provide. I understand that information may be conveyed electronically and the privacy of those various communication methods cannot be guaranteed.

I understand that my records are protected under state and federal regulations and cannot be disclosed without my written consent, at any time, except to the extent that action has been taken in reliance to it. I further understand that because of these laws, neither CCD or a CCD subcontractor can provide FAYS services to me or my family without this authorization. I also understand that this authorization is voluntary, and that other options are available to me. Other options include refusal of services, seeking alternative services, electing to fund my own services, and/or seeking services that have a different source of funding.

Signature of Youth

Date

Signature of Parent, Guardian, or Managing Conservator

Date

Signature of Parent, Guardian, or Managing Conservator

Date

Protective Factors Survey for Caregivers

PROGRAM STAFF USE ONLY

PRE SERVICE	IN SERVICE	POST SERVICE	PEIRS Client ID#
Caregiver First Name:		Caregiver Last Name:	
Caregiver DOB:		Today's Date:	
Is this family member an expectant parent with no other children in the home?			Yes No
Has this family member completed the program?			Yes No

Thank you for taking the time to fill out this survey! The information will be used to evaluate the program. For each of the questions, please answer in your own opinion or experience instead of trying to answer for other members of your family. Please answer honestly. There are no right or wrong answers.

If you have any questions about one of the statements or the answer scale, ask one of the program staff. Please do not skip a question.

Part I. Please check the box that best describes how often the statements are true for you or your family.

	Not Answered	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always	N/A
1. In my family, we talk about problems.									
2. When we argue, my family listens to "both sides of the story."									
3. In my family, we take time to listen to each other.									
4. My family pulls together when things are stressful.									
5. My family is able to solve our problems.									

Part II. Please check the box that best describes how much you agree or disagree with the statement.

	Not Answered	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree	N/A
6. I have others who will listen when I need to talk about my problems.									
7. When I am lonely, there are several people I can talk to.									
8. I would have no idea where to turn if my family needed food or housing.									
9. I wouldn't know where to go for help if I had trouble making ends meet.									
10. If there is a crisis, I have others I can talk to.									
11. If I needed help finding a job, I wouldn't know where to go for help.									

Part III. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.

Child's Age _____ or DOB _____

If you are expecting your first baby and there are no more children in your home, STOP here.

	Not Answered	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree	N/A
12. There are many times when I don't know what to do as a parent.									
13. I know how to help my child learn.									
14. My child misbehaves just to upset me.									

Part IV. Please tell us how often each of the following happens in your family.

	Not Answered	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always	N/A
15. I praise my child when he/she behaves well.									
16. When I discipline my child, I lose control.									
17. I am happy being with my child.									
18. My child and I are very close to each other.									
19. I am able to soothe my child when he/she is upset.									
20. I spend time with my child doing what he/she likes to do.									