



Peoria County
Program Information Sheet

Teen REACH provides year round programming and activities to youth ages 11-17 to promote Responsibility, Education, Achievement, Caring, and Hope. Each year Teen REACH students are engaged in 240 days of community based programming that occurs after school, on many school holidays, and through the summer months. Regular program attendance enables Teen REACH students to:

- Improve educational performance
- Expand decision making abilities and knowledge through life skills education
- Engage in a variety of recreation, sports, cultural and artistic activities
- Connect with positive adult mentors
- Gain values, skills and knowledge in service learning activities

The mission of the Teen REACH program is to expand the range of choices and opportunities that enable, empower and encourage youth to achieve positive growth and development, improve expectations and capacities for future success, and avoid and/or reduce risk-taking behavior. Teen REACH is made possible by funding from the Illinois Department of Human Services. Administrative and quality assurance services are provided by the Children's Home Association of Illinois.

Teen REACH encourages parental involvement and invites parents and/or guardians to meet with staff to discuss their student's activities, and to participate in events that strengthen parent/child bonds and community involvement. All parents and/or guardians and Teen REACH participants are invited to participate in the Teen REACH Advisory Council as well as program evaluations and surveys. Teen REACH appreciates and uses information obtained from families and students in decisions related to overall program design and activities.

Enrollment in Teen REACH is valid for one year from date of parent/guardian signature and may be revoked at any time. Re-enrollment may continue annually until the student's reaches his/her 18th birthday. I have reviewed the program information sheet as well as site specific information and wish to enroll my child in the Peoria County Teen REACH Program.

Participant's Name

Participant's Date of Birth

Parent/Guardian Signature

Date of Signature/Enrollment

Participant Signature

Date of Signature

Program Staff

Date of Signature

ILLINOIS TEEN REACH

Date enrolled in Teen REACH: ___/___/20___	Staff initials: _____
Date enrolled in Tier: ___/___/20___	Staff initials: _____
Date terminated from eCornerstone: ___/___/20___	Staff initials: _____
Date terminated from Tier: ___/___/20___	Staff initials: _____

Peoria County Parental Consent & Release General Information

Parent/Guardian Name: _____ Participant Name: _____
 Address: _____ City: _____, IL, 616___
 Participant Date of Birth: ___/___/___ Participant Gender (Please Circle): Male Female
 Participant Race: (Please circle all that apply) American Indian/AK Native Black/African Amer
 Hispanic/Latino Asian Asian Hawaiian/Pac Island White Unknown Other _____
 Home Phone: ___-___-___ Cell Phone Number: ___-___-___ Work Phone: ___-___-___

Field Trips: I understand that the Teen REACH program will be planning some field trips throughout the course of my child's participation. I, _____ will allow my child to go on field trips with the Teen REACH program and its staff. My child and I fully understand that all Teen REACH rules apply on trips. I also understand that all field trips will also have another, more detailed, permission slip.

Photography Release: As the legal parent/guardian of _____, I authorize the Illinois Department of Human Services and the local Teen REACH program operators to photograph my child for means of publication purposes. Photos might be used in various brochures and publications describing and promoting the program in a positive way. In no way will the photos be used in any illegal misrepresentation of my child.

Outcome Measurement Consent: I, _____ give permission to the Illinois Department of Human Service, Children's Home Association of Illinois, and its designees to collect, review and record data on my child, this data gathering may include, but is not restricted to the following:

Assessment tools, surveys and/or interviews about his/her knowledge, attitudes, strengths, skills, and behaviors in regards to risk-taking behaviors and habits, education and educational resources, positive relationships, career choices, connection to community, overall satisfaction with the Teen REACH program, and academic and school department data from report cards and other school reports. School data will be collected throughout the school year.

I understand that the purpose of these assessment tools, surveys and interviews is to document the impact of the Teen REACH program on its participants, and to identify areas for program improvement. I also understand that this information will remain private, and that only my child's site director and assigned research assistants will be able to look at his/her assessment tools, survey and interview responses. I understand that my child's responses will be grouped together with the responses of other Teen REACH sites for any public presentations of their finding, and that my child will not be individually linked to his/her responses. In addition, I understand that I can take back my permission at any time, and that my permission automatically stops when the child leaves the Teen REACH program.

My signature confirms that I have read the above information, and grants my permission for the child listed to attend, participate and travel as stated above.

Parent/Guardian Signature

Date

Participant Signature

Date

Program Staff

Date



Peoria County
Consent for Release of
Academic Information

Student Name: _____ Date of Birth: ___ / ___ / ___

Grade: _____ School Name: _____

Parent/Guardian Name: _____

As the legal parent/guardian of the above named student I authorize Peoria Public Schools District #150 and/or the above listed school to release the following academic and attendance information to Peoria County Teen REACH staff: quarterly reports cards, academic progress reports, school attendance records, standardized test scores (ISAT, PSAE, SAT or ACT), grade attainment and graduation information.

Parent/Guardian Signature _____
Date

Participant Signature _____
Date

Program Staff _____
Date

Transportation Consent

My child has consent to walk home after the program.

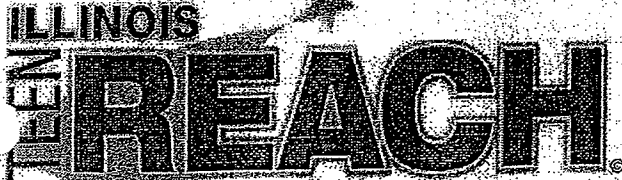
My child will be picked up from the program and may be released to: _____

The program will regularly provide transportation to and/or from the program.

Parent/Guardian Signature _____
Date

Participant Signature _____
Date

Program Staff _____
Date



Peoria County
Parental Consent & Release
Medical Information

Participant Name: _____ Date of Birth: ___/___/___
Address: _____ City: _____, IL, 616___
Home Phone: ___-___-___ Cell Phone: ___-___-___ Work Phone: ___-___-___

Primary Emergency Contact Name: _____ Phone: ___-___-___
Primary Contact Number: ___-___-___ Cell Phone Number: ___-___-___

Secondary Emergency Contact Name: _____ Phone: ___-___-___
Secondary Contact Number: ___-___-___ Cell Phone Number: ___-___-___

Medical Consent & Release: I understand that Teen REACH includes physical sports and recreational activities. The child named above has the following restrictions on his/her physical activity:

My child takes the following medication(s): _____
These medications are self administered _____ must be administered by an adult _____.
My child has the following allergies and/or medical conditions: _____

Asthma Action Plan Required YES [] NO []

As the parent/guardian of the above named child, by signing below I give permission for the child listed to participate in all Teen REACH physical sports and recreational activities unless otherwise specified above.

Parent/Guardian Signature _____ Date _____
Participant Signature _____ Date _____
Program Staff _____ Date _____

As the parent/guardian of the above named child, by signing below I give permission for Teen REACH staff to provide and/or obtain emergency medical care in the event an illness, accident or injury occurs with my student during Teen REACH.

Circle preferred hospital: OSF Methodist Medical Center Proctor Hospital

Parent/Guardian Signature _____ Date _____
Participant Signature _____ Date _____
Program Staff _____ Date _____



Dear Applicant:

*This program is funded with a federal Community Development Block Program provided through the City of Peoria. The federal agency providing these funds, the Department of Housing and Urban Development (HUD), requires the following information be obtained from all those participating in this program to verify that these funds are being properly used for homeless or near homeless lower income Peoria residents per CFR 570.208 a 2 A/B. This form will be kept confidential.

Michael Sims, City of Peoria Grants Coordinator

Program Name: _____

Participant's Name:			
Present Address:			
City, State & Zip:		Date of Birth:	
Home Phone:		Cell Phone:	
		Gender: Male Female	
Race (Please circle one)			
White	Black/AfrAm	Asian	Amer. Indian
Amer. Indian & White	Asian & White	Amer. Indian & Black/AfrAm	Black/AfrAm & White
			Native Hawaiian Other Multi-Racial

Are you? (Please circle)			
Hispanic Ethnicity:	YES	NO	Elderly:
Public Housing Authority Household:	YES	NO	Disabled:
			YES
			NO
Female Head of Household and/or Single Parent:			YES
			NO

Primary Language: _____

Please Circle Below the total number of persons in your home and, across from that number, your household's annual income range.

Total Number in Household	Household Income	30% Median Income	50% Very Low Income	60% Median	80% Low Income
1	→	\$0-\$13,300	\$13,301-\$22,200	\$22,201-\$26,600	\$26,601-\$35,500
2	→	\$0-\$15,200	\$15,201-\$25,350	\$25,351-\$30,400	\$30,401-\$40,550
3	→	\$0-\$17,100	\$17,101-\$28,550	\$28,551-\$34,200	\$34,201-\$45,650
4	→	\$0-\$19,000	\$19,001-\$31,700	\$31,701-\$38,000	\$38,001-\$50,700
5	→	\$0-\$20,500	\$20,501-\$34,250	\$34,251-\$41,000	\$41,001-\$54,750
6	→	\$0-\$22,050	\$22,051-\$36,750	\$36,751-\$44,100	\$44,101-\$58,800
7	→	\$0-\$23,550	\$23,551-\$39,300	\$39,301-\$47,100	\$47,101-\$62,850

This is to certify that the above information is accurate to the best of my knowledge and may be subject to verification.

DATE: _____

Signature of Participant

Notes to Service Provider: 1) This form must be completed for every person served, regardless of age and affiliation with household. 2) Parents and/or Guardians may complete and sign this form for youth served.

*All Teen REACH sites are not funded by CDGB, but use this form for data collection purposes only. For clarification speak to your site staff.

eCornerstone Informed Consent Form

05/04

Participant Name: _____ Male _____ Female _____
(Last) (First) (MI)

Date of Birth: _____ Participant's ID Number: _____
(Month) (Day) (Year)

It is important that you read the following. If there is anything that you do not understand, or if you have any questions, be sure to ASK.

Welcome to eCornerstone, a system that collects and uses data on a wide range of state programs for individuals. These programs include WIC (Women, Infants and Children); Immunizations; Case Management; Prenatal and Postpartum Care; Pediatric Primary Care; Early Intervention; Breast and Cervical Cancer; Diabetes Control; Healthy Families Illinois; and Youth Programs including Comprehensive Community-Based Youth Services, Crossroads, and Teen REACH.

We are seeking your permission to share information about the participant for enrollment and case-management purposes. This information includes the participant's participation in any of the programs listed above. Based on the information, we may determine that the participant could benefit from other state-funded programs. We will also use the information in order to provide and pay for services for which the participant is enrolling, and to refer the participant for other necessary services.

We protect personal information we collect about the participant by maintaining physical, electronic and procedural safeguards. Program participation information will be shared only with authorized staff with a direct need to know about the participant. Information may also be released as necessary for participation authorization, and for program audit and evaluation purposes. Necessary information, without any participant's name, will also be sent to federal and/or State agencies that fund the program.

By signing this Consent form, you agree to allow the information as described in this Consent to be used by this agency/clinic as described in the Consent. The person(s) receiving this information has(ve) a legal and ethical duty to keep the information confidential and private and not release it to anyone else except as described in this Consent, without your written permission, unless the law allows it.

- A. I hereby authorize _____ (eCornerstone site) to compare data already entered in the computer system regarding any other of the above programs that the participant may have participated in, with data about the participant collected during this enrollment/registration process, and to release data as necessary to provide the service requested and the referrals necessary.
- B. This consent covers all the medical, social and financial information about the participant, including participant background and demographic information; health visit information; medical and developmental history; prenatal birth, and postpartum data; infant/child visit data; immunization records; participant risks and protective factors; problems or factors that prevent the participant from receiving proper medical care; appointments made and services received; goals and care plan; WIC food packages; program information; information required by the federal Maternal and Child Health Block Grant Program; Youth Programs; and Early Intervention Program, but only as relevant to the service being provided and as necessary to accomplish the above purposes.
- C. This consent does not cover information about the diagnosis of or treatment for mental health, AIDS, HIV, sexually transmissible diseases, alcoholism, and drug abuse which will not be released to other programs pursuant to this consent.
- D. I am making this consent within the limits of my legal authority. I understand that I may revoke this consent in writing at any time, but that revoking this consent will not cancel what was done before I revoked it. I also understand and agree not to hold this agency or the Illinois Departments of Human Services or Public Health liable for the release of any information about me in accordance with the terms of this consent form or as allowed by law.
- E. A photostatic copy/facsimile of this consent will be as valid as the original.

OR

Signature of parent / legal guardian / caretaker; Date

Signature of adult participant ; Date

Signature of youth (OPTIONAL); Date

Signature of Witness _____ Date _____