



Your Place of Security and Hope

Dear Parent/Guardian:

You have chosen to enroll your child in the S&H Youth and Adult Services, Inc Teen Mentoring Program. In the program, your child will be mentored by both volunteers and paid staff. The mentor may assist with homework as well as act as an adult role model and source of friendship and encouragement. The activities between your child and the mentors will be closely monitored and structured by the Program Manager in charge of the relationship. Your child will greatly benefit from having another positive adult role model in his/her life and hopes that the relationship will lead to increased academic performance, self-esteem, and emotional development.

Each SHYAS mentor has been thoroughly screened and investigated. We respect your role as a parent/guardian and will provide every opportunity for you to meet with the mentors and be involved in the development of their relationships.

As your child goes through the program, S&H Youth and Adult Services, Inc will monitor their academic performance and socio-emotional development. All information gathered about the effect of the relationship on your child's academic performance and socio-emotional development is strictly for the purposes of evaluating the program and will be kept confidential.

The mentors are caring adult volunteers making an excellent contribution to your child's quality of life. If you would like your child to participate in the program, talk about it with him/her. If he/she is comfortable with the idea of having a mentor, please grant your permission by signing below. One of our Program Managers will soon be in contact with you about your child's new mentor.

Thank you for your time. We hope this program will be of great benefit to everyone involved.

Sincerely,

A handwritten signature in black ink, appearing to read 'La Tanya Hardy', is written over a horizontal line.

La Tanya Hardy, MBA HCM, CSAC
Executive Director

I _____, legal guardian, give permission for my child, _____, to participate in the S&H Youth and Adult Services, Inc. mentoring program. I understand the nature and rules of the mentoring efforts and reserve the right to withdraw my child from the program at any time. I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this enrollment.

Parent/Guardian Signature

Date

3. Do you plan on attending college after you graduate? Yes No What is your career goal/interest?

4. What would you like to learn more about or become better at with the help of a mentor?

Favorites:

What is your favorite...

Food _____

Color _____

Book _____

Movie _____

Music Group _____

Song _____

Person _____

Medical Information:

Do you have allergies (seasonal, medication, food, etc.)? YES NO If yes, please list below

Have you been prescribed a daily medication regiment YES NO If yes, please list meds below

Medication	Dose & Frequency	Date of Rx

If you do not have enough space to list all prescribed medications please attach a printed list of medications to the mentee application.

Have you been diagnosed with a mental health disorder, physical health disorder, substance abuse disorder, or learning disability? YES NO If yes, please list disorder/disability below.

AUTHORIZATION FOR EMERGENCY TREATMENT: In case of an emergency, I authorize S&H Youth and Adult Services, Inc or contract agency staff to obtain emergency treatment from the client's family physician or local hospital emergency room. I also authorize the use of ambulance and release of pertinent clinical information (written or verbal) to meet the needs of the emergency. **Guardia Initials** _____

S&H Youth and Adult Services, Inc DOES NOT PERMIT PHYSICAL RESTRAINTS. S&H Youth and Adult Services, Inc permits its staff to use certain specific interventions to contain aggressive or threatening behavior displayed by our clients. The following has been approved for use by S&H Youth and

Address: 909 South Main St. Suite 208 Salisbury NC 28144 * Phone: 704-603-8285 * Fax: 704-353-7901 * SHYAS.COM

Adult Services, Inc : Voluntary time out and Therapeutic Crisis Response. Voluntary time—out is used when a client voluntarily agrees to remove him/her self from a potentially volatile situation to prevent the expression of aggressive and/or dangerous behaviors. Therapeutic crisis response is use to manage situations when imminent danger is posed to the client or others as result of client behavior or threats by contacting the authority/Emergency Contact/Legal guardian. **Guardia Initials** _____

CLIENT RIGHTS AND RESPONSIBILITIES: I have received the handbook that explains Rights; Confidentiality; Recipient Responsibility; and policy and procedures that include Grievance, Search and Seizure, and Suspension and Expulsion. I understand that I may ask questions or concerns. I understand all recipient information is confidential and not divulged to any person, or agency outside S&H Youth and Adult Services, Inc without authorization. **Guardia Initials** _____

NOTICE OF PRIVACY PRACTICES: I acknowledge that I've been provided a copy of the Notice of Privacy Practices for S&H Youth and Adult Services, Inc . I understand that the Notice of Privacy Practices discuss how my personal health care information may be used and/or disclosed, my rights with respect to health care information, and how and where I may file a privacy-related complaint. I may review or obtain a copy a copy of the Notice in the waiting room of S&H Youth and Adult Services main office. I understand that the terms of this Notice may be changed in the future, and these changes will be posted in the waiting room of S&H Youth and Adult Services, Inc . I may also request a new notice by contacting S&H Youth and Adult Services, Inc at (704) 603-8285. **Guardia Initials** _____

Please List the Name, Address, and Telephone Number of the following

Primary Care Physician: _____

Psychiatrist: _____

Pharmacy: _____

Other: _____

Payment Agreement:

S&H Youth and Adult Services, Inc. charges _____ for the SUMMER AFTER SCHOOL mentoring program. As the legal guardian, I agree to pay _____ for the _____ Mentoring program. I shall make a Weekly Monthly Semi Annual Annual payment of \$ _____ every Monday Friday prior to the next billing cycle (week, month, etc). **Guardia Initials** _____

RELEASE OF INFORMATION FOR PAYMENT: I authorize S&H Youth and Adult Services, Inc to release all necessary portions of my client record, as required by the appropriate insurance company/third party payor for payment of services, including information pertaining to the psychiatric, and/or alcohol and drug and/or HIV/AIDS related conditions and treatment. In doing so, S&H Youth and Adult Services, Inc will abide by all state and federal confidentiality regulations and requirements including Health Insurance Portability and Accountability Act (HIPAA) and all additional and applicable rules for the release of confidential information related to substance abuse and HIV/AIDS.

AGREEMENT TO PAY: If I or my legal representative does not have third party coverage that agrees to pay the established fee for service at S&H Youth and Adult Services, Inc , it becomes my or my legal guardian's responsibility to pay the fee. I understand that I may be denied services at any time that my account is not current.

ASSIGNMENT OF BENEFITS: I authorize payment by the insurance company/third party and my legal guardian (if applicable) directly to S&H Youth and Adult Services, Inc for services rendered, and/or payment of benefits to be applied to the public subsidy balance because of a reduced ability to pay. I understand that I am financially responsible to S&H Youth and Adult Services, Inc for the change applied to the insurance deductible and for all charges limited by the insurance carrier or third party payor. If unpaid balance is sent to a collection agency, I will be responsible for any legal and/or interest associated with collection of the debt.

PARTICIPATION AGREEMENT.

As the legal guardian I agree to allow my child to participate in the **S& H Youth and Adult Services, Inc Teen Mentoring Program** (the "SHYAS TMP"). I understand that my participation in the SHYAS TMP includes academic, social, and physical activity (sports, swimming, exercise, counseling, group discussions as outlined in annual program media, academic assistance/no tutoring, and community service projects). I the legal guardian and my child agree to observe and obey all posted rules and warnings, to follow any instructions or directions given by SHYAS TMP through its employees, representatives or agents, and to abide by any decision of any SHYAS TMP official relative to my ability to safely compete program. I authorize SHYAS TMP to transport during the course of service. We consent to the use of images in photographs, motion pictures, recordings, or other records at the SHYAS TMP for use in advertising, marketing, or promotion. I assign all right, title, and interest in any and all photography, motion pictures, recordings, or other records of the SHYAS TMP. I agree that SHYAS TMP reserves the right to cancel the SHYAS TMP Services in the event of extreme weather, accidents, or other conditions or circumstances to protect the safety and security of participants. In the event of such cancellation, there will be no refund of fee for service. All fees are final and nonrefundable. We understand that participants may be engaging in activities that may involve risk of damage to personal property or serious bodily injury and social and economic losses which might result not from one's own actions, inactions or negligence, but also the actions, inactions or negligence of others or the condition of the facilities. Further, there may be other risks not known or not reasonably foreseeable at this time. I, the legal guardian, is aware of the risks associated with participation in the SHYAS TMP. I the legal guardian and my child hereby assume full responsibility and liability for any and all damages, injuries, or losses that I may sustain or incur while participating in the SHYAS TMP or as a result of or arising out of the use of such facilities at the SHYAS TMP. In consideration of being allowed to participate in the SHYAS TMP and at the SHYAS TMP Property, I the legal guardian and my child, my personal representatives, guardians, heirs, and next of kin, hereby release, waive, discharge, and covenant not to sue S&H Youth and Adult Services, Inc other participants, together with their officers, employees, administrators, agents, members, and volunteers of all of the foregoing (collectively, the "Releasees"), from any liability to me, my heirs and next of kin for any and all claims, demands, losses, expenses or damages on account of damage to personal property or injury caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise. Indemnity agreement. I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against one of the releasees as a result of my involvement in activities described herein, I the legal guardian and my child will indemnify, reimburse and forever hold harmless the releasees from any and all injuries, costs, damages, causes of action, claims and any consequential and incidental damages, including attorney fees, arising out of or resulting from any injury, death, or damage to property which I may sustain or cause as a result of participation in the SHYAS TMP or as a result of or arising out of the use of the SHYAS TMP Property. I am the legal guardian of the above named minor and understand the nature of the foregoing activities and the minor's experience and capabilities, believe the minor to be qualified to participate in the S&H Youth and Adult Services, Inc Mentoring Program.

LEGAL GUARDIAN PRINTED NAME: _____

LEGAL GUARDIAN SIGNATURE: _____ Date: _____