

**Authorization for Service Form**

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| Subcontractor | Staff Assigned to Family | | Date |
| Primary Caregiver Name | | Phone/Email | |
| Target Child Name | | Target Child DOB | |
| Planned Service Frequency: 🞏 Less than 1x Month 🞏 1x Month 🞏 2x Month 🞏 More than 2x Month | | | |

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| **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 youth/family will be collected, maintained, and entered into a secure data system. The information will be utilized to track services for evaluation purposes and to ensure quality services are being provided. I hereby authorize my youth/family to participate in the program. |

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| **AUTHORIZATION FOR INFORMATION SHARING**  The services you will receive in this program are delivered through a partnership of San Antonio service providers in the Healthy Outcomes Through Prevention and Early Supports (HOPES III) initiative. Information on your family including demographics, any assessments completed, the services you received, and outcomes of those services are shared with partner organizations in the HOPES III initiative, funders of the initiative, and evaluators. The information is shared in order to provide coordinated services to families, measure program success, and to provide additional resources and services to families on an as-needed basis.  All partner service providers under HOPES III are also members of the Alamo Area Community Network (AACN), a referral network of San Antonio area services providers, using a common shared referral platform. If you request a referral to one of the other HOPES III partner programs below, or when you agree to referrals beyond services provided by a partner in the HOPES III initiative, you will be asked to complete a separate information sharing authorization. That authorization allows for referral to other organizations partnering in the AACN. You can access a list of all AACN community partners and more detail about the network at [www.yourcommunitynetwork.org](http://www.yourcommunitynetwork.org). Your basic demographic information (Name, DOB, Address) is shared with AACN partners and is accessible to all member organizations of the referral network, even if you are not being referred or are receiving services by a particular AACN partner organization. Detailed information on services provided to you or your family members under HOPES III will only be accessible to staff of HOPES partner organizations and is not shared with the other partners in the AACN. You do not have to give your permission to seek services from AACN community partners, but without it they will not be able to work together on the Community Network to help you. Your treatment, ability to receive services, payment, enrollment, or eligibility for benefits do not depend on your signing this form. | | |
| **REFERRAL CHECKLIST**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Providing case management services to children with medical conditions, special needs/disabilities, developmental delays or health risks/chronic illness. |  | Personal home visits & monthly group activities. Topics covered: parent/ child interaction activities, family well-being and parent-centered development. Strengthen families & promote school readiness. |  | Our mission at The Children’s Shelter is to restore innocence and to strengthen families. We offer the opportunity to strengthen families by connecting them to other community resources. | |  | Clinic based interventions, skills training to teach critical skills needed to cope effectively with life, and mental health & psychiatric management (aggression replacement). Screenings, wraparound care planning and crisis supports available. |  | Home based parenting support. Parents learn positive parenting strategies and ways to build a more positive relationship between parents/ caregivers & children. Offer managing misbehavior tips. |  | One-on-one Financial Counseling to assist with debt control, improving credit score, creating a budget and workforce readiness skills. | |  | Community events: FREE family events with hands on activities that showcase partner services. Play & Learn: Adult/child group-based activities. |  | Group parenting classes and 4 follow up phone calls/ home visits. Parents learn via observation, discussion, practice, and feedback. Manage common behavior problems & developmental issues. |  | Support for families caring for a child with developmental disabilities/ special needs. Mother’s day out: Mondays & Wednesdays, Parent’s night out: Fridays, Family day out: Saturdays (6 wks- 18 yrs old). | | Bright by Text is a free parent and caregiver messaging program that sends tips and resources promoting child development, targeted to a child’s age from 0 to 5 years old. It is designed to be relevant to today’s families, providing quality information and trusted resources to any caregiver. The messages are comprised of research-based content from Bright by Three and other trusted providers, such as PBS Kids, PBS Parents, and Vroom. Bright by Text provides developmental tips based on a child’s age (families may sign up multiple kids!), offer timely info on local resources and events and link to more online learning materials, including videos  By selecting consent, you agree to enroll into the program and receive Bright by Text messages from 274448. While there is absolutely no cost for enrolling, data and message rates may apply. You can cancel any time by texting STOP to 274448. For help text HELP to 274448 or email us at [admin@brightbytext.org](mailto:admin@brightbytext.org)  I Consent to sharing my zip code, phone number and child’s date of birth with KLRN Bright by Text | | | | | | | | |
| Signature | Date | Printed Name of Parent or Guardian |

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| Priority Characteristics | | | | |
| To participate in this program, please identify two or more items in the list below that describe your situation. Please check all that apply.Behavioral ConcernCurrent or Former Military ConnectionCurrent or Past Alcohol Abuse - CaregiverCurrent or Past Child Maltreatment or Child Welfare InvolvementCurrent or Past Domestic or Interpersonal ViolenceDevelopmental Delay or Disability - CaregiverDevelopmental Delay or Disability - Index Child/YouthFamily Dynamics/Structure ConcernFamily or Household ConflictHigh Stress LevelHomeless/RunawayHousehold has a child with developmental delays or disabilitiesHousehold has a history of alcohol abuse or a need for alcohol abuse treatmentHousehold has a history of substance abuse or needs substance abuse treatmentLow School Attainment - CaregiverLow-Income HouseholdMental Health Concern - CaregiverMental Health Concern - Index Child/YouthParenting Skills ConcernSocial Support ConcernSomeone in the household has attained low school achievement or has a child with low student achievement – For non-youth serving programs onlySomeone in the household uses tobacco products in the home – For non-youth serving programs onlyHousehold contains an enrollee who is Pregnant and under 21 | | | | |
| Primary Language Spoken in the Home:   English    Spanish    Vietnamese    Chinese    Other    Not Assessed | | | | |
| Referred By:Self-Referral (Parent)Friend/RelativeSchool, daycare or other education providerHealthcare providerClergy/ChurchChild Protective ServicesLaw EnforcementJuvenile Justice System211 or other hotlinePrior ParticipantFamily ConnectsOther Community AgencyOther | | | | |
| Estimated Monthly Gross Income: | | | # Household Members | |
| Income Source:Salary/WagesCash assistance from friends/familyChild Support | AlimonyRent from TenantsSocial Security/Disability | | | TANFUnemployment BenefitsOther Income (specify) |
| Provider ID: | | Evidence-based Practice Unique ID: | | |

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| Index Child/Youth information | | | | | |
| ENROLLMENT ID No.       (STAFF - UWSA) | | | | | |
| \***First Name**: | | Middle Name: | | | |
| **\*Last Name:** | | Suffix:    II    III    IV    JR    SR | | | |
| **\*Date** **of** **Birth:** | | **\*Gender:**    Male    Female | | | |
| SSN: | | | | | |
| Primary Phone: | | Primary Email: | | | |
| **\*Hispanic Origin** (select only one):    Hispanic    Non-Hispanic    Unable To Determine | | | | | |
| **\*Race** (select all that apply):   * American Indian/Alaska Native * Unable To Determine | * Asian * Declined to Indicate | | | * Black * White * Native Hawaiian/Pacific Islander | |
| **INDEX CHILD/YOUTH - PRIMARY ADDRESS** | | | | | |
| \***Address 1**: | | Address 2: | | | |
| **\*City**: | | **\*State**: | | | **\*Zip Code**: |
| **\*County**: | | Colonia: | | |  |
| INDEX CHILD/YOuth - OTHER INFORMATION | | | | | |
| \***Disability Status:**    **Yes    No    Not Assessed** | | | | | |
| **Highest Education Attained**   * Less than Kinder * Kinder * 1st Grade * 2nd Grade * 3rd Grade * 4th Grade * 5th Grade * 6th Grade | * 7th Grade * 8th Grade * 9th Grade * 10th Grade * 11th Grade * 12th Grade * Did Not Graduate * Graduated H.S. | | * Received GED * Post High School Technical Degree * Completed Associate Degree * Some College * College Graduate * Post Graduate * Not Assessed * Other | | |
| **Education Status -** Currently Enrolled in:     licensed day care    certified Pre-K    elementary school    Not Enrolled    Not Assessed | | | | | |

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| **PRIMARY PARTICIPATING CAREGIVER INFORMATION** | | | | | | |
| Person ID NO**.**       **(STAFF - UWSA)** | | | | | | |
| **\*First Name:** | | | | | Middle Name**:** | |
| **\*Last Name:** | | | | | **Suffix:    II    III    IV    JR    SR** | |
| **\*Date of Birth:** | | | | | **\*Gender:    Male    Female** | |
| Primary Phone**:** | | | | | Extension: | |
| Primary Email: | | | Social Security Number: | | | |
| **\*Hispanic Origin (select only one):**    **Hispanic**    **Non-Hispanic**    **Unable To Determine** | | | | | | |
| **\*Race** (select all that apply):   * American Indian/Alaska Native * Unable To Determine | | * Asian * Declined to Indicate | | | | * Black * White * Native Hawaiian/Pacific Islander |
| **\*Relationship** **to** **Index Child/Youth:**   * Parent * Foster Parent * Stepparent | | * Aunt/Uncle * Cousin * Grandparent | | | | * Sibling * Caregiver’s Partner * Fictive Kin / Unrelated Family * Unrelated |
| Expectant Parent:    Yes    No | | | | | | Delivery Due Date: |
| **\*Disability Status:**     Yes    No    Unknown | **\*Primary Language Spoken in the Home**:     English    Spanish    Vietnamese    Chinese    Other    Not Assessed | | | | | |
| **Marital Status:**   * Single, Never Married * Not married, but living together with partner * Married | | | | * Divorced * Widowed * Unknown * Separated | | |
| **Military Status**   * No Military Service * Not Indicated * Active Duty | | * Active Reserve * Inactive Reserve * National Guard | | | | * Retired * Veteran (discharge other than dishonorable) * Discharged - Dishonorable |
| **Highest Education Attained**   * Less than Kinder * Kinder * 1st Grade * 2nd Grade * 3rd Grade * 4th Grade * 5th Grade * 6th Grade | | * 7th Grade * 8th Grade * 9th Grade * 10th Grade * 11th Grade * 12th Grade * Did Not Graduate * Graduated H.S. | | | | * Received GED * Post High School Technical Degree * Completed Associate Degree * Some College * College Graduate * Post Graduate * Not Assessed * Other |
| **Education Status - Currently Enrolled in:**   * Licensed day care * Certified Pre-K * Elementary school | | * Middle school * High school * College * Tech training | | | | * GED program * Not Enrolled * Not Assessed |

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| **Current Living Situation: Please select one item per family member (column)** | **Myself (Primary Caregiver)** | **Child** | **Secondary Caregiver**  **(if applicable)** |
| Staying in a public or private facility that provides temporary shelter (such as a shelter, mission, single room occupancy facility or motel) |  |  |  |
| Live in home (own) |  |  |  |
| Live in home (rent) |  |  |  |
| Staying with friends or family members on a temporary basis |  |  |  |
| Live with parents or family members |  |  |  |
| Live in public housing |  |  |  |
| Live in some other stable arrangement |  |  |  |
| Incarcerated |  |  |  |
| Staying on the streets, in a car, park, sidewalk, abandoned building, or any unstable or nonpermanent situation |  |  |  |
| Live in a foster care environment |  |  |  |
| Not assessed |  |  |  |
| **Please circle one per family member:**  Is your current living situation a temporary arrangement due to housing loss or economic hardship | Yes / No | Yes / No | Yes / No |

Does the Primary Caregiver have the same address as the Index Child?  Yes  No, please fill out address below.

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| **PRIMARY CAREGIVER - ADDRESS** | | |
| \***Address 1**: | Address 2: | |
| **\*City**: | **\*State**: | **\*Zip Code**: |
| **\*County**: | Colonia: |  |

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| **SECONDARY PARTICIPATING CAREGIVER INFORMATION (Optional)** | | | | | |
| Person ID NO**.**       **(STAFF - UWSA)** | | | | | |
| **\*First Name:** | | | | Middle Name**:** | |
| **\*Last Name:** | | | | **Suffix:    II    III    IV    JR    SR** | |
| **\*Date of Birth:** | | | | **\*Gender:    Male    Female** | |
| Primary Phone**:** | | | | Extension: | |
| Primary Email: | | | | | |
| **\*Hispanic Origin (select only one):    Hispanic    Non-Hispanic    Unable To Determine** | | | | | |
| **\*Race** (select all that apply):   * American Indian/Alaska Native * Unable To Determine | | * Asian * Declined to Indicate | | | * Black * White * Native Hawaiian/Pacific Islander |
| **\*Relationship** **to** **Index Child/Youth:**   * Parent * Foster Parent * Stepparent | | * Aunt/Uncle * Cousin * Sibling | | | * Caregiver’s Partner * Grandparent * Fictive Kin /Unrelated Family * Unrelated |
| **\*Disability Status:**     Yes    No    Unknown | **\*Primary Language Spoken in the Home**:     English    Spanish    Vietnamese    Chinese    Other    Not Assessed | | | | |
| **Marital Status:**   * Single, Never Married * Not married, but living together with partner * Married | | | * Divorced * Widowed * Unknown * Separated | | |
| **Military Status**   * No Military Service * Not Indicated * Active Duty | | * Active Reserve * Inactive Reserve * National Guard | | | * Retired * Veteran (discharge other than dishonorable) * Discharged - Dishonorable |
| **Highest Education Attained**   * Less than Kinder * Kinder * 1st Grade * 2nd Grade * 3rd Grade * 4th Grade * 5th Grade * 6th Grade | | * 7th Grade * 8th Grade * 9th Grade * 10th Grade * 11th Grade * 12th Grade * Did Not Graduate * Graduated H.S. | | | * Received GED * Post High School Technical Degree * Completed Associate Degree * Some College * College Graduate * Post Graduate * Not Assessed * Other |
| **Education Status - Currently Enrolled in:**   * Licensed day care * Certified Pre-K * Elementary school | | * Middle school * High school * College * Tech training | | | * GED program * Not Enrolled * Not Assessed |

Does the Secondary Caregiver (if applicable) have the same address as the Index Child?  Yes  No, please fill out address below.

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| **SECONDARY CAREGIVER - ADDRESS** | | |
| \***Address 1**: | Address 2: | |
| **\*City**: | **\*State**: | **\*Zip Code**: |
| **\*County**: | Colonia: |  |

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| **OTHER PARTICIPANTS INFORMATION (Optional)** | | |
| **\*First Name:** | | Middle Name**:** |
| **\*Last Name:** | | **Suffix:    II    III    IV    JR    SR** |
| **\*Gender:    Male    Female** | | Date of Birth**:** |
| **\*Relationship** **to** **Index Child/Youth:**   * Parent * Foster Parent * Stepparent | * Aunt/Uncle * Cousin * Sibling | * Caregiver’s Partner * Grandparent * Fictive Kin /Unrelated Family * Unrelated |

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| **OTHER PARTICIPANTS INFORMATION (Optional)** | | |
| **\*First Name:** | | Middle Name**:** |
| **\*Last Name:** | | **Suffix:    II    III    IV    JR    SR** |
| **\*Gender:    Male    Female** | | Date of Birth**:** |
| **\*Relationship** **to** **Index Child/Youth:**   * Parent * Foster Parent * Stepparent | * Aunt/Uncle * Cousin * Sibling | * Caregiver’s Partner * Grandparent * Fictive Kin /Unrelated Family * Unrelated |

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| **OTHER PARTICIPANTS INFORMATION (Optional)** | | |
| **\*First Name:** | | Middle Name**:** |
| **\*Last Name:** | | **Suffix:    II    III    IV    JR    SR** |
| **\*Gender:    Male    Female** | | Date of Birth**:** |
| **\*Relationship** **to** **Index Child/Youth:**   * Parent * Foster Parent * Stepparent | * Aunt/Uncle * Cousin * Sibling | * Caregiver’s Partner * Grandparent * Fictive Kin /Unrelated Family * Unrelated |

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| **OTHER PARTICIPANTS INFORMATION (Optional)** | | |
| **\*First Name:** | | Middle Name**:** |
| **\*Last Name:** | | **Suffix:    II    III    IV    JR    SR** |
| **\*Gender:    Male    Female** | | Date of Birth**:** |
| **\*Relationship** **to** **Index Child/Youth:**   * Parent * Foster Parent * Stepparent | * Aunt/Uncle * Cousin * Sibling | * Caregiver’s Partner * Grandparent * Fictive Kin /Unrelated Family * Unrelated |