



REACH ASHLAND YOUTH CENTER

MEMBERSHIP FORM

FOR YOUTH AGED 11-24
IN ALAMEDA COUNTY!

YOU ARE INVITED TO JOIN
FOR FREE

FIRST NAME

LAST NAME

Large empty rectangular area for entering personal information, overlaid with a faint grey grid pattern.



MEMBER INFORMATION

MEMBER'S FIRST NAME:

MEMBER'S LAST NAME:

BIRTHDATE: MONTH

DAY

YEAR

AGE

NICKNAME

MEMBER'S EMAIL:

CELL PHONE

HOME PHONE

HOME ADDRESS:

CITY:

STATE:

ZIP CODE

Are there existing health, education or other community health services you currently use we should be aware of to better coordinate care?

Do you have other siblings that attend REACH?

No

Yes If yes, Name(s):

Date of Birth:

What race/ethnicity do you identify yourself as?

(check all that apply)

Race by the following categories:

- | | | |
|--|--|--|
| <input type="checkbox"/> American Indian
or Alaska Native | <input type="checkbox"/> Native Hawaiian
or other Pacific
Islander | <input type="checkbox"/> More than one
race |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Black or African
American | <input type="checkbox"/> Other | |

Ethnicity by the following categories:

- | | | |
|---|---|---|
| Hispanic or Latino
as follows | Non-Hispanic or
Non-Latino as follows: | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> African | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Asian Indian/
South Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mexican/
Mexican-
American/
Chicano | <input type="checkbox"/> Cambodian | |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Chinese | |
| <input type="checkbox"/> South American | <input type="checkbox"/> Eastern
European | |
| <input type="checkbox"/> Other | <input type="checkbox"/> European | |
| <input type="checkbox"/> Decline to state | <input type="checkbox"/> Filipino | |
| | <input type="checkbox"/> Japanese | |
| | <input type="checkbox"/> Korean | |

**Primary Languages Spoken at Home
(you & your family):**

- | | |
|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Hebrew |
| <input type="checkbox"/> Chinese Dialect | <input type="checkbox"/> French |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Cantonese |
| <input type="checkbox"/> Filipino Dialect | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Armenian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Sign ASL | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Non-English | <input type="checkbox"/> Thai |
| _____ | <input type="checkbox"/> Farsi |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other Sign |
| <input type="checkbox"/> Russian | _____ |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Other Chinese |
| <input type="checkbox"/> German | Dialects |
| <input type="checkbox"/> Italian | _____ |
| <input type="checkbox"/> Mien | <input type="checkbox"/> Ilocano |
| <input type="checkbox"/> Hmong | |

Gender:

- Female
- Male
- Questioning
- Gender Queer
- Transgender
- Intersex
- Decline to State

Insurance:

- Alameda Alliance
- Medi-Cal
- Family Pact
- Blue Cross
- Kaiser
- None
- Decline to state
- Other

Are you interested in any of the following services?

(check all that apply)

- Basic Needs (food, shelter/ housing, clothing, etc...)
- Health Insurance
- School/Education
- Employment
- Intimate/Domestic Violence
- Alcohol/ Drug Use
- Probation Related Services
- Pregnancy/Parenting Services
- CalWORKS
- Medi-Cal
- CHDP Gateway
- Primary Care Clinics/ Health Providers
- Family Pact
- Leadership Development
- Other _____

Are you a young parent?

- Yes
- No

Do you receive free or reduced school lunch?

- Yes
- No

How did you find out about REACH? (check all that apply)

- School
- Friend
- Self
- Probation
- Law Enforcement/Police
- Internet
- Group Home
- CalWorks
- Foster Care
- Other _____

Current School Year: (check all that apply)

- Middle School
- High School
- Home School
- Independent Study
- GED Prep
- Continuation School
- College
- Out of School
- Graduated
- Not Currently Enrolled

School Name/City: _____

School Grade: _____

.....

Your signature on this page gives your consent for you (if you can give consent) or your child to receive services offered by CHSC/REACH AYC. Because REACH staff coordinate care across key areas of youth development, including supporting academic success, consenting for services includes REACH staff having access to your child's educational records. Your consent for services also means that we have a duty to inform you about our recommendations of care, so that your decision to participate is made with knowledge and is meaningful. In addition to having the right to stop services at any time, you also have the right to refuse any recommendations, psychological interventions or treatment procedures. If it is determined that REACH services are not appropriate, or not of your choosing, we will work with you to find an appropriate referral. In order to ensure on-going high quality services, you and your child will be asked to complete client satisfaction forms to report on your service experience.

I have read the statements above and give my child permission to meet with REACH staff and Care Coordination team. In order to effectively serve my child, I understand that the REACH staff and Care Coordination team will consult with teacher(s) and school staff in confidence. This consent will be effective for one year and I understand that I may cancel it in writing at any time.

(Print Member's Full Name)

(Member's Signature)

(Print Parent's/Guardian's Full Name)

(Parent's/Guardian's Signature, if the Member is under 18 years of age)

Date

PARENT/GUARDIAN INFORMATION

REACH provides programming in: Recreation, Education, Arts and Creativity, Career Development, and Health and Wellness. Counseling, Library Services, a Café and Medical Clinic with Dental services are on-site free of charge. REACH is open Monday – Friday. Hours are seasonal and REACH is closed on County holidays. Call or check our website.

If member is under 18, please provide: Child lives with: (circle all that apply)

Mother(s) Father(s) Step Mother Step Father Other Guardian (relationship) _____

Primary Parent/Guardian Name

Relationship

Address

City

ZIP Code

Cell Phone

Work Phone

extension

Home Phone

Email

Secondary Parent/Guardian Name

Relationship

Address

City

ZIP Code

Cell Phone

Work Phone

extension

Home Phone

Email

EMERGENCY CONTACT PERSONS

(For ALL Members including members over 18 other than parents or guardians)

First and Last Name

Relationship

Home Phone

Cell Phone

1.

2.

16335 E. 14th St. (at 163rd Ave.), San Leandro, CA 94578 • (510) 481-4500 • www.REACHASHLAND.org
AC Transit buslines: 32, 93, 99/801

REACH Ashland Youth Center is a project operated by Alameda County Health Care Services Agency

MEMBER ORIENTATION

All member applicants must attend a REACH member orientation. All parents or guardians of REACH member applicants under the age of 18 **MUST** also attend a parent/guardian orientation. Orientations finalize the membership process. You must reserve your orientation time in person at the REACH front desk.

MEMBER AGE VERIFICATION

For member applicants, REACH staff may request verification of age. If needed, a current report card, birth certificate, or passport will be accepted as proof.

MEMBER RELEASE AUTHORIZATION

Parents and/or legal guardians must grant permission to allow youth under the age of 18 to leave REACH. Middle school aged members being picked up **must** be picked up by 6pm. Middle school aged members must remain in the building during program hours. There are no in & out privileges. When picking up your child, please phone the front desk if you will be late at (510) 481-4549. Members will be asked to stay and wait for a ride, however, REACH cannot enforce the desire of the parent/guardian if a child leaves the building of their own free will. The staff will attempt to notify parent/guardian should this occur.

- By checking this box, I agree that my child/ren can leave REACH by walking or public transportation.
- My child/ren will be picked up by an authorized adult. I understand that the authorized adult may be asked for identification upon entry to REACH for safety and security reasons.

REACH LIMITATIONS OF SERVICE

REACH makes every effort to accommodate members within its capacity and scope of services. REACH accepts youth between the ages of 11-24 in Alameda County, including those who manifest behavioral, academic, emotional or social difficulties or other forms of distress who could benefit from pro-social activities and developmentally appropriate mental and physical wellness supports.

REACH provides supervised structured and unstructured activities, and because youth may come and go with adult permission, youth requiring higher levels of supervision care due to varying developmental or emotional needs are assessed by Health and Wellness staff and/or Fuente Wellness Center staff to ensure that REACH can meet their needs. In certain instances, REACH may determine that a higher level of care is needed than we can provide. Whenever possible, REACH works with youth, their parents/guardians and other service providers to identify appropriate services that best fit the needs of the youth outside of REACH. Member age exceptions may apply and are determined by Alameda County Healthcare Services Agency Management.

GRIEVANCE PROCESS AND REQUEST

REACH Ashland Youth Center, a project of the Center for Healthy Schools and Communities (CHSC) is committed to providing high quality services to the community. If you have a concern or problem or are not satisfied with your REACH Ashland Youth Center (REACH) services, CHSC wants to be sure your concerns are resolved simply and quickly. You or your representative may file a grievance orally or in writing. Please use the REACH AYC/CHSC Grievance Form to file a grievance. You can find this form at the REACH Front Desk, by asking any REACH staff member, or on our website. You will not be subject to discrimination or any other penalty for filing a grievance.

A grievance is defined as an expression of unhappiness about anything regarding your or your child's REACH AYC services. Examples of grievances might be as follows: the quality of care of services provided, aspects of interpersonal relationships - such as rudeness of an employee, etc.

WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF RISK AND CONSENT TO USE IMAGE

This form must be completed and signed by all individual members who will be participating in any program, class, project, or activity at the REACH Ashland Youth Center and their parents or legal guardians, if the Member, _____ (printed name), is under 18 years of age.

1. The above-named Member and his or her parent or legal guardian, if the Member is under 18 years of age, hereby forever RELEASE(S) AND DISCHARGE(S) the County of Alameda ("County"), its employees, elected officials and agents, from any and all liabilities, claims, demands or causes of action that the above-named Member and/or his or her parent or legal guardian may hereafter have for any injuries and damages arising out of the participation in any program, class, project, or activity at any premises owned by the County (including the REACH Ashland Youth Center) or under the auspices of REACH Ashland Youth Center, including, but not limited to, losses caused by the passive or active negligence of the County or hidden, latent, or obvious defects in the premises or equipment used.
2. The above-named Member and his or her parent or legal guardian, if the Member is under 18 years of age, understand(s) and acknowledge(s) that certain activities at the REACH Ashland Youth Center (or under its auspices) involving physical activity, agility and contact, have inherent dangers that no amount of care, caution, instruction or expertise can eliminate. The above-named Member and his or her parent or legal guardian, if the Member is under 18 years of age, do(es) hereby expressly and voluntarily assume any and all risk of death and/or personal injury, which may be sustained while participating in any activities including the risk of passive or active negligence of the County, or latent or hidden or obvious defects in the premises or equipment used.
3. The above-named Member and his or her parent or legal guardian, if the Member is under 18 years of age, acknowledge(s) having been given the opportunity (a) to read this entire document, and (b) to have it reviewed by an attorney. The above-named Member and his or her parent or legal guardian, if the Member is under 18 years of age, is/are signing this document voluntarily with a full understanding that by signing it the above-named Member and his or her parent or legal guardian, if the Member is under 18 years of age, do hereby release the County, its elected officials, its employees and agents from all liability resulting from my participation in any activities at the REACH Ashland Youth Center.
4. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on ALL heirs and assigns of the Member. The above-named Member and his or her parent or legal guardian, if the Member is under 18 years of age, agree(s) to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in any program and/or activity at the REACH Ashland Youth Center.
5. The County is not responsible for the loss or theft of any personal property that the Member may bring to REACH Ashland Youth Center. Members are strongly encouraged not to bring anything of value.
6. The above-named Member and his or her parent or legal guardian, if the Member is under 18 years of age, understand(s) the importance of using images and sound recordings of REACH Ashland Youth Center's activities in printed materials, websites, videos, film, and television broadcasts. Therefore, the above-named Member and his or her parent or legal guardian, if the Member is under 18 years of age, give(s) permission for REACH Ashland Youth Center and its program affiliates to use photographs, video recordings, and voice recordings of the above-named Member free of charge. This consent includes the storage, retrieval, and reproduction of information or images. Photographs, videos, audio recordings and the tapes, negatives, and digital media from which images and sound recordings are made, shall be the property of REACH Ashland Youth Center, which shall have the right to publish, reproduce, distribute, and make other uses free of all claims on the part of the above named Member and his or her parent or legal guardian, if the Member is under 18 years of age.

(Print Member's Full Name)

(Member's Signature)

(Print Parent's/Guardian's Full Name)

(Parent's/Guardian's Signature, if the Member is under 18 years of age)

Date

CENTER FOR HEALTHY SCHOOLS AND COMMUNITIES



SUMMARY CHSC / REACH AYC NOTICE OF HIPPA PRIVACY PRACTICES

The attached Notice describes how health information about you may be used and disclosed within the Center for Healthy Schools and Communities (CHSC)/REACH Ashland Youth Center's (REACH) programs and services, and your rights regarding the use of that information. Please review this summary and the full Notice carefully.

Who will follow the rules in this notice: All CHSC/REACH and contract provider employees, assigned to CHSC/REACH must follow these rules.

You have a right to: (please see possible restrictions starting on page 6 in full Notice)

- Ask to see, read and/or obtain a copy of your health record (charges may be necessary).
- Ask to send copies of your health record to whomever you wish (charges may be necessary).
- Ask to correct information that you believe is wrong in your health record.
- Be informed about who has read your record (for reasons other than treatment, payment and program improvement purposes).
- Ask that your health information not be shared with certain individuals.
- Specify where and how employees may contact you.
- Ask that your health information not be used for certain purposes.
- Receive a paper copy of the full Notice of Privacy Practices.

CHSC/REACH may use and disclose your health information to improve treatment.

- To improve the quality of care you receive, health information may be shared by providers within CHSC/REACH and its contract providers- including health information regarding mental health, substance abuse, HIV/AIDS, sexually transmitted diseases (STD), and developmental disabilities.
- There are circumstances when health information about you will not be shared unless you first give your permission for it to be shared.

See "Notice of Privacy Practices" for more information. If you have concerns about how your health information might be (or has been) shared, please speak with your provider.

If you believe your privacy rights have NOT been maintained while receiving CHSC/REACH services, you may file a complaint with CHSC/REACH or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint, send the complaint to the Privacy Officer. You will not be penalized in any way for filing a complaint.

I acknowledge receipt of Center for Healthy Schools and Communities/REACH Ashland Youth Center's "Notice of Privacy Practices." I understand that my signature does not authorize disclosure, but only acknowledges that I have received a copy of the full Notice.

Signature: _____ Date: _____

Printed Name: _____

Relation (if other than youth): _____ Youth Name: _____

Interpreter: (Name) _____ (Signature) _____

PROGRAM DESCRIPTION | CONTACT INFORMATION



Recreation

Dance, martial arts, soccer and other recreation and fitness activities help youth develop healthy strategies for coping with stress, working as a team, setting goals and developing leadership skills so they can be safe, positive and productive. Sheriff's office deputies support programming and overall safety of the youth campus and surrounding community.

Andrea Gil
AGIL@acdsal.com
(510) 481-4515



Education

Tutoring, credit recovery, SAT, CAHSEE prep and college workshops and cultural education that support academics while nurturing each individual's unique strengths and abilities.

San Lorenzo Unified School District
(510) 481-5026



Arts & Creativity

Programs and workshops in Visual, Digital and Music Arts that support creative expression while developing life skills such as group collaboration, problem-solving and positive decision making and increasing resilience.

Joaquin Newman
jnewman@acoe.org
(510) 481-4519



Career Development

Career Development activities focus on college, career, and employment preparation along with internship, mentorship, and leadership development opportunities that help young people to meet goals.

Talia Benet
talia@soulciety.org
(510) 481-4550



Library

Alameda County Library provides library staff, literacy programs, and materials, including books, magazines, DVDs, databases & other online resources. Library materials encourage literacy and support academic and personal needs of our REACH members.

Giovanna Capone
gcapone@aclibrary.org
(510) 481-4534



The NEST

A child development center

Kidango provides early child development program in a safe environment where your child is supported and nurtured. The Early Head Start program is designed for Mothers who are 24 years old and under who have children between the ages of 6 months and 29 months.

Kidango, Inc.
hello@kidango.org
(855) 757-KIDS



Health & Wellness

Health & Wellness offers programs and services that promote healing, capacity building, and leadership development that is positive and life affirming. REACH Counselors support young people to address life goals, navigate challenges and crises, enter health career pathways, and build their own confidence and power.

Fuente Wellness Center is a full service medical clinic offering medical care, dental, health education, counseling and insurance enrollment services to youth. All REACH Health & Wellness programs are free and confidential, as allowed by local, state and federal laws.

Mary Peifer-Moore
mpeifermoore@laclinica.org
(510) 481-4566

Vassilisa Johri, LCSW
vassilisa.johri@acgov.org
(510) 481-4551

REACH ASHLAND YOUTH CENTER

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WWW.REACHASHLAND.ORG



REACH Ashland



@ReachAYC



@REACHAshland



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