



Attendance Support Program

Attendance Support Program
Serving Youth in Seward and Butler Counties

YOUTH APPLICATION FORM

Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____ Text OK: Yes No

Ethnicity (please circle): Hispanic/Latino Black/African American White/Caucasian
American Indian Asian/Pacific Islander Unspecified (Other)

FAMILY CIRCUMSTANCES AND PARENTING

List your family members (indicate relationship):

_____	live at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	live at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	live at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	live at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	live at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	live at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are your parents divorced? Yes No

If yes, who has custody of you? Mother Father Other _____

HEALTH

How would you rate your health? Excellent Average Poor Very Poor

Are you currently taking any medication? Yes No

If yes, please list the medications and reason for use: _____

Do you have any physical limitations or have you been diagnosed with a mental health disorder or substance abuse disorder? Yes No

If yes, please explain: _____

EMPLOYMENT



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Are you employed? Yes No If yes, please check: full-time part-time

Name of employer: _____ Work Phone: _____

Work Schedule: _____

EDUCATION

Name of School: _____ Grade: _____

Power school ID Number: _____ Password: _____

Are you currently failing any subjects in school? Yes No

If yes, please list:

Have you ever had any disciplinary problems, been suspended, or expelled from school? _____

How do you feel about school? _____

What are your plans after you graduate from high school? _____

PEER RELATIONS

How many close friends do you have? None 1-3 3-5 5-10 More than 10

How would your friends describe you? _____

What do you do for fun with your friends? _____

SUBSTANCE ABUSE

Do you smoke or use smokeless tobacco products? Yes No Packs per day? _____

Have you consumed alcohol? Yes No

If yes, indicate first time used and last time used: _____

Have you used any other drugs? Yes No



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If yes, indicate first time used and last time used: _____

LEISURE/RECREATION

What clubs or organizations are you involved in at school? _____

Do you have any hobbies or things that really interest you? _____

ATTITUDES/ORIENTATIONS

How do you feel about being enrolled in the Attendance Support Program? _____

Do you feel like you need any type of help? Yes No

What do you hope to gain from the Attendance Support Program? _____

What goals do you have for yourself? _____

=====

ASSURANCES

I have completed this application and the information I have provided is true. I understand that any misrepresentation of the information I have provided may constitute rejection of my application for the Attendance Support Program or may cause immediate termination from the Attendance Support Program at any time after I am accepted.

Signed _____ Date _____
(Attendance Support Program Participant)



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PARENT APPLICATION

Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____ E-Mail Address: _____

Home Phone: _____ Cell Phone: _____ Text OK: Yes No

Cell Phone: _____ Text OK: Yes No

Name of Employer: _____ Position: _____

Can you be contacted at work? Yes No Work Phone: _____

Name of Employer: _____ Position: _____

Can you be contacted at work? Yes No Work Phone: _____

Child's Ethnicity (please circle): Hispanic/Latino Black/African American White/Caucasian
American Indian Asian/Pacific Islander Unspecified (Other)

What is your approximate household income?

\$0-\$9,999 \$10,000-\$24,999 \$25,000-\$39,999 more than \$40,000

FAMILY CIRCUMSTANCES AND PARENTING

Marital Status

Married Divorced Separated Single Other _____

If divorced, are you willing to allow the custodial or non-custodial parent to be present with you and your child at truancy meetings or educational classes? Yes No

If no, please indicate the reason: _____

Describe the consequences your child has received in regards to the current attendance issues:

Please list any concerns regarding your child's education (attendance, grades, attitudes or behaviors)?



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SUBSTANCE ABUSE

Has your child smoked or used smokeless tobacco products? Yes No

Are you aware of your child consuming alcohol? Yes No

If yes, please explain: _____

Are you aware of your child using any illegal drugs? Yes No

If yes, please explain: _____

LEISURE/RECREATION

Does your child have any hobbies or things that really interest him/her?

PERSONALITY AND BEHAVIOR

How would you describe your child? _____

Please list any other issues or concerns that you may have with your child: _____

How do you feel about your child being enrolled in the Attendance Support Program? _____

What do you hope to gain from the Attendance Support Program? _____

Signature _____
(Parent/Guardian)

Date _____