

Citizens Alliance for Progress, Inc.  
**YOUTH SERVICES APPLICATION**

**YOUTH PARTICIPANT INFORMATION**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

**DEMOGRAPHIC**

Sex: ☐ Male ☐ Female Gender: ☐ Male ☐ Female ☐ Trans Male ☐ Trans Female ☐ Gender Non-Conforming

Race: *Please select one (1) option*

☐ Black ☐ White ☐ Multiracial ☐ Asian ☐ American Indian or Alaska Native ☐ Haitian ☐ Native Hawaiian  
☐ Other Asian (Hmong, Laotian, Thai, Pakistani, Cambodian, etc.) ☐ Other Pacific Islander (Fujian, Tongan, etc.) ☐ Some Other Race

Spanish, Hispanic or Latino Ethnicity: *Please select one (1) option*

☐ Not Applicable ☐ Puerto Rican ☐ Cuban ☐ Mexican, Mexican American, Chicano ☐ Other \_\_\_\_\_

Any other language(s) spoken at home: ☐ No ☐ Yes, *please specify* \_\_\_\_\_

**EDUCATION**

Student Id # \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Does student have or receive any of the following:

Special Education Services ☐ No ☐ Yes Bilingual or ESL Services ☐ No ☐ Yes

Attention Deficit Hyperactivity (ADHD) or ADD? ☐ No ☐ Yes IEP or 504 Plan ☐ No ☐ Yes

**HOUSEHOLD INFORMATION**

**Parent / Guardian Name #1 (Head of Household)**

☐ Male ☐ Female

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Contact # \_\_\_\_\_

*Relationship to Child*

☐ Mother ☐ Father ☐ Other \_\_\_\_\_

**Parent / Guardian Name #2 or Alternate Contact**

☐ Male ☐ Female

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Contact # \_\_\_\_\_

*Relationship to Child*

☐ Mother ☐ Father ☐ Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Family Email Address \_\_\_\_\_

**Household Arrangement**

☐ Dual Parent (☐ Married ☐ Non-Married) ☐ Single Parent ☐ Relative/Kinship Care (☐ Married ☐ Non-Married)

Current **Living** Situation: ☐ Own/Rent ☐ Temporary Housing Situation ☐ Homeless Shelter ☐ Other, please explain \_\_\_\_\_

**Household Annual Income:** \$ \_\_\_\_\_ # of **Adults** in Household \_\_\_\_\_ # of Minor **Children** in Household \_\_\_\_\_  
(Before Taxes)

Other children in the program? ☐ No ☐ Yes If YES, please list: \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Office Use Only**

☐ **New** Participant ☐ **Returning** Participant ☐ Information **Update** **REFERRED BY** \_\_\_\_\_  
☐ Academic Enhancement ☐ Summer Enrichment Camp ☐ Summer Career Institute ☐ Youth Development / Drop In

Episode Start Date \_\_\_\_\_ Episode Close Date \_\_\_\_\_ Reason for Closure \_\_\_\_\_