

U-Turn Intake

Date: _____

Name: _____

Current Address: _____

Legal Guardian's Name and Address: _____

Phone Number: _____

School District: _____

Preferred method of contact: Phone Email Facebook In-person

Location: _____

Walk-In:

Referral source: _____

Reason for Referral: Kicked Out Runaway

Other: _____

Fleeing Domestic Abuse: Yes No

Initial Assessment:

Immediate Needs:

Referrals:

Does Client Have a Temporary Place to Stay? Yes No

Forms Completed: Intake BCIU HMIS ROI SS#
ID FAFSA Compass

*Family Promise of Berks County, Inc.
Building Communities Strengthening Lives*

U-Turn Assistance Assessment

The U-Turn program provides a number of different services to help unaccompanied/homeless youth in Berks County. It is designed to help individuals achieve educational, employment, and housing stabilization goals. U-Turn helps individuals achieve sustainable independence while engaging people with diverse backgrounds to come together and form lasting partnerships.

Please take a look at the services we provide and circle the three that would be most beneficial to you as of today.

(Please note that you are not only limited to help in 3 services; This will simply be used as a starting point in your journey to achieve sustainable independence.)

Services

- Employment search
- Interview preparation
- Budget counseling
- Education planning
- Mediation
- Counseling
- Coordination of services
- Referrals
- Advocacy
- Housing stabilization
- An address to receive mail
- Transportation
- Laundry facilities
- Shower facilities
- Kitchen facilities
- Social services applications
- Education applications
- Facilitation of college tours
- Education programs
- FAFSA application assistance

Printed name

Signature

Date

*Family Promise of Berks County, Inc.
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Client Agreement

Name: _____

D.O.B.: _____

Date.: _____

Program Rules

During the time I am under the supervision of the U-Turn Program at Family Promise, I agree to abide by the following rules:

- _____ I will notify my host family of my whereabouts and communicate my daily schedule.
- _____ I will maintain contact with my FPB case manager and communicate vital information to them.
- _____ I will follow a curfew established by my host family. The curfew has been established as _____ on weekdays and _____ on the weekends.
- _____ I will not use illegal drugs or alcohol.
- _____ I will take part in meals with the host family and utilize this time to communicate and interact with the members of my host family in an appropriate manner.
- _____ I will work to keep my personal belongings and personal space in a neat and orderly fashion.
- _____ I will respect the rules of the host family and complete household chores as requesting or assigned to me.

Youth Signature

Date

Parental/Guardian Agreement

I am the parent with legal custody or the legal guardian of _____ and voluntarily agree to place the child through Family Promise in the home of _____. I agree to work with Family Promise to make decisions about my child and understand the efforts that are being made to improve my child's functioning.

Parent/Guardian

Family Promise Case Manager

Date

*Family Promise of Berks County, Inc.
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Consent for Release of Information

I, _____,
 hereby request that _____
 release information from the records of _____
 Date of Birth _____ for the purpose of case management, assessment and planning.

Information to be released:

- | | |
|--|---|
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Academic/School Records |
| <input type="checkbox"/> Social History | <input type="checkbox"/> Treatment Recommendations |
| <input type="checkbox"/> Medical History | <input type="checkbox"/> Course of Treatment |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Psychiatric Evaluations | <input type="checkbox"/> Dates of Treatment/Service _____ |
| <input type="checkbox"/> Other _____ | |

I have been informed that, in order to protect the limited confidentiality of records my agreement to obtain or release information is necessary, and that this permission is limited for the purposes and to the person listed above, and will be effective for six (6) months from the signature date. I also understand that I can cancel this consent at any time, except for action, which has already been taken.

 Signature of Case Manager Date

 Signature of Child (if over 14) Date

 Email

 Parent/Guardian (if child is under 18) Date

 Phone Number

 Phone Number

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Client Consent for Data Collection and Release of Information

Berks County and the City of Reading are participants in the Service Point Data Collection Systems which helps us provide the most effective supportive housing services for you and your family. Although you are not obligated to participate in this data collection process or to release your personal information, doing so will give us the opportunity to share your information with other programs which may be able to assist you.

This consent and release form describes how information about you may be used and disclosed and how you can get to this information. The information, which you share is protected by, limited access to the data according to federal, state, and local standards. Also, every person or agency who has access to your data agreed to maintain the confidentiality and security of that information.

By signing this form, I authorize **Family Promise of Berks** and/or its representatives to share the basic information about my family and me. I understand that this information is for that purposes of assessing our needs and utility assistance, food counseling, and other services. The data shared may include personal identifying information (such as, date of birth, gender, race, social security number, and public assistance, etc.)

- I understand that:
- The participating agencies agree to treat my information in a professional and confidential manner.
- Staff members of those agencies have signed agreements to keep my information confidential.
- Signing this release does not guarantee that I will receive assistance
- Not signing this form does not disqualify me from receiving assistance.
- This consent and release will remain in effect for 12 months, unless I sign a Client revocation of Consent to Release Information. Further, if I do not provide written or verbal notice at the end of 12 months, this consent and release will continue for additional 6 months, or until I am no longer a participant in this program.
- If I revoke my consent, all information about me already in the database will remain.
- My records are protected by federal, state, and local regulations regarding confidentially, and cannot be disclosed without my written consent unless allowed by regulations.
- I understand that my participation in the data collection system is optional, and that I can choose not to participate.
- My signature below identifies that I have read and understand the consent and release form, or that someone has read and explained this form to me. I also understand that I may request a list of other agencies in Berks County, which may be able to view my information.

CLIENT NAME (PRINTED)	CLIENT SIGNATURE	DATE
AGENCY PERSONNEL NAME	PERSONNEL SIGNATURE	DATE

*Family Promise of Berks County, Inc.
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Date (Fecha): _____

Staff Person: _____

Name: (Nombre) _____

Address: (Direccion) _____

Telephone: (Telefono) (H) _____ (C) _____

Gender: (Sexo) _____

Disabled: (Yes/No Si/No)

Head of Household (Cabeza de Familia): (Yes/No Si/No)

Single Parent of Household (Solo padres de familia): (Yes/No Si/No)

Total # of person in your family: _____

Total annual income in your family: _____

RACE/ETHNICITY OF HOUSEHOLD

RAZA / ETNIA DEL HOGAR

<u>Non-</u>	<u>Hispanic</u>
<u>Hispanic</u>	<u>or Latino</u>
(No Hispano)	(Hispano o Latino)

- | | | | |
|---|-------|-------|-------|
| 1. American Indian or Alaska Native | _____ | ***** | _____ |
| (Indio Americano o Nativo de Alaska) | | | |
| 2. Asian | _____ | ***** | _____ |
| (Asia) | | | |
| 3. Black or African American | _____ | ***** | _____ |
| (Negro o Africano Americano) | | | |
| 4. Native Hawaiian or Other Pacific Islander..... | _____ | ***** | _____ |
| (Nativo de Hawai u otras Islas del Pacifico) | | | |
| 5. White | _____ | ***** | _____ |
| (Blanco) | | | |
| 6. American Indian or Alaska Native and White..... | _____ | ***** | _____ |
| (Indio Americano o Nativo de Alaska y Blanco) | | | |
| 7. Asian and White..... | _____ | ***** | _____ |
| (Asia y Blanco) | | | |
| 8. Black or African American and White..... | _____ | ***** | _____ |
| (Negro o Blanco y Africano Americano) | | | |
| 9. American Indian or Alaska Native and Black or African American.... | _____ | ***** | _____ |
| (Indio Americano o Nativo de Alaska y Negro o Africano Americano) | | | |

I hereby certify that the information provided on this form is true and accurate.

Por la presente certifico que la información proporcionada en este formulario es verdadera y exacta

Client Signature

Date