

Prevention Application & Activity Registration & Waiver form

Please print all information and fill out completely; failure to do so may cause your application to be denied.

Before completing this form: In order to qualify for prevention services, you must meet the following requirements: 1. Your household must have at least one person that is an American Indian/Alaska Native individual living in the home, 2. You must reside in the approved service areas of OVDC, and 3. Your household must meet the 300% poverty guidelines levels and/or one person in the household must be experiencing at least one of the At Risk Indicators in Section III.

Head of Household First Name:		Last Name:		E-Mail:	
Street/Mailing Address:			City:		Zip Code:
Evening Phone:	Mobile Phone:	Day Phone:		County:	

SECTION II FAMILY INFORMATION

Family Type: <input type="checkbox"/> 1-Parent <input type="checkbox"/> 2-Parent <input type="checkbox"/> Relative Home <input type="checkbox"/> Other		Current TANF Cash Aid Family?	Former Cash Aid Family with OVDC-TANF?
Total Number in Household:	Number of Dependents under 18:	Yes or No :	Yes or No: If yes, under what name?
Annual Household Income: _			

Office Use Only: CIF#	List all family members in your household	Tribal Affiliation	Gender	Date of Birth	Relationship to HoH	Marital Status	Highest Grade or Degree	Name of School Attending: if applicable, if not, write N/A below
					Self			

III At Risk Indicators All Head of Households Must Mark At least One At Risk Indicator

Please check all that apply:

- | | | |
|---|---|--|
| Living in High Crime Rate Area
Single Parent With Children
Having parents that are not high school graduates
Living with a caretaker relative
Previous history with mental health issues or involvement in behavioral health/mental health services | Living on or near Reservation or Rancheria lands or Indian Allotments
Previous Involvement in Juvenile Justice System
Attending a low performing school
Being a member of a low-income family
Having documented learning and/or academic challenges | Homelessness
Experiencing Substance Abuse Issues
Pregnant/Parenting Teen
Domestic violence victim or survivor |
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I certify that all information reported in this application is accurate to the best of my knowledge and thereby, authorize the information to be used by the OVDC Tribal TANF Program and Sub-recipients of OVDC for the purposes of data tracking.

Head of Household Signature:

Date:

Office use only: Determine status of this application: Circle Approved or Denied: If Denied, please note reason(s):

Staff Signature/Initial & Date Received:

Supervisor Signature/Initial & Date: Reviewed:

2019-2020 Prevention Program Application & Activity Registration & Waiver form

PARTICIPANT WITH MEDICAL CONDITION

Participant Name	Type of Condition/Symptoms	Medications	Medical Provider

EMERGENCY CONTACT INFORMATION

Name:	Phone Number:	Relationship:
Name:	Phone Number:	Relationship:

AUTHORIZATION FOR MEDICAL TREATMENT

I, the undersigned do hereby attest that I have the legal responsibility to authorize consent for myself and/or other household members listed on this document . Therefore, I authorize Owens Valley Career Development Center’s Employees, Contracted Staff, and Collaborators to provide minor(s) first aid, CPR, and other emergency medical techniques within the limits of their training, and to seek, initiate, and authorize emergency medical care.

PHOTO, SOCIAL MEDIA, TRANSPORTATION AND LIABILITY WAIVER

Having the legal responsibility to authorize consent on my behalf and/or on behalf of the minor children listed on this document, I do hereby give consent for transportation and participation. Additionally, I , the undersigned do, and instruct heirs, executors and administrators, to hereby waive and forever release and discharge the Owens Valley Career Development Center, The Owens Valley Board of Trustees, Employees, Contracted Staff and Collaborators, of and from any and all claims, suits, or rights for damage for personal property damage or physical injury, which may be sustained or which occurs during participation, transportation to activities or that may occur to or from the activities, whether or not such injuries or property damage or loss is caused by The Owens Valley Career Development Center Employees, Contracted Staff, or Collaborators.

In addition, I, the undersigned consent to allow any photographs or video taken to be used by the Owens V alley Career Development Center for *any* reason, including, but not limited to, public relations, advertising, sales, sharing social media , etc. and agree that such materials shall become the sole and exclusive property of the Owens V alley Career Development Center and further agree to give up the rights, title, and interest in such property, and I hereby release and discharge the Owens V alley Career Development Center, its Board of Trustees, Employees, Contracted Staff and Collaborators from any and all claims, etc. that may arise out of or in connection to the creation of, title to, use and/ or distribution of such materials by the Owens V alley Career Development Center, its Board of Trustees, Employees, Contracted Staff and Collaborators.

RULES FOR PARTICIPANTS

OVCDC Tribal TANF –Code of Conduct

- Be helpful, courteous, and respectful to others at all times.
- Do not use or possess alcohol, tobacco, or other drugs.
- Check in with your event leaders, so they know where you are at, at all times .
- Be respectful of other youth (No fighting, pushing, hitting, or “put downs”).
- Be respectful of the environment (No littering or vandalism).
- No vulgar language will be tolerated.
- (NO PETS ALLOWED, SERVICE ANIMALS ONLY)

Safety is our first priority:

If the behavior of an individual is not appropriate, consequences will be determined by the appropriate

OVCDC Tribal TANF staff member. Consequences may include :

- Verbal Warning
- Parent Contact
- Sent home from activity at own/parents expense
- Disqualification from future prevention events

LEGAL PENALTIES DISCLOSURE

If the behavior of an individual is not appropriate, reasonable penalties/consequences will be determined by event leader, OVCDC staff or administration; should the misconduct be illegal, or severe, the proper authorities will be immediately notified, at which point parents will resume responsibility and all legal consequences which may arise.

Adult /Parent / Guardian Signature	Date	Print Name	Relationship to Minor Children
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Adult/Parent / Guardian Signature	Date	Print Name	Relationship to Minor Children
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