

Desiree Sutton Peagler
Chief Judge

Linda Bratton Haynes
Judge

Vincent C. Crawford
Judge

Fatima A. El-Amin
Judge



Michael L. Cuffee
Court Administrator

L.D. Avery-Delay
Clerk of Court

Carla J. Hardnett
Chief Probation Officer

JUVENILE COURT OF DEKALB COUNTY

Youth Creating Change Intake Form/ Application

In-School Youth

Out-of-School Youth

Date of Application							
Last Name		First Name		M.I.		SSN	
Street Address			County	City	State	Zip Code	
Other Address			County	City	Sate	Zip Code	
Age	Date of Birth (Month/Date/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other		
Home Phone		Cell Phone		Email			
Parent/Guardian			Work Phone		Cell Phone		
Secondary Contact		Relationship		Home Phone		Cell Phone	
Citizenship Status <input type="checkbox"/> U.S Citizen <input type="checkbox"/> Eligible Non-citizen		Selective Service <input type="checkbox"/> Registered <input type="checkbox"/> Not Registered <input type="checkbox"/> N/A		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
						Georgia Drivers License <input type="checkbox"/> Yes <input type="checkbox"/> No	
						Has Your License Ever Been Suspended/Revoked <input type="checkbox"/> Yes <input type="checkbox"/> No	
Youth Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not Employed		Family Size <input type="checkbox"/> Family of One <input type="checkbox"/> Single Parent <input type="checkbox"/> Parents/Guardian <input type="checkbox"/> Other Family Members		Number in Family (including self)			
LIST EVERYONE LIVING IN THE HOUSEHOLD, INCLUDING STUDENTS							
Name				Relationship to Youth			
				SELF			
Primary language of Youth				Primary language of Parent		English as a Second Language <input type="checkbox"/> Yes <input type="checkbox"/> No	

Government Assistance <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamp <input type="checkbox"/> SSI <input type="checkbox"/> Foster Care <input type="checkbox"/> Refugee Assistance	Disabled Individual <input type="checkbox"/> Yes <input type="checkbox"/> No	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
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Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No	Runaway <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Care <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	Parenting If Yes, list age/s <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/>
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Have You Ever Been Arrested (Offender) <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	Are You Currently on Probation or Parole <input type="checkbox"/> Yes <input type="checkbox"/> No	Needs Additional Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	IEP <input type="checkbox"/> Yes <input type="checkbox"/> No
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School Status <input type="checkbox"/> Dropout <input type="checkbox"/> Technical/ Vocational <input type="checkbox"/> Grade or More Behind <input type="checkbox"/> GED <input type="checkbox"/> Alternative School <input type="checkbox"/> Job Corp Completion <input type="checkbox"/> High School Diploma <input type="checkbox"/> College	Other Diploma/ Certificate/ Degree Received <hr/> <hr/>
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Current Grade (Circle) 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, N/A	Name of School Currently Attending (Circle: Middle/ High/ College/ Technical) <hr/> Name of GED Program Enrolled in <hr/>	Grade Average <input type="checkbox"/> A's <input type="checkbox"/> D's <input type="checkbox"/> A's & B's <input type="checkbox"/> Below D <input type="checkbox"/> B's <input type="checkbox"/> B's & C's <input type="checkbox"/> C's
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Have You Participated in a PIC/DWD Program Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Been in Another Youth Program like, Job Corp, Youth Challenge and Boot Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No
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WORK HISTORY

Employer Name: _____ **Type of Business:** _____
Address: _____ **Phone:** (____) _____
Job Title: _____ **Hourly Wage:** \$ _____
Hours Per-Week: _____ **Shift:** _____ Volunteer/ Internship
Duties: _____

Computer Skills: _____
Equipment Used: _____
Start Date (Month/Year): _____ **End Date** (Month/Year): _____
Reason for Leaving: Laid-off Quit Terminated
Explain: _____

Employer Name: _____ Type of Business: _____

Address: _____ Phone: (____) _____

Job Title: _____ Hourly Wage: \$ _____

Hours Per-Week: _____ Shift: _____ Volunteer/ Internship

Duties: _____

Computer Skills: _____

Equipment Used: _____

Start Date (Month/Year): _____ End Date (Month/Year): _____

Reason for Leaving: Laid-off Quit Terminated

Explain: _____

Type/s of Services Seeking From Youth Creating Change

- | | |
|--|--|
| <input type="checkbox"/> Tutoring/Study Skills | <input type="checkbox"/> GED/SAT/ACT/Compass Preparation |
| <input type="checkbox"/> Educational Classes
(Remedial, GED, Certification) | <input type="checkbox"/> Guidance and Counseling |
| <input type="checkbox"/> Supportive Services | <input type="checkbox"/> Employment Opportunities |
| <input type="checkbox"/> Occupational Skills Training | <input type="checkbox"/> Substance abuse services |
| <input type="checkbox"/> Assistance Finding Employment | <input type="checkbox"/> Financial literacy classes |
| <input type="checkbox"/> Job Readiness/ Resume Writing | <input type="checkbox"/> Comprehensive Services |
| <input type="checkbox"/> Occupational/College Tuition Assistance | <input type="checkbox"/> Completing Job Application |

DECLARATION, RIGHTS AND RESPONSIBILITIES

I understand my signature on this form is a declaration that information I have provided is true and correct. While my application is pending, I understand I have the responsibility to report any changes in my household that may affect eligibility. If any false or misleading information is provided herein, I am subject to immediate termination, and I will be held financially liable for any Program funds expended on my behalf.

_____ (initial).

I understand my application will be processed within 30 days and I will receive a written notice outlining the level of service for which I have been approved.

_____ (initial).

I also understand if my application is denied I will be notified in writing as to the denial. _____ (initial).

I understand that it is my right and responsibility to notify my YCC Case Manager if I require assistance in completing my application because of physical or mental disability, inability to speak English, or other difficulties. _____ (initial).

If I am currently receiving food stamps or TANF benefits from the Department of Human Services, or have received benefits within the last 6 months, I authorize Department of Human Services (DHS) to release this information to WIA for the purposes of determining eligibility. _____ (initial).

I attest that I am the parent or legal guardian for the below signed youth.
_____ (initial).

My signature on this form indicates I have read the statements presented or had them explained to me. I have been given the opportunity to ask questions and gain clarification on any issues I did not understand. _____ (initial).

RELEASE INFORMATION

I authorize the release of information to the Youth Creating Change (YCC) Staff as necessary to determine my eligibility for the Youth Creating Change Program and related services and to determine progress, completion, and credentials attained; further, the release of information by staff necessary to secure related services, assistance on my behalf, and share information with other programs from which I receive or have received services such as DeKalb WIA Partners, DeKalb County Board of Education, Vocational Rehabilitation, Decatur/DeKalb Housing Authority, DeKalb Division of Family & Children Services (DFACS), Department of Labor, DeKalb Technical College and Georgia Perimeter College. The authorization to share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

Applicant's Signature (If applicant is under age 18, a parent or legal guardian must sign below)

Date

Parent/Guardian's Signature

Date

Staff/Witness's Signature

Date

APPLICATION DISPOSITON (Office Use Only)

Application Receipt Date (Date Case Manager received information from youth)		Application Processed Date (Date Case Manager processed information & conducted eligibility)	YCC Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No Eligibility Date _____
TABE Reading Score _____ Date _____	TABE Math Score _____ Date _____	Basic Skill Deficient <input type="checkbox"/> Yes <input type="checkbox"/> No	
Customer Assent Form (To be signed by youth and parent, parent signature needed if youth under 18 years old) <input type="checkbox"/> Yes <input type="checkbox"/> No		ONET Profiler <input type="checkbox"/> Realistic _____ <input type="checkbox"/> Social _____ <input type="checkbox"/> Investigative _____ <input type="checkbox"/> Enterprising _____ <input type="checkbox"/> Artistic _____ <input type="checkbox"/> Conventional _____	
Youth Status <input type="checkbox"/> In-School <input type="checkbox"/> Out-Of-School		Education Status <input type="checkbox"/> HS Diploma <input type="checkbox"/> Out-Of-School	
Application Status <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason for Application Denial _____ _____		
Case Manager (CM) or Designee's Signature (Required)		Date (Date CM forwarded file to YM for approval)	
Program Administrator (PA) or Designee's Signature (Required)		Date (Date PA forwarded file to GPM for final approval)	
Grants and Programs Manager or Designee's Signature (Required)		Date (Date GPM conducted final approval)	

*****PA must initial next to CM's date to indicate CM has transferred the information for approval. GPM must follow the same procedure with PA.**