City of Calumet City Teen REACH
Youth & Family Services
IDHS: Responsibility, Education, Achievement, Caring and Hope

Please complete the required fields and submit your application in person to:

Calumet City Teen REACH Youth & Family Services
Calumet City Public Library
660 Manistee Ave
Calumet City, IL 60409

Or download and email the completed form to lparker@calumetcitypl.org or eperry@calumetcitypl.org

Please provide the following with your completed application:

1. Current Report Card/Transcript
2. Recent State Standardized Test Results (PSAT, SAT/ACT, EXPLORE, ISAT, etc.)
3. School Attendance Record
4. PowerSchool/CPS/Skyward, etc. Login Information (if applicable)

Interviews will be scheduled upon receipt of your completed application.

If you have any questions about this application or the programs,

please call Ms. Erika at **(**312) 956-4465, or Ms. Parker at (312) 956-9068

What are Calumet City Youth Development Services Programs?

The Calumet City Youth Development Services programs, funded through the Reimagine Public Safety Act Youth Development Services grant and administered by the Illinois Department of Human Services, create, provide, and manage comprehensive and coordinated relationships among youth, and family services in Calumet City and other qualifying cities, local schools, and other parochial educational institutions. The programs will recruit youth for enrichment programming that includes but is not limited to academic performance, life skills education, caregiver involvement, sports & recreation, mentorship, STEM, community service, violence intervention and prevention, and other activities.

What commitments must I make?
The minimum program requirement at each site is 3 hours per day, per week, for a minimum of 720 hours a year of additional academic and program learning.

Academic Year (September through June)
Program activities are designed to support participants' academic, social, and emotional growth. The program focuses on activities that help participants meet state learning standards in language arts, mathematics, science, and social studies, and build critical thinking skills and positive character traits. To honor youth voices, activities are designed to be innovative, hands-on, and relevant. They are built on learning goals that are shared with youth. The program strives to create strong, transparent connections to college and career exploration and readiness. It also includes sessions that promote health and wellness and support a participant's success in school.

Summer Program (June through August)
The summer program will provide you with unique opportunities to experience a wide range of educational, personal development, and social and emotional learning activities.

What does it cost to participate in our programs?
Calumet City's Youth Development Services (CCYDS) program is an out-of-school time program offered free of charge through a federal grant administered by the Illinois Department of Human Services.

How can I become eligible to participate in Calumet City Youth Development Services programs?

1. Participants must be between 11 and 18* (Still in High School) years of age.
2. Reside in Calumet City or another qualifying city.
3. A desire to pursue one of the three E's: Post-Secondary Program Enrollment, Enlistment (Military), or Employment.
4. A definable academic or personal development need for the program (i.e. a challenging academic environment, tutoring, career exploration, study skills, goal setting, motivation, and encouragement).
5. The willingness to make a commitment to the program.

CCYDS Program Application

Please Type or Print in Blue or Black Ink.

Program Selection	Calumet City Youth Development Services (CCYDS)	Calumet City Youth Violence Prevention Program (CCYVPP)	CCYDS Summer Program

STEP 1 - STUDENT INFORMATION

Last Name:	**First Name:**	**Middle Initial:**
Street Address:		**Ap#:**

City:	**State:**	**Zip:**	**Student EMail:**

Student's Phone Numbers:	**Parent/Guardian's Phone Numbers:**	**School currently attending:**
(H)_____	(H)_____	_____
(W)_____	(W)_____	
(C)_____	(C)_____	**Grade Level:** _____ **G.P.A at time of application:**_____

School Student ID# (if applicable)**:** _____	**Extra Curricular Activities** (if applicable)**:**
High School Graduation Year: _____	_____

STEP 2 – STUDENT INFORMATION

Hispanic Black of African American American Indian/Alaskan Native Asian	White Native Hawaiian or Other Pacific Islander Multiple Races Other_____	**Gender:** Male Female Non-Binary	**Birth Date:** _____/_____/_____ **Age:** _____
Is there an IEP (Individualized Educational Plan) or RTI (Response To Intervention) on file with the school/district? Yes No			

Are you currently participating in any other CCYDS programs? Yes No If you answered yes, please select the names of the program(s):

Calumet City Youth Development Services Calumet City Youth Violence Prevention CCYDS Summer Program

Other: _____

STEP 3 – STUDENT INFORMATION REQUIRED BY THE STATE FOR REPORTING PURPOSES.

Youth experiencing academic difficulties?	Yes	No
Youth experiencing truancy concerns?	Yes	No
Youth has witnessed or been a victim of family violence?	Yes	No
Youth identifies as LGBTQ?	Yes	No

Youth in the DCFS system? Yes No
Youth is in danger of or has been previously held back to repeat one or more academic years? Yes No
Youth is reported to be a perpetrator of bullying? Yes No
Youth is reported to be a victim of bullying? Yes No
Youth is reported to have behavior issues? Yes No
Youth is unsupervised after school? Yes No
Youth living in a single-parent household? Yes No
Youth residing in a household receiving TANF funds? Yes No
Youth with one or both parents who are incarcerated? Yes No
Youth with siblings who are involved in the juvenile justice system? Yes No
Youth with siblings who are teen parents? Yes No
Youth with siblings who dropped out of school? Yes No
Youth with siblings who are gang involved? Yes No
Youth is reported to be gang involved? Yes No
Youth is homeless? Yes No
Youth is pregnant? Yes No
Youth is parenting? Yes No
Youth lives in household where no one is employed? Yes No
Youth is experiencing homelessness? Yes No
Youth has a disability? Yes No
Youth has an IEP (Individual Education Plan)? Yes No
Youth has current or prior school expulsions or suspensions? Yes No
Youth's household is dysfunctional due to mental health or substance abuse? Yes No
Youth has had friends/family die from gun violence? Yes No
Youth lives in an area with high crime/gun violence? Yes No
Youth has current or prior justice system involvement? Yes No
Youth has been held in secure confinement? Yes No

STEP 4 – PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION

Parent/Guardian First Name:	**Parent/Guardian Last Name:**
Parent/Guardian Phone Number:	**Parent/Guardian Email Address:**

Parent/Guardian First Name:	**Parent/Guardian Last Name:**

Parent/Guardian Phone Number:	Parent/Guardian Email Address:

Emergency Contact First Name:	Emergency Contact Last Name:
Emergency Contact Phone Number:	Relationship:

Emergency Contact First Name:	Emergency Contact Last Name:
Emergency Contact Phone Number:	Relationship:

STEP 5

Read, sign, and date.

By signing this application, you attest that all the information on this application is true. Moreover, you authorize the release of official school records to Calumet City Youth Development Services, understanding that the information in these records will be used only to assess the student's need for program services, discern his/her educational progress, evaluate the effectiveness of program activities, and fulfill program reporting requirements. Also, I authorize any pictures/videos taken in connection with the activities of the Calumet City Youth Development Service programs to be used in publications. *(i.e., newsletters, television, websites, presentations, magazine articles, etc.)*

_____ _____/_____/_____

Student's/Participant's Signature **Date: MM DD YYYY**

_____ _____/_____/_____

Parent/Guardian's Signature **Date: MM DD YYYY**

FOR OFFICE USE ONLY

Admin, Assistant (Print Name):	Admin, Assistant Signature:	Date:

Recommended Approval

Not Recommended Reason:

_____
_

Program Coordinator (Print Name):	Program Coordinator Signature:	Date:

Approved
Denied Reason:

_____
_

Program Director (Print Name):	Program Director Signature:	Date:

Date of Application Entry into Database: _____ / _____ / _____ Initials of Data Entry Staff: _____

At Risk Reasons:

School (Check One):

Berger-Vandenberg
Carol Moseley Braun
Caroline Sibley
Diekman
New Beginnings Learning Academy
Creative Communications Academy
School of Fine Arts
S.T.E.M Academy
Woodrow Wilson Elementary
Wentworth Intermediate School
Wentworth Junior High School
Lincoln Elementary School
Hoover Elementary School
Schrum Memorial Middle School
Thornridge High School
Thornwood High School
Thornton High School
Thornton Fractional North
Thornton Fractional South
Thornton Fractional Center for Academic & Technology (CAT)
Thornton Fractional Center for Alternative Learning (CAL)
Other_____

CALUMET CITY YOUTH DEVELOPMENT SERVICES

RPSA

SCHOOL RECORDS RELEASE FORM (Linkage Agreement)

Student's Full Name: _____ Date of Birth: _____

Phone Number: _____ Student I.D.# _____

High School/Grammar School: _____

PowerSchool/Skyward Login: Username: _____ Password: _____

We hereby grant permission for the Calumet City Youth Development Services programs to have access to my official school records, including my quarterly and semester grade report and any transcripts, for the purpose of assisting me in my educational success and tracking as required by the Illinois Department of Human Services. All information is confidential.

We understand that participation in this partnership is contingent upon the execution of the contract and this agreement. This agreement may be terminated or modified by either party with the consent of both parties no less than 30 days with written notice.

Student's Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

CCYDS Program Director: _____

CCYDS Program Director Signature: _____ Date: _____

Authorized School Official: _____

Authorized School Official Signature: _____ Date: _____

CCYDS NEEDS ASSESSMENT

Name _____ School _____ Grade Level _____

PLEASE CHECK ALL THAT APPLY. (You may check more than one in each category)

CAREER CHOICES/PLANNING:
_____ I am undecided about my choice of career and would like assistance/information about careers.
_____ My career choice is: _____
_____ I would like information on the following careers: _____

TUTORIAL ASSISTANCE:
_____ My grade point average is _____.
_____ I would like assistance with study skills/test-taking skills.
_____ I would like assistance with essay writing.
_____ I would like assistance with math.
_____ I would like assistance with communication skills.
_____ I would like assistance with preparation for state standardized testing.
_____ I would like a tutor to assist me with _____

SCHOOL CHOICE:
_____ I would like assistance in choosing a school to attend after high school graduation.
_____ I would like information on the following schools: _____
_____ I plan on attending vocational/technical/trade school.
_____ My school choice is: _____
_____ I would like information on admission requirements for the following school:
_____

FINANCIAL ASSISTANCE:
_____ I would like financial aid assistance.
_____ I would like information about the financial aid programs available.
_____ I would like information about scholarships.

MENTORING:
_____ I would like mentoring.
_____ I need a mentor to assist me with my career plan.

OTHER NEEDS NOT ADDRESSED:
_____ I need to hand in homework on a more consistent basis.
_____ I need help applying for scholarships.
_____ I need to learn how to take better notes.
_____ I need to learn test-taking strategies.
_____ I need to know how to prepare for careers that interest me.
_____ I need to learn how to read a textbook more effectively.
_____ I need assistance preparing for college entrance exams.
_____ I need to learn more about college admission requirements.
_____ I need to have better relationships with my teachers.
_____ I need to have better relationships with my peers.
_____ I need to have better relationships with my family members.

MEDICAL RELEASE FORM

The following information is requested to provide the CCYDS staff with information necessary in the event of an accident, emergency, medical or health problems.

Student's Name _____ Parent/Guardian's Name _____

Address _____
Number and Street/PO Box, *City, State* *ZIP Code*

Phone Number (H) _____ (W) _____ (Cell) _____

Parent/Guardian's Email Address: _____

Relative or family friend who can be contacted in the event parents cannot be reached:

Name: _____ Phone: _____ Relationship to Student: _____

Student Medical History and Information

Medications (please list) _____

Does your child have any condition, which would interfere with his/her schoolwork, sports, or physical education (i.e. asthma, diabetes, allergies, etc.)?

_____
_____
_____

Physician's Name: _____ Clinic Phone: _____

Consent or Release for CCYDS Programs

I, _____, am the parent or guardian of _____ I hereby consent that the above-named minor has my permission to participate in the activities planned in conjunction with the CCYDS programs. I hereby recognize that there may be risks involved with respect to the activities in this program. I hereby assume such risks and release the Calumet City Youth Development Services program, its agents, employees, or students of any liability. I hereby consent that such physician, hospital, or clinic may treat the said minor in response to the medical emergency**. I agree to pay all medical expenses incurred.**

_____ _____
Parent/Guardian's Signature **Date**

Calumet City Youth Development Services Program

SHARE YOUR DESIRED OUTCOMES

In the space below, please share at least 3 of your desired outcomes by enrolling your student into the Calumet City Youth Development Services program.

_____

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