

Serenity

iMIND Expressive Art Therapy and Violence Prevention  
Program  
In-take Application Form

Youth Name: \_\_\_\_\_

Agency Case Code: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Fiscal: \_\_\_\_\_

iMIND PROGRAM  
PACKET



iMIND

Expressive Art Therapy and Violence Prevention

# iMIND Expressive Art Therapy and Violence Prevention Program

## In-take Application Form

Youth Name: \_\_\_\_\_ Agency Case Code: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last Four digit of SS#: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

GPA: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

### Guardian Contact information:

Household Arrangement: \_\_\_ Single Parent \_\_\_ Dual \_\_\_ Separated/Divorced \_\_\_  
Domestic Partnership \_\_\_ Other (Specify) \_\_\_\_\_

Number in Household: \_\_\_\_\_

Income:  0 - \$9,999.00  \$10,000.00 - \$19,999.00  \$20,000 - \$29,000  \$30,000 - \$39,000  
 \$40,000 - \$49,000 Other (Specify); \_\_\_\_\_

Parent Name: \_\_\_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Alternate/Emergency Contact:

Name: \_\_\_\_\_ Relation to Youth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Youth Name: \_\_\_\_\_ Agency Case Code: \_\_\_\_\_ Date: \_\_\_\_\_

Eligibility criteria: Two (2) or more needed for enrollment. Mark all that apply.	
Significant school adjustment issues <input type="checkbox"/> Attendance/truancy <input type="checkbox"/> Suspension and/or expulsion <input type="checkbox"/> Alternative school placement <input type="checkbox"/> Failing grades, performing below grade level <input type="checkbox"/> School dropout	Significant delinquency risk factors <input type="checkbox"/> Family members (including Siblings) involved in the juvenile justice or adult criminal justice systems  <input type="checkbox"/> Prior history of law violations, placement in a delinquency diversion program or on probation  <input type="checkbox"/> Frequent association with peers who are delinquent and/or gang-involved
Family History of: <input type="checkbox"/> abuse and/or neglect <input type="checkbox"/> Involvement in the dependency system, including out-of-home placements (shelter, foster care)	Low income, as evidenced by eligibility for public assistance <input type="checkbox"/> Free/reduced lunch <input type="checkbox"/> TANF <input type="checkbox"/> Food stamps <input type="checkbox"/> Other Public assistance eligibility
Residence in a high-crime neighborhood <input type="checkbox"/> Yes <input type="checkbox"/> No	History of substance abuse or other behavioral health issues <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Behavioral Health

Comments (include specific issues identified for the youth that may require certain expertise):

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**Transportation Permission Release Agreement Form**

I \_\_\_\_\_ (Parent/Legal Guardian) agree to allow my child, \_\_\_\_\_ (Minor/Youth) to be transported by Serenity Health & Wellness Corp (Serenity), to and from Serenity (7344 Pearl Rd, Middleburg Heights) for the purpose of field trips and community service opportunities both within and outside Cuyahoga County Ohio.

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# iMIND Expressive Art Therapy and Violence Prevention Program

## In-take Application Form

### Parental Consent

The undersigned, on behalf of \_\_\_\_\_ (printed name of minor youth), who is named below, hereby releases and holds harmless the Serenity Health & Wellness Corp a/k/a Serenity, its officers, employees, agents, volunteers, mentors, and representatives, including but not limited to the pastor(s) and their heirs, personal representative, and assigns (hereinafter collectively referred to as the "RELEASEES"), from:

1. Any, and all liability resulting from mishap, injury, or damage, including serious injury and death to the participant minor youth from the time of departure to the time of return from any such activity, including any mishap, injury, or damage resulting from, caused, or alleged to be caused in whole or in part by the negligence of the RELEASEES.
2. Any mishap, injury, or damage, including serious injury and death to the participant minor youth resulting from the activity, mode of transportation, or the provider of any such transportation whether resulting from an accident or otherwise, including any mishap, injury, or damage resulting from, caused, or alleged to be caused in whole or in part by the negligence of the RELEASEES.
3. Any loss, destruction, or damage resulting from, caused, or alleged to be caused in whole or in part by the negligence of the RELEASEES.
4. Any, and all mishap, injury or damage to any personal property of the participant minor youth as described in the Parental Consent and Release, or which otherwise may occur, including any mishap, injury, or damage resulting from, caused or alleged to be caused in whole or in part by the negligence of the RELEASEES.
5. Any, and all costs, including attorney fees associated with or arising from the participant's minor youth and the undersigned(s) activities.

In consideration of the undersigned's participant minor youth are allowed to participate in any way in the IMIND after-school program.

Participant Minor Youth: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# iMIND Expressive Art Therapy and Violence Prevention Program

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### Waiver and Release of Liability

In consideration of the undersigned's participant minor youth being allowed to participate in any way in the IMIND after-school program, and any sponsored events and/or activities, the undersigned on behalf of the participant minor youth:

1. Agrees the parent(s) and/or legal guardian(s) of the participant minor youth will instruct the participant minor youth before participating he/she will inspect the facilities and equipment to be used and if the participating minor youth believes any facility or equipment is unsafe, he/she will immediately advise Serenity's representatives or any other RELEASEE of the condition and refuse to participate.
2. Acknowledges and fully understands each participant minor youth will engage in activities involving risk of serious injury, including permanent disability and death, and severe social and economic losses which might result from their actions, inaction, or negligence, but the action, inaction, and negligence of others including the Serenity and all RELEASEES, or condition of the premises or any equipment used. Further, the undersigned acknowledges and fully understands there may be other risks not known to Serenity or not reasonably foreseeable.
3. Assumes all foregoing risks and accepts personal responsibility for the damages to themselves and the participant's minor youth following such injury, permanent total disability, or death.
4. As acknowledged in the Parental Consent and Release releases, waives, discharges, and covenants not to sue the RELEASEES for the mishap, injury, harm, death, and/or damage to the undersigned(s), the participant minor youth, their heirs, administrators, estates, guardians, and next of kin for any alleged to be caused in whole or in part by the negligence of the RELEASEES or otherwise arising out of any aspect of the participant minor youth's participation in the Serenity IMIND Program.

I HAVE READ THE PARENT CONSENT AND RELEASE OF LIABILITY AND UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS INDIVIDUALLY AND ON BEHALF OF MY CHILD BY SIGNING THE PARENT RELEASE AND SIGNING THE PARENT CONSENT VOLUNTARILY.

Participant Minor Youth: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Serenity

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## MEDIA RELEASE

I understand that Serenity desires to use photographs of me and my child(ren), which may be published in Serenity's publications, direct mail pieces, inserts, websites, and other related promotional media. I hereby consent and give Serenity permission to take photographs and/or digital video images of me and my child(ren) to use and publish such photographs, together with any caption or descriptive material, including my name, that Serenity may choose, for advertising, publicity, or any other purpose in the Serenity direct mail pieces, inserts, and other related promotional media, or in any other publication or manner Serenity may authorize.

I waive the right to inspect or approve any photographs or digital video images before they are published and any use to which they may be put. I release the Serenity, its officers, agents, and employees of and from all debts, claims, and liability of any kind arising out of or in connection with the taking and use of photographs, the use of my name or child(ren) name and the use of any caption or descriptive material therewith.

Do you agree to the above: Yes \_\_\_ No \_\_\_

CHILD'S NAME: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

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## Release of Social Security Number Information

### **English:**

Serenity collects and uses the social security numbers of participants of Serenity-funded programs and the parents/guardians of such participants so that Serenity may collect and use data from other agencies for comparison purposes for Serenity to track and measure the impact of Serenity-funded programs. This also helps Serenity with maintaining and improving successful programs and services. All individual information is safeguarded and will not be disclosed. Serenity's collection of social security numbers from its participants and the parents/guardians is critical for the performance of Serenity's duties and responsibilities as prescribed by law. Social security numbers collected by Serenity shall not be used by Serenity for any purpose other than the purpose provided in this written statement.

### **Arabic:**

Taqum Serenity) bijame waistikhdam 'arqam aldaman alajtimaeei lilmusharikin fi albaramiy almumawalat min Serenity wa'awlia' al'umur / al'awsia' ealaa hula' almusharikin hataa yatamakan Serenity min jme waistikhdam albayanat min alwikalat al'ukhraa li'aghrad almuqaranat min ajl Serenity litatabie waqias al'athr. min albaramiy almumawalat min Serenity. yusaeid hdha aydana Serenity fi alhifaz ealaa albaramiy walkhadamat alnnajihat watahsinha. jmye almaelumat alshakhsiat mahmiatan walan ytma alkashf eanha. yued jame Serenity li'arqam aldaman alajtimaeei min almusharikin wa'awlia' al'umur / al'awsia' amrana baligh al'ahamiyat li'ada' wajibat wamaswuwliaat Serenity ealaa alnawh almunsuis ealayh fi alqanun. la yajuz aistikhdam 'arqam aldaman alajtimaeei alty tajamaeuha Serenity li'ay gharad bikhilaf algharad almansuis ealayh fi hadha albayan almaktub.

### **Spanish:**

Serenity) recopila y utiliza los números de seguro social de los participantes de programas financiados por Serenity y los padres / tutores de dichos participantes para que Serenity pueda recopilar y usar datos de otras agencias con fines de comparación para que Serenity rastree y mida el impacto. de los programas financiados por Serenity. Esto también ayuda a AHG a mantener y mejorar programas y servicios exitosos. Toda la información individual está protegida y no será divulgada. La recopilación de números de seguro social por parte de Serenity de sus participantes y los padres / tutores es fundamental para el desempeño de los deberes y responsabilidades de Serenity según lo prescrito por la ley. Los números de seguro social recopilados por Serenity no serán utilizados por Serenity para ningún otro propósito que no sea el que se proporciona en esta declaración escrita.



# iMIND Expressive Art Therapy and Violence Prevention Program

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### **French:**

Serenity recueille et utilise les numéros de sécurité sociale des participants aux programmes financés par Serenity et les parents / tuteurs de ces participants afin qu' Serenity puisse collecter et utiliser les données d'autres agences à des fins de comparaison pour Serenity pour suivre et mesurer l'impact des programmes financés par l'Serenity. Cela aide également Serenity à maintenir et à améliorer les programmes et services efficaces. Toutes les informations individuelles sont protégées et ne seront pas divulguées. La collecte par Serenity des numéros de sécurité sociale de ses participants et des parents / tuteurs est essentielle pour l'exécution des devoirs et responsabilités d'Serenity tels que prescrits par la loi. Les numéros de sécurité sociale collectés par Serenity ne doivent pas être utilisés par Serenity à des fins autres que celles indiquées dans la présente déclaration écrite.

### **Research Data Release Information**

#### **ENGLISH**

“In order to continue funding programs like this one, Serenity conducts research to see how participants do while in the program, as well as after they leave the program. In addition to outcome data collected from participants in the program, Serenity research staff may give participants additional surveys and assessments. Serenity may also collect information on participants after they complete the program. The information collected after participants leaves the program will come from county and state public health databases like the Department of Health. The information participants provide will not be used to identify them. Serenity has created many safeguards to protect participants' privacy and prevent unauthorized use or access.

Serenity is not allowed to release any of the participants' personal information (Open Government Sunset Review Act; Section 119.15, F.S.)”.

#### **ARABIC**

"min ajl muasalat tamwil baramij mithl hdha albarnamaj , tajri Serenity bhthana limaerifat 'ada' almusharikin 'athna' tawajudihim fi albarnamaj , wakadhalik baed mughadaratihim albrnamj. bial'iidafat 'ilaa bayanat alnatayij alty tama jameuha min almusharikin fi albarnamaj , qad yuqadim fariq albahth Serenity lilmusharikin aistitlaeat wataqyimat 'iidafiatin. qad yaqum Serenity aydana bijame maelumat ean almusharikin baed 'iikmal alburnamj. satati almaelumat alty tama jameuha baed mughadarat almusharikin lilbarnamaj min qawaeid bayanat alsihat aleamat bialmuqataeat walwilayat mithl wizarat alsihati. In yatima aistikhdam almaelumat alty yuqadimuha almusharikin lithahdid huiatihim. 'ansha'at Serenity aledyd min aldamanat lihimayat khususiat almusharikin walimane alaistikhdam ghyr almasrah bih 'aw alwusul 'iilayha. la yusmh l Serenity bial'iifsah ean 'ayin min almaelumat alshakhsiat lilmusharikin (Open Government Sunset Review Act ; alqism 119.15 , FS)".

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### **SPANISH**

“Para continuar financiando programas como este, Serenity realiza investigaciones para ver cómo les va a los participantes mientras están en el programa, así como después de que dejan el programa. Además de los datos de resultados recopilados de los participantes en el programa, el personal de investigación de Serenity puede proporcionar a los participantes encuestas y evaluaciones adicionales. Serenity también puede recopilar información sobre los participantes después de completar el programa. La información recopilada después de que los participantes abandonen el programa provendrá de bases de datos de salud pública del condado y del estado, como el Departamento de Salud. La información que brinden los participantes no se utilizará para identificarlos. Serenity ha creado muchas salvaguardas para proteger la privacidad de los participantes y prevenir el uso o acceso no autorizado a ella.

Serenity no puede divulgar la información personal de los participantes (Ley de revisión por extinción de gobierno abierto; Sección 119.15, F.S.)”.

### **French:**

Afin de continuer à financer des programmes comme celui-ci, Serenity mène des recherches pour voir comment les participants font pendant le programme, ainsi qu'après avoir quitté le programme. En plus des données sur les résultats collectées auprès des participants au programme, le personnel de recherche de l' Serenity peut fournir aux participants des enquêtes et des évaluations supplémentaires. Serenity peut également recueillir des informations sur les participants après avoir terminé le programme. Les informations recueillies après que les participants quittent le programme proviendront des bases de données de santé publique des comtés et des États comme le ministère de la Santé. Les informations fournies par les participants ne seront pas utilisées pour les identifier. Serenity a créé de nombreuses garanties pour protéger la vie privée des participants et pour empêcher toute utilisation ou accès non autorisés.

Serenity n'est pas autorisé à divulguer les informations personnelles des participants (Open Government Sunset Review Act; Section 119.15, F.S.) ».