Confianza Youth Community Agreement

I have read all of the **Confianza Youth Club information guide** and it has been reviewed with me by my program manager. I have been given the opportunity to ask any questions related to these materials to insure my full comprehension. I understand the necessity of adhering to the rules. I understand that all the information and related forms will be available to me via Confianza Health member portal or by requesting them from my manager or director. I understand that I am responsible for reading and abiding by any updates within 7 days of them posting. I understand that I can ask my case manager for clarification of any information or make suggestions for revisions.

- I understand that 3 late cancellations or no shows can result in my child's participation int he program may be terminated.
- I understand that disruptive/unsafe/aggressive behaviors may result in my child's participation in the program may be terminated.
- I understand that disruptive/unsafe/aggressive behaviors may result in immediate suspension from the program.
- I understand that after the third offense of disruptive/unsafe/aggressive behaviors my child may be terminated from the program indefinitely.
- I understand that Confianza Health Staff will first attempt to contact myself or my emergency contact if disruptive/unsafe/aggressive behaviors arise. If unable to contact myself or my emergency contact Staff may contact appropriate authorities if needed.
- I understand that Confianza Health Staff may contact appropriate authorities if I fail to pick up my child at the designated time.
- I understand that if I fail to pick up my child at the appropriate time I may be charged a fee every 15 minutes past the designated time.
- I understand if I do not pick up my child after 1 hour after the designated time Confianza Health Staff will be required to contact appropriate authorities.
- I understand if my child has a food allergy or requires specific nutritional meals I will be required to provide those meals.
- I have received a copy of the Confianza Health Youth Club Community Agreement form.

Initial: * ×

Signature: * ×

Date:

Program Assessment

CONFIANZA HEALTH YOUTH ASSESSMENT

Confianza Health uses our youth assessment to determine if your child meets the criteria for our program. Our program is designed to help children from 5 to 17 improve socialization, emotional regulation, and improve relationships throughout their life. Confianza youth program is based on the 40 developmental assets framework. Grounded in extensive research in youth development, resiliency, and prevention, Developmental Assets® are the 40 positive supports and strengths that young people need to succeed. Half of the assets are external, focusing on the relationships and opportunities they need in their families, schools, and communities. The other half are internal, focusing on the social-emotional strengths, values, and commitments that are nurtured within young people.

Directions: This part of the survey is made up of five sections. Each section has a list of statements. Please use the answer choices to tell us how much each statement is or is not like you.

Youth Resilience

1. I learn from my mistakes.

2. I believe I will be ok even when bad things happen. *

3. I do a good job of handling problems in my life *

4. I try new things even if they are hard. *

5. When I have a problem, I come up with ways to solve it. *

6. I don’t give up when things get hard *

7. I deal with my problems in a positive way (like asking for help). *

8. I keep trying to solve problems even when things don't go my way. *

9. Failure just makes me try harder. *

10. No matter how bad things get; I know the future will be better. *

Social Connections

1. There are people in my life who encourage me to do my best. *

2. I have someone who I can share my feelings and ideas with. *

3. I have someone in my life who I look up to. *

4. I have someone in my life who doesn't judge me. *

5. I never feel lonely. *

6. I have someone I can count on for help when I need it. *

7. I have someone who supports me in developing my interests and strengths. *

8. I have a friend or family member to spend time with on holidays and special occasions. *

9. I know for sure that someone really cares about me. *

10. I have someone in my life who is proud of me. *

11. There is an adult family member who is there for me when I need them. *

12. There is an adult, other than a family member, who is there for me when I need them. *

13. I have friends who stand by me during hard times.

14. I never feel that no one loves me. *

15. My spiritual or religious beliefs give me hope when bad things happen. *

16. I try to help other people when I can. *

17. I do things to make the world a better place like volunteering, recycling, or community service. *

Knowledge of Adolescent Development

1. It's important for me to speak up for equality and justice. *

2. It's important to learn about other people's cultures. *

3. Getting an education is important to me. *

4. It's important for me to do my best. *

5. I am proud of my race or ethnicity. *

6. I like to learn new things. *

7. It's important for me to do the right thing. *

8. I can admit when I've made a mistake or done something wrong. *

9. I like myself. *

10. I can explain my reasons for my opinions. *

11. I know what to do in case of an emergency at home. *

12. I can prepare a meal for myself. *

13. I know how to take care of my personal hygiene. *

Concrete Supports

1. There are people in my life who encourage me to do my best. *

2. I am able to go to a dentist when I need to. *

3. I usually go to the same doctor's office or clinic when I'm sick. *

4. I know how to get help with school or work problems. *

5. I know how to get help with family problems. *

6. I know how to get help with problems I'm having problems with my peers. *

7. I know how to get help with my personal problems. *

8. I can stand up for myself when I feel that I am treated unfairly. *

9. I can let people know what I need. *

10. I have learned how to make good decisions. *

Cognitive and Social-Emotional Competence

1. I think about my choices before making a decision. *

2. I ask for advice for someone I trust before making an important decision. *

3. I make plans and work hard to reach my goals. *

4. I get along well with different types of people. *

5. I am not easily distracted. *

6. I stand up for what I believe even if other people don't agree with me. *

7. If I make a promise, I try to keep it. *

8. I care about other people. *

9. I am an honest person. *

10. I can control my anger. *

11. I am a dependable person. *

12. I know how to act in different social situations. *

13. I try to imagine how someone might feel before criticizing them. *

14. I feel bad when people I know are upset. *

15. I can express my feelings in healthy ways to other people. *

16. I am happy most of the time. *

Person signing document *

Signature: * ×

Date:

Activity Liability Waiver and Release Agreement

I HAVE LEGAL AUTHORITYTO MAKE THIS WAIVER AND RELEASE. I execute the forgoing Waiver and Release for and on behalf of the minor named herein. I waive my rights and the minor's rights to maintain any claim or suit against Confianza Health or employees of the Confianza Health arising out of the minor's use of Confianza Health facilities, equipment, and/or participation in any activity sponsored by Confianza Health.

Parent/Guardian Name: *

Emergency Contact #: *

Name of people the member can be released to: *

Please list all medications the youth participant is currently taking including the name, dosage, and route of administration. Note: Confianza Health Staff do not dispense medications, assistance in the self-administration of medications may be available. (Type NONE if no medication instructions) *

Allergies: Please list all known allergies below and whether or not the participant is prescribed an epi-pen. (type NONE if no allergy instructions) *

Please check each box stating understanding. *

- [ ] I understand that I am responsible to pick up my child at the designated time.
- [ ] I understand that I may be charged an additional fee if I fail to pick up my child at the designated time.
- [ ] I understand that if Confianza Health Staff is unable to contact me for any reason, staff are required to contact relevant authorities.
- [ ] I understand that I must sign my child in and out of the program.

Please check the boxes you are in agreement with. *

- ☐ I will be picking up or dropped off my child to the program.
- ☐ I am requesting Confianza Health to pick up or drop off my child at home.
- ☐ I am allowing the member to transport themselves to or from program-related activities.

Person signing document *

Full Name *

Signature: * ×

Date: