



Youth Intake Application for Agencies

Express Yourself programming is supported by private grants and government contracts that require particular information to continue funding. Data collected below will be kept confidential.

Please complete and mail or deliver to Express Yourself at the address below. Questions? Contact Kristi Jeffers: kjeffers@exyo.org or (978) 927-8600. An online version of this form can be found at exyo.org/intake_agency.

Youth Participant Information

DATE	FORM PREPARER'S NAME	REFERRING AGENCY
YOUTH PARTICIPANT NAME	GENDER Male Female	DATE OF BIRTH
ADDRESS		
CITY	STATE	ZIP CODE

Has this youth ever participated in Express Yourself before? Yes No What year did they begin? _____

SCHOOL	GRADE	EXPECTED GRADUATION YEAR
--------	-------	--------------------------

Agency Contact Information

CONTACT PERSON	PHONE	CELL PHONE
EMAIL ADDRESS		

Youth is currently with: CHECK ALL THAT APPLY

- | | | |
|---|---|--|
| <input type="checkbox"/> Intensive residential treatment programs | <input type="checkbox"/> Day school with therapeutic milieu | <input type="checkbox"/> In-home therapy |
| <input type="checkbox"/> Residential treatment programs | <input type="checkbox"/> Wrap around services | <input type="checkbox"/> Individual and Family Flexible Support Services |
| <input type="checkbox"/> Residential school setting | <input type="checkbox"/> Transitioning from hospital setting/hospitalizations | AGENCY NAME |

Check all services that youth has been part of:

- | | | |
|--|--|--|
| <input type="checkbox"/> Department of Mental Health | <input type="checkbox"/> Therapeutic Mentoring Program | <input type="checkbox"/> Community Service Agency |
| <input type="checkbox"/> Department of Children and Families | <input type="checkbox"/> Individual Youth Services | <input type="checkbox"/> Lahey Behavioral Health |
| <input type="checkbox"/> Department of Youth Services | <input type="checkbox"/> Family Sibling of Youth | <input type="checkbox"/> Ongoing family/individual therapy |
| <input type="checkbox"/> Department of Disability Services | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Trauma Focused CBT |
| <input type="checkbox"/> Community Based Acute Treatment | <input type="checkbox"/> Substance Abuse Programs | <input type="checkbox"/> Special Education/IEP |
| | <input type="checkbox"/> Hospitalizations for Mental Health/Substance Abuse Issues | <input type="checkbox"/> Other _____ |

What is the participant's hometown?

- | | | | | |
|-----------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Andover | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Lynn | <input type="checkbox"/> Peabody | <input type="checkbox"/> Topsfield |
| <input type="checkbox"/> Beverly | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Manchester | <input type="checkbox"/> Rowley | <input type="checkbox"/> Wakefield |
| <input type="checkbox"/> Boxford | <input type="checkbox"/> Haverhill | <input type="checkbox"/> Marblehead | <input type="checkbox"/> Rockport | <input type="checkbox"/> Wenham |
| <input type="checkbox"/> Bradford | <input type="checkbox"/> Ipswich | <input type="checkbox"/> Middleton | <input type="checkbox"/> Saugus | <input type="checkbox"/> West Newbury |
| <input type="checkbox"/> Danvers | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Newbury | <input type="checkbox"/> Salem | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Essex | <input type="checkbox"/> Lowell | <input type="checkbox"/> Newburyport | <input type="checkbox"/> Swampscott | <input type="checkbox"/> Not known |

Race/Ethnicity/ of participant:

- | | | |
|--|--|--|
| <input type="checkbox"/> White (Non-Latino) | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Black/African-American
(Non- Latino) | <input type="checkbox"/> Haitian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Not known |
| | <input type="checkbox"/> Hawaiian/Pacific Island | |

Household Information:

Does the youth participate in a free or reduced lunch program? Yes No

What is the primary language spoken in the youth's home? _____

What is the yearly income range of the youth's household or family?

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0 – \$24,250 | <input type="checkbox"/> \$40,891 – \$60,000 | <input type="checkbox"/> \$80,001 – \$100,000 |
| <input type="checkbox"/> \$24,251 – \$40,890 | <input type="checkbox"/> \$60,001 – \$80,000 | <input type="checkbox"/> Above \$100,000 |

How many people currently live in this household? _____

Currently, does the youth fall into the descriptions below? CHECK ALL THAT APPLY

- | | |
|--|---|
| <input type="checkbox"/> Department of Mental Health | <input type="checkbox"/> Youth living in economically depressed URBAN areas |
| <input type="checkbox"/> Department of Children and Families
(foster and adoptive care, formerly DSS) | <input type="checkbox"/> Youth living in economically depressed RURAL areas |
| <input type="checkbox"/> Department of Youth Services | <input type="checkbox"/> Youth facing neighborhood violence |
| <input type="checkbox"/> Physical, cognitive, or learning disabilities | <input type="checkbox"/> On track to graduate this year |
| <input type="checkbox"/> Foreign born youth and youth living in homes where English is not spoken | <input type="checkbox"/> Attending College next year |
| <input type="checkbox"/> Youth at Risk of Suicide | <input type="checkbox"/> Entering Military next year |
| <input type="checkbox"/> Youth living in public housing | <input type="checkbox"/> Other, please specify:
_____ |

Please note: Completion of this application is the first step. Youth participation in programming, performances and outside events is at the sole discretion of Express Yourself administration and staff.

I _____ (“Participant”) desire to participate in the Express Yourself program located in Beverly, Massachusetts (“Primary site”) and all related activities whether or not located at the Primary site (Hereinafter “Program”). I understand that the entire period of the Program, including travel to and from the Program is included in this release from the date of execution through to and including the date that is the last date related to the culminating performance and activities related thereto.

- I promise to act responsibly and will comply with all of Express Yourself policies, standards and instructions for Participant behavior.
- I will promptly inform Express Yourself of any and all changes in my treatment/residential program and/or custodial status.
- I give permission to Express Yourself to transport Participant for field trips and activities as part of participation in programming whether by bus, taxi, or transportation for hire.
- I acknowledge that Express Yourself conducts routine Program surveys by youth and agree to participate in such surveys. I understand that the surveys are administered anonymously and no personal information will be shared. Results may be shared with third parties to be used in evaluating program effectiveness and secure program funding.
- I acknowledge and understand that there are certain risks inherent in participating in the Program. These include, but are not limited to, the risks of personal injury, illness or death, property damage or property loss or theft, risks of travel, negligent acts or omissions of Program employees, independent contractors, servants or agents. I acknowledge that I am participating in this Program at my own free will and agree to assume all the risks and responsibilities surrounding my participation in the Program.
- I hereby agree to assume all of the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I hereby release, waive, discharge and hold harmless Express Yourself, its affiliates, officers, directors, faculty, employees, agents, representatives, past or present, and any one claiming by through or under Express Yourself (Hereinafter “Released Party”) from and against any present or future claims, suits, liabilities for any injury to person or property which I may suffer or for which I may be liable to any person arising out of or related to my participation in the Program, including travel to and from my destination resulting from any cause. (Hereinafter “Claims”)

I consent and authorize Express Yourself, Inc. to prepare photographs, videotapes or other moving images and/or audio recordings of the Minor and to use any such recordings in any media (through exhibition, distribution, reproduction, any social media outlet including but not limited to Facebook, Twitter, Instagram or otherwise), which may include the Minor’s name, likeness, image, voice, appearance, and performance. Express Yourself, Inc. shall own such recordings and may edit and use the recordings or excerpts therefrom as it wishes. I hereby waive all rights under publicity, defamation, and proprietary rights relating to any such recordings. Express Yourself, Inc. may transfer or license any of its rights hereunder.

In signing below, I certify that I have read and fully understand the above Acknowledgement, Release, and Assumption of Risk.*

Participant signature

Parent or Guardian signature
(REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

Date

Date