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

<table>
<thead>
<tr>
<th>DATE</th>
<th>FORM PREPARER’S NAME</th>
<th>MALE</th>
<th>FEMALE</th>
<th>REFERRING AGENCY</th>
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<thead>
<tr>
<th>YOUTH PARTICIPANT NAME</th>
<th>GENDER</th>
<th>DATE OF BIRTH</th>
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<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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Has this youth ever participated in Express Yourself before? Yes  No  What year did they begin? __________

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<tr>
<th>SCHOOL</th>
<th>GRADE</th>
<th>H.S. GRADUATION YR.</th>
<th>ACE SCORE</th>
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Agency Contact Information

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<tr>
<th>CONTACT PERSON</th>
<th>PHONE</th>
<th>CELL PHONE</th>
<th>EMAIL ADDRESS</th>
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Youth is currently with: Check all that apply

- [ ] Intensive residential treatment programs
- [ ] Residential treatment programs
- [ ] Residential school setting
- [ ] Day school with therapeutic milieu
- [ ] Wrap around services
- [ ] Transitioning from hospital setting/hospitalizations
- [ ] In-home therapy
- [ ] Individual and Family Flexible Support Services

Check all services that youth has been part of:

- [ ] Department of Mental Health
- [ ] Department of Children and Families
- [ ] Department of Youth Services
- [ ] Department of Disability Services
- [ ] Community Based Acute Treatment
- [ ] Therapeutic Mentoring Program
- [ ] Individual Youth Services
- [ ] Family Sibling of Youth
- [ ] Foster Care
- [ ] Substance Abuse Programs
- [ ] Hospitalizations for Mental Health/Substance Abuse Issues
- [ ] Community Service Agency
- [ ] Lahey Behavioral Health
- [ ] Ongoing family/individual therapy
- [ ] Trauma Focused CBT
- [ ] Special Education/IEP
- [ ] Other ____________________

Express Yourself, Inc. 100 Cummings Center, Suite 165-E | Beverly, MA 01915 | (978) 927-8600 exyo.org
### What is the participant’s hometown?

- □ Andover
- □ Beverly
- □ Boxford
- □ Bradford
- □ Danvers
- □ Essex
- □ Gloucester
- □ Hamilton
- □ Haverhill
- □ Ipswich
- □ Lawrence
- □ Lowell
- □ Lynn
- □ Manchester
- □ Marblehead
- □ Middleton
- □ Newbury
- □ Newburyport
- □ Peabody
- □ Rowley
- □ Rockport
- □ Saugus
- □ Salem
- □ Swampscott
- □ Topsfield
- □ Wakefield
- □ Wenham
- □ West Newbury
- □ Other: _________
- □ Not known

### Race/Ethnicity/ of participant:

- □ White (Non-Latino)
- □ Black/African-American (Non-Latino)
- □ Latino/Hispanic
- □ Asian
- □ Haitian
- □ Cape Verdean
- □ Hawaiian/Pacific Island
- □ American Indian
- □ Other: ______________________
- □ Not known

### 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?
  
  - □ $0 — $24,250
  - □ $24,251 — $40,890
  - □ $40,891 — $60,000
  - □ $60,001 — $80,000
  - □ $80,001 — $100,000
  - □ Above $100,000
- How many people currently live in this household? _________

### Currently, does the youth fall into the descriptions below?  
**Check all that apply**

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

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**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.

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**Express Yourself, Inc.**  
100 Cummings Center, Suite 165-E  |  Beverly, MA 01915  |  (978) 927-8600  |  exyo.org
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.*

<table>
<thead>
<tr>
<th>Participant signature</th>
<th>Parent or Guardian signature</th>
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<tr>
<td></td>
<td>(REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE)</td>
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<td>Date</td>
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