



This information is required for youth without program staff. Our 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

_____	Male Female	_____	_____
YOUTH PARTICIPANT NAME	GENDER	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	H.S. GRADUATION YR.	ACE SCORE

Who referred you to Express Yourself?

_____	_____
NAME	RELATIONSHIP

_____	_____
EMAIL	PHONE

Are languages other than English spoken in the youth's home? Yes No If yes, which one(s): _____

Who will be transporting your child? _____

If you give permission for anyone else to transport your child, please list here: _____

I give permission for my child to leave Express Yourself without adult supervision: Yes No

Parent/Guardian Information

Youth lives with: Both parents/guardians Parent/guardian 1 Parents/guardian 2 Other _____

NAME OF PARENT/GUARDIAN #1

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

BEST PHONE NUMBER TO REACH YOU

ALTERNATE PHONE NUMBER

NAME OF PARENT/GUARDIAN #2

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

BEST PHONE NUMBER TO REACH YOU

ALTERNATE PHONE NUMBER

Emergency Contact Information

NAME

RELATIONSHIP TO YOUTH

BEST PHONE NUMBER

ALTERNATE PHONE NUMBER

Medical Information

HEALTH INSURANCE COMPANY

NAME OF POLICY HOLDER

POLICY NUMBER

PRIMARY CARE PHYSICIAN

PHONE NUMBER

Should emergency/crisis intervention care be required and I cannot be reached, I authorize staff from Express Yourself to sign for emergency medical attention for my child. Yes No

In case of emergency, does your child have a therapist, counselor, or case manager that we could contact?

If so, please provide name and contact info: _____

Please describe any of the following that apply to your child:

SPECIAL HEALTH ISSUES

ALLERGIES

PHYSICAL DISABILITIES

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"/> Hawaiian/Pacific Island | |

Household Information:

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

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? _____

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 _____ |

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.

Express Yourself Acknowledgement, Assumption of Risk and General Release Form

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