

**PREVENTION AND EARLY INTERVENTION (PEI) DIVISION
 CLIENT ENROLLMENT FORM – YOUTH & FAMILY PROGRAMS
 (*INDICATES REQUIRED FIELD)**

Program

Services to At-Risk Youth (STAR)

Contract ID No. 24555273	Subcontractor CCD Counseling PA	Workflow STAR
*Enrollment/Service Start Date	* Initials of Staff Assigned to Family	Initials of Intake Staff (Only if different from Assigned to Family)
PEIRS Enrollment ID No.	CCD ID No.	CCD Staff Data Entry Name and Data

AUTHORIZATION FOR SERVICE

I have been provided information on the referenced Prevention and Early Intervention Program and wish to receive services. I understand that data on my child/youth/family will be collected, maintained, and entered into a secure database. The information will be utilized to track services for evaluation purposes and to ensure quality services are being provided. I hereby authorize my child/youth/family to participate in the program.

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian

Printed Name of Index Child/Youth

Authorization for Service must be completed per Index Child/Youth at enrollment and annually.



Family Tree Program

Denton County Dallas County

Funded by the State of Texas Administered by CCD Counseling PA

(888) 837-0666 www.familytreeprogram.org www.facebook.com/familytreeprogram

Family Tree Counseling Program

You are receiving services from CCD Counseling PA (CCD) or an individual or organization that is a subcontractor for CCD. CCD administers the Family Tree Program for Denton and Dallas Counties. Those services are funded by the state of Texas through their Services To At-Risk Youth (STAR) Program. A CCD employee, the Family Tree Case Manager enters information about you and the services you receive into an electronic database maintained by the State of Texas.

Authorization for Release of Confidential Information

I hereby authorize CCD (including any subcontractor) to disclose any and all records and information concerning myself and/or my family's participation in the Family Tree program to the state funded STAR program.

The disclosure of information authorized herein is made for the following purposes:

1. For the billing and reporting of service delivery by CCD and/or their sub-contractors
2. For the management and administration of STAR services by the state, and,
3. To evaluate and maintain the quality services delivered to me and or my family.

In addition, I consent for a staff member at CCD to communicate with me by mail, email and by phone at the contact numbers and addresses I provide. I understand that information may be conveyed electronically and the privacy of those various communication methods cannot be guaranteed.

I understand that my records are protected under state and federal regulations and cannot be disclosed without my written consent, at any time, except to the extent that action has been taken in reliance to it. I further understand that because of these laws, neither CCD or a CCD subcontractor can provide STAR services to me or my family without this authorization. I also understand that this authorization is voluntary, and that other options are available to me. Other options include refusal of services, seeking alternative services, electing to fund my own services, and/or seeking services that have a different source of funding.

Signature of Youth

Date

Signature of Parent, Guardian, or Managing Conservator

Date

Signature of Parent, Guardian, or Managing Conservator

Date

Protective Factors Survey for Caregivers

PROGRAM STAFF USE ONLY

PRE SERVICE	IN SERVICE	POST SERVICE	PEIRS Client ID#
Caregiver First Name:		Caregiver Last Name:	
Caregiver DOB:		Today's Date:	
Is this family member an expectant parent with no other children in the home?			Yes No
Has this family member completed the program?			Yes No

Thank you for taking the time to fill out this survey! The information will be used to evaluate the program. For each of the questions, please answer in your own opinion or experience instead of trying to answer for other members of your family. Please answer honestly. There are no right or wrong answers.

If you have any questions about one of the statements or the answer scale, ask one of the program staff. Please do not skip a question.

Part I. Please check the box that best describes how often the statements are true for you or your family.

	Not Answered	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always	N/A
1. In my family, we talk about problems.									
2. When we argue, my family listens to "both sides of the story."									
3. In my family, we take time to listen to each other.									
4. My family pulls together when things are stressful.									
5. My family is able to solve our problems.									

Part II. Please check the box that best describes how much you agree or disagree with the statement.

	Not Answered	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree	N/A
6. I have others who will listen when I need to talk about my problems.									
7. When I am lonely, there are several people I can talk to.									
8. I would have no idea where to turn if my family needed food or housing.									
9. I wouldn't know where to go for help if I had trouble making ends meet.									
10. If there is a crisis, I have others I can talk to.									
11. If I needed help finding a job, I wouldn't know where to go for help.									

Part III. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.

Child's Age _____ or DOB _____

If you are expecting your first baby and there are no more children in your home, STOP here.

	Not Answered	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree	N/A
12. There are many times when I don't know what to do as a parent.									
13. I know how to help my child learn.									
14. My child misbehaves just to upset me.									

Part IV. Please tell us how often each of the following happens in your family.

	Not Answered	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always	N/A
15. I praise my child when he/she behaves well.									
16. When I discipline my child, I lose control.									
17. I am happy being with my child.									
18. My child and I are very close to each other.									
19. I am able to soothe my child when he/she is upset.									
20. I spend time with my child doing what he/she likes to do.									