Partnership for Healthy Teens-Carrera P.R.I.D.E. Program
Sponsored by South Jersey Healthcare

Promoting Respect Integrity Determination Empowerment

Application Packet

Seeing Young People “At Promise” Not “At Risk”!
Program Description & Philosophy

The Carrera P.R.I.D.E. Program is an Adolescent Pregnancy Prevention Program that uses a long term, holistic approach to empower youth, to help them develop personal goals and the desire for a productive future. In addition to developing their sexual literacy this program educates adolescents about abstinence as well as the potential consequences of sexual activity. Guided by a philosophy that sees youth as “at promise” rather than “at risk,” the Carrera P.R.I.D.E. Program works to develop a participant’s capacity and desire to avoid pregnancy. The youth development program model also provides opportunities for young people to discover interests and develop talents, as well as emphasizing the importance of education and employment.

The Carrera P.R.I.D.E. Program meets five days a week after-school as well as some Saturdays during the school year. In addition, we offer a yearly summer program.

The model includes seven fundamental components:

1. **Education**: Homework help, remediation, and enrichment with trained teachers and tutors driven by Individual Academic Plans (IAP) for each participant;

2. **Employment**: Weekly exposure to the “world of work,” including earning stipends, opening bank accounts, exploring career choices, and participating in entrepreneurial projects;

3. **Mental Health Services**: Weekly discussion groups led by certified social workers; individual counseling, case management, and crisis intervention as needed.

4. **Family Life and Sexuality Education (FLSE)**: Weekly comprehensive, scientifically accurate sexuality education sessions taught in an age-appropriate fashion by a trained professional;

5. **Self-Expression**: Weekly music, dance, writing and drama workshops led by theater and art professionals, where children can discover talents and build self-esteem;

6. **Lifetime Individual Sports**: A fitness program emphasizing sports that build self-discipline and can be played throughout life, including golf, bowling, squash, swimming, and others;

7. **Full Medical, Dental, and Vision Care**: Comprehensive, no cost medical, dental, and services provided in partnership with local providers.

**Site Location**: Broad Street School 251 West Broad Street Bridgeton, NJ 08302

**Site Coordinator**: Jasmine Demby 856-575-4261

6/6/2011
Participant Contact Information

The Carrera P.R.I.D.E. Program believes parents are their children’s most important educators and we like to keep in touch! Please provide us with your most up-to-date contact information.

Today’s date: ______________

Student Name: _____________________________ D.O.B. ________________

Address: ____________________________________________________________________

City: __________________ State: _______ Zip: __________

Home Phone: ___________________________ Student cell: _______________________

1) Parent/Guardian Name: _____________________________________________
   Relationship: ___________________ Cell: _____________________________
   Work phone: _____________________ Email: _________________________

2) Parent/Guardian Name: _____________________________________________
   Relationship: ___________________ Cell: _____________________________
   Work phone: _____________________ Email: _________________________

3) Emergency Contact Name: _____________________________________________
   Relationship: ___________________ Cell: _____________________________
   Work phone: _____________________ Email: _________________________
Medical, Dental and Vision Screening Information
The Carrera P.R.I.D.E. Program cares about the well-being of your child. Please provide current information, which will be kept confidential.

Student Name: ____________________________________________   Date of birth: _________________

Medical Information
Does your child have a primary care physician?  Yes ____ No____
Name of Doctor/Clinic: ___________________________    Phone number: _________________________________
Date of your child’s last well visit/physical exam: _______________ Does your child have medical insurance?  Yes ____ No____
Name of insurance: ___________________________    Name of policy holder: _______________________________
Policy Number: ___________________________
If your child does not have health insurance, would you be interested in getting assistance from our program staff in applying for insurance? Yes ____ No____
Please let us know if your child has any of the following:
Allergies? __________________________________________ Medications? _____________________________
Asthma? ______    Special needs? _________________
Is your child up to date on immunizations? Yes ____ No____

Dental Information
Has your child had a visit to the dentist in the last year? Yes _____ No____
Date of your child’s last dental exam: ___________________________
Does your child have dental insurance: Yes ____ No____
Name of insurance: ___________________________
Name of policy holder: ___________________________
Policy Number: ___________________________
Name of Dentist/ Dental Clinic: ___________________________
Phone Number: ___________________________

Vision Screening
Has your child had a vision screening within the last year? Yes____ No_____ If yes, date of the last screening____________
Service Provider__________________________

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The Medical and Dental Component of the Carrera P.R.I.D.E. Program offers your child the opportunity to receive comprehensive, no cost health services through the program.

These services include but are not limited to:

- **Comprehensive Primary Medical Care**
  - Services are provided at __________________________
  - Services include annual physical examinations, follow-up appointments, visits for illness, reproductive health services as needed, health education including abstinence support and nutrition counseling

- **Specialty Care**
  - Services are provided at various reputable medical facilities throughout _____
  - Specialty care includes but is not limited to cardiology, dermatology, endocrinology, hematology, nephrology and orthopedics

- **Comprehensive Dental Care**
  - Services are provided __________________
  - Services include radiographs, dental cleanings include fluoride treatments, oral hygiene instruction, exams, sealants, fillings, extractions and root canals

- **Eye Care**
  - Services (as needed) are provided through______________

The Program Director and Community Organizer will work closely with you and your child to ensure that your child receives comprehensive, quality health services.

The Carrera P.R.I.D.E. Program staff is available to:

- Assist families in obtaining health insurance or changing health insurance plans
- Find appropriate medical providers and schedule health related appointments
- Accompany program participants to medical and dental appointments
- Communicate with medical professionals and parents/guardians about the health of the program participants

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**Site Coordinator:** Jasmine Demby 856-575-4261
**6/6/2011**
Medical, Dental, and Vision Screening Services

Would you like your child to receive medical and/or dental services through the Carrera P.R.I.D.E. Program?

- Yes, I want my child to receive medical services through the program
- Yes, I want my child to receive dental services through the program
- Yes, I do not want my child to receive vision screening services through the program
- No, I do not want my child to receive dental services through the program
- No, I do not want my child to receive medical services through the program
- No, I do not want my child to receive vision services through the program

If yes, I, ____________________, the parent or guardian of ____________________, hereby give my consent to the staff of the Carrera P.R.I.D.E. Program to travel with my child to and from his/her appointments. I give my consent to the Carrera P.R.I.D.E. Program to accompany my child to his/her medical appointments, to communicate with health professionals regarding the health of my child and to receive prescriptions on behalf of my child.

_________________________                          __________________________
Signature of Parent/Guardian                                             Date

If no, I, ____________________, the parent or guardian of ____________________, certify that I do not want my child to receive medical and/or dental services through the program. I understand that I am able to change my decision at any time during my child’s participation in the program.

PARENT/GUARDIAN SIGNATURE ___________________________________

DATE _____/_____/_____

Site Location:  Broad Street School  251 West Broad Street  Bridgeton, NJ  08302
Site Coordinator:  Jasmine Demby  856-575-4261
6/6/2011
Education Release and Consent Form

Student name __________________________________________

Parent/guardian name ____________________________________

School name __________________________________________

Guidance Counselor name _________________________________

Homeroom teacher name _________________________________ Homeroom # _________________

I hereby grant permission for access to my child’s school records by the Education Coordinator and the Site Coordinator of the Program. In addition, I agree for the staff to advocate for my child in the following ways:

- Permission to pick up in person or have faxed to the staff at the aforementioned site: reports cards, transcripts, IEP’s and attendance information.
- Permission to meet with school officials regarding matters involving my child in the absence of a parent or guardian.
- Permission to request information from relevant schools concerning my child’s test scores, performance levels on standardized tests given during the school year or any other test administered by the school.
- Permission to advocate on behalf of my child and to gain access to the aforementioned information from this date forward through the duration of time my child will be in attendance at this school.

STUDENT SIGNATURE __________________________________________

PARENT/GUARDIAN SIGNATURE __________________________________

DATE ___/_____/2011
Job Club: Consent to Establish a Bank Account

As a part of the Carrera P.R.I.D.E. Program Job Club component, young people have an opportunity to learn about the world of work, earn weekly stipends, open individual bank accounts, and participate in entrepreneurial projects. In order to establish these bank accounts we will need your child’s social security number (SSN), date of birth and your permission to establish these accounts on their behalf.

Would you like your child to receive a savings account? Yes ___ No ___

If yes, please provide the following information:

Child’s Name: _______________________________________________________

Child’s Date of Birth: _________________________________________________

Child’s Social Security Number (SSN): _________________________________

Finally, your signature authorizing us to use this information for the purpose of establishing the bank accounts through ____________.

PARENT/GUARDIAN SIGNATURE ___________________________________

DATE _____/_____/_____

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Site Coordinator: Jasmine Demby 856-575-4261
6/6/2011
### Application Documentation Checklist
2011-2012

**STUDENT NAME:** __________________________________

**SITE:** BROAD STREET SCHOOL

**HOME SCHOOL:** ____________________________________________

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<tr>
<th>Document</th>
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<tr>
<td>PARTICIPANT DATA FORM</td>
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<td>MEDICAL CONSENT FORM</td>
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<td>EDUCATION PERMISSION FORM</td>
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<td>COPY OF SCHOOL TRANSCRIPT</td>
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<td>COPY OF BIRTH CERTIFICATE</td>
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<td>IMMUNIZATION RECORD</td>
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