



Partnership for Healthy Teens-Carrera P.R.I.D.E. Program

Sponsored by South Jersey Healthcare

Promoting~ **R**espect~ **I**ntegrity~ **D**etermination~ **E**mpowerment

## 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



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### 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: \_\_\_\_\_

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**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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### Medical, Dental, and Vision Services

**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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### **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** \_\_\_\_/\_\_\_\_/\_\_\_\_

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### 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

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### **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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### Application Documentation Checklist

2011-2012

STUDENT NAME: \_\_\_\_\_

SITE: BROAD STREET SCHOOL

HOME SCHOOL: \_\_\_\_\_

- |                          |                              |       |
|--------------------------|------------------------------|-------|
| <input type="checkbox"/> | PARTICIPANT DATA FORM        | _____ |
| <input type="checkbox"/> | MEDICAL CONSENT FORM         | _____ |
| <input type="checkbox"/> | EDUCATION PERMISSION FORM    | _____ |
| <input type="checkbox"/> | COPY OF SCHOOL TRANSCRIPT    | _____ |
| <input type="checkbox"/> | COPY OF SOCIAL SECURITY CARD | _____ |
| <input type="checkbox"/> | COPY OF BIRTH CERTIFICATE    | _____ |
| <input type="checkbox"/> | IMMUNIZATION RECORD          | _____ |
| <input type="checkbox"/> | SCHOOL SCHEDULE              | _____ |
| <input type="checkbox"/> | COPY OF INSURANCE CARD       | _____ |

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