|  |  |
| --- | --- |
|  | Leading Our Youth INC |

# Youth Program Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s Name: |  | Child’s Birthday.: |  | Household Annual: | $ |

|  |  |
| --- | --- |
| What school does the child attend? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the household have means of transportation?? | YES[ ]  | NO[ ]  | Does the child show interest in participating in physical activities? | YES[ ]  | NO[ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does obesity exist in the home? | YES[ ]  | NO[ ]  | If yes, which activities? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Does the child have mental health disabilities? | YES[ ]  | NO[ ]  |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Qualification For Services

* Youth ages 7-18
* Suffer from mild mental health disability1
* Considered at risk2
* Household meet income guidelines3
* Parent/Guardian must be willing to participate/be present for child’s activity

\*Restrictions apply\*

## Signature

I certify that my answers are true and I agree that I qualify for services.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent Signature: |  | Date: |  |

1. Most common: ADHD,ADD, ODD,ANXIETY, DEPRESSION, LEVEL 1 ASD
2. SINLE PARENT HOUSEHOLD, NO PARENT HOUSEHOLD, FOUR OR MORE CHILDREN IN HOUSEHOLD
3. HUD HOUSING INCOME LIMITS