



# Match Up! Mentoring Program Application



## Participant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male DOB: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Guardian #1 name: \_\_\_\_\_ Guardian #2 name: \_\_\_\_\_

Guardian #1 phone: \_\_\_\_\_ Guardian #2 phone: \_\_\_\_\_

Guardian #1 phone (alt): \_\_\_\_\_ Guardian #2 phone (alt): \_\_\_\_\_

Guardian #1 e-mail: \_\_\_\_\_ Guardian #2 e-mail: \_\_\_\_\_

Persons authorized to pick up child: \_\_\_\_\_

Other Dismissal Arrangements: \_\_\_\_\_

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list anyone unauthorized to pick up your child(ren): \_\_\_\_\_

**\*Emergency contact information will be shared with your child's matched mentor prior to off-site meetings**

## Background Information:

In order to best support your child and utilize our resources, please help us to understand why your child is in need of a mentor. Please check all that apply.

- Issues with attendance (absences or tardies)
- Poor or failing grades
- Disciplinary problems or suspensions
- Social concerns (trouble making friends, bullying, etc.)
- Single-parent household
- Change in family circumstances (moving, divorce, death in family, etc.)
- Unsupervised afterschool
- Other (please explain) \_\_\_\_\_

If necessary, please expand on any items that you have identified above.

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Does your child have a 504 Plan or IEP? \_\_\_\_\_

Extra-curricular activities: \_\_\_\_\_

Your child's strengths: \_\_\_\_\_

Please describe why your child would benefit from having a mentor.

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Additional comments for staff: \_\_\_\_\_

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### **Health & Medical Information**

Parents/guardians are required to notify HPNC if your child contracts a highly contagious illness. We will notify other parents of the illness, but will maintain the anonymity and confidentiality of your child. If a child becomes ill at HPNC, we will notify parents immediately. If we are not able to reach the primary caregiver, we will call one or more of the emergency contacts. We ask that you make arrangements to pick up your child as soon as possible.

Specify any of your child's health problems (i.e. allergies, medical conditions, emergency situation information):

List any medication your child takes: \_\_\_\_\_

### **Parent/Guardian Consent and Agreement for Emergencies**

As a parent/legal guardian, I give consent for my child to receive first aid by HPNC staff and, if necessary, transported to receive emergency care. I give consent for the HPNC staff to act for me in the event that my child needs emergency medical care. I understand I will be responsible for all medical emergency charges.

Signature of Parent/Guardian: \_\_\_\_\_

### **Obligations and Waivers**

- \_\_\_\_\_ participate in the HPNC Match Up! Program
- \_\_\_\_\_ participate in the indoor and outdoor activities of the Program, including those held in the HPNC Gym, local parks, and while on field trips.
- \_\_\_\_\_ I agree to be involved in Match Up! and available to HPNC when questions regarding my child arise.
- \_\_\_\_\_ I understand that my attendance may be needed at HPNC's initial mentor/parent meeting, quarterly family dinners and trainings.
- \_\_\_\_\_ to be photographed and/or videotaped and for these images to be used on HPNC's print materials, website and social media sites (i.e. Facebook, Twitter, Flickr, Google+, etc).
- \_\_\_\_\_ leave the premises of HPNC, unsupervised, to walk home at the end of the day.
- \_\_\_\_\_ participate in one-on-one mentoring with adult mentor (listed below) on and off hpnc premises.
- \_\_\_\_\_ participate in peer mentoring as either mentor (high schoolers) or mentee (middle schoolers)

I agree that participation in HPNC's Match Up! is without assumption or responsibility of any kind by HPNC. In consideration of the acceptance of this registration, I do hereby release and forever discharge the HPNC, their officers, directors, employees, agents, and assigns, of and from any and all injuries, damages, claims, and demands, of any kind which may be suffered or sustained in connection with the above activities. All claims of any kind or nature whatsoever are hereby waived and I covenant not to sue.

For good and valuable consideration, the Participant releases HPNC, their officers, directors, employees, and agents, and assigns permission to license and use all images and sound recordings in any media and for any purpose. The Participant agrees that HPNC has all rights to images and sound recordings for perpetuity. This agreement is irrevocable, worldwide, and perpetual.

This Contract shall be construed under the laws of the State of Illinois. If any provision of the Contract is found unenforceable, the remaining provisions shall continue in full force and effect. This Contract may only be modified in writing with approval of an authorized representative of HPNC. Otherwise, this Contract shall serve as the full understanding of parties.

Name of Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_



## Match Up! Mentoring Program Application



### Parent Demographic Survey

Every year the Hyde Park Neighborhood Club pursues a variety of funding sources (including government grants) to maintain financial sustainability. Many grant applications ask for detailed reports on the demographic make-up of our population. For that reason, we are attaching a questionnaire asking for detailed information about your family's social and financial circumstances. Many of the questions may seem awkward or strangely laid out but please bear with us as they are worded in a manner that corresponds to US Census reports.

**Confidentiality:** Your answers to the attached Demographic Survey will be held strictly confidential. You will not be asked to include your name on the forms and the completed survey will be stored separately from your identified registration materials.

If you have any questions or concerns please feel free to contact Sarah Diwan at 773-643-4062 or [sdiwan@hpncclub.org](mailto:sdiwan@hpncclub.org).



# Match Up! Mentoring Program Application

1. Today's Date: \_\_\_ / \_\_\_ / \_\_\_\_\_
2. How did you hear about us? \_\_\_\_\_
3. How many people currently live in your household? \_\_\_\_\_
4. Please check the category that best describes your household income in the past 12 months: (When answering this question please include all sources of income including: wages, salary, self-employment income, rental & investment income, SSI, retirement or disability pensions, interest, dividends, child support, alimony, and any public assistance or welfare payments you may have received).
  - \_\_\_ Less than \$10,000
  - \_\_\_ \$10,000 to \$14,999
  - \_\_\_ \$15,000 to \$24,999
  - \_\_\_ \$ 25,000 to \$34,999
  - \_\_\_ \$35,000 to \$49,999
  - \_\_\_ \$50,000 to \$74,999
  - \_\_\_ \$75,000 to \$99,999
  - \_\_\_ \$100,000 to \$149,999
  - \_\_\_ \$150,000 to \$199,999
  - \_\_\_ \$200,000 or more
5. Please check the category that best describes your primary source of household income:
  - \_\_\_ Permanent job /independent business owner(s)
  - \_\_\_ Temporary job(s)
  - \_\_\_ Retirement, disability pension, SSI
  - \_\_\_ Public aid, TANF, or other government-sponsored income
  - \_\_\_ Child support
  - \_\_\_ Other: \_\_\_\_\_
6. What is your *highest* level of education?
  - \_\_\_ Less than high school graduate
  - \_\_\_ High school graduate
  - \_\_\_ Some college or associates degree
  - \_\_\_ Bachelor's degree
  - \_\_\_ Graduate or professional degree
7. (If applicable) What is the *highest* level of education of your child's other parent/guardian?
  - \_\_\_ Less than high school graduate
  - \_\_\_ High school graduate
  - \_\_\_ Some college or associates degree
  - \_\_\_ Bachelor's degree
  - \_\_\_ Graduate or professional degree
8. What is your ethnicity / race? (Please check all that apply)
  - \_\_\_ Hispanic / Latino Origin
  - \_\_\_ White
  - \_\_\_ Black or African American
  - \_\_\_ American Indian or Alaska Native
  - \_\_\_ Asian
  - \_\_\_ Native Hawaiian & other Pacific Islander
  - \_\_\_ Other: \_\_\_\_\_
9. (If applicable) What is the ethnicity / race of your child's *other parent/ guardian*? (Please check all that apply)
  - \_\_\_ Hispanic / Latino Origin
  - \_\_\_ White
  - \_\_\_ Black or African American
  - \_\_\_ American Indian or Alaska Native
  - \_\_\_ Asian
  - \_\_\_ Native Hawaiian & other Pacific Islander
  - \_\_\_ Other: \_\_\_\_\_

**Child Information:**

## Match Up! Mentoring Program Application

10. Please complete for each child enrolling in HPNC's Out of School Time Programs:

<p><b>Child One:</b>            Child's current age? ___ grade? ___</p> <p>Child's race/ethnicity? (Please check <u>all</u> that apply)  <input type="checkbox"/> Hispanic / Latino origin  <input type="checkbox"/> White  <input type="checkbox"/> Black or African American  <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Native Hawaiian &amp; other Pacific Islander  <input type="checkbox"/> Other: _____</p> <p>Who does this child live with? (check all that apply):  <input type="checkbox"/> Mother  <input type="checkbox"/> Father  <input type="checkbox"/> Foster Parent  <input type="checkbox"/> Grandparent(s)  <input type="checkbox"/> Aunts/Uncles  <input type="checkbox"/> Cousins  <input type="checkbox"/> Other: _____</p>	<p><b>Child Two:</b>            Child's current age? ___ grade? ___</p> <p>Child's race/ethnicity? (Please check <u>all</u> that apply)  <input type="checkbox"/> Hispanic / Latino origin  <input type="checkbox"/> White  <input type="checkbox"/> Black or African American  <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Native Hawaiian &amp; other Pacific Islander  <input type="checkbox"/> Other: _____</p> <p>Who does this child live with? (check all that apply):  <input type="checkbox"/> Mother  <input type="checkbox"/> Father  <input type="checkbox"/> Foster Parent  <input type="checkbox"/> Grandparent(s)  <input type="checkbox"/> Aunts/Uncles  <input type="checkbox"/> Cousins  <input type="checkbox"/> Other: _____</p>
<p><b>Child Three:</b>            Child's current age? ___ grade? ___</p> <p>Child's race/ethnicity? (Check <u>all</u> that apply)  <input type="checkbox"/> Hispanic / Latino origin  <input type="checkbox"/> White  <input type="checkbox"/> Black or African American  <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Native Hawaiian &amp; other Pacific Islander  <input type="checkbox"/> Other: _____</p> <p>Who does this child live with? (Please check all that apply):  <input type="checkbox"/> Mother  <input type="checkbox"/> Father  <input type="checkbox"/> Foster Parent  <input type="checkbox"/> Grandparent(s)  <input type="checkbox"/> Aunts/Uncles  <input type="checkbox"/> Cousins  <input type="checkbox"/> Other: _____</p>	<p><b>Child Four:</b>            Child's current age? ___ grade? ___</p> <p>Child's race/ethnicity? (Check <u>all</u> that apply)  <input type="checkbox"/> Hispanic / Latino origin  <input type="checkbox"/> White  <input type="checkbox"/> Black or African American  <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Native Hawaiian &amp; other Pacific Islander  <input type="checkbox"/> Other: _____</p> <p>Who does this child live with? (Please check all that apply):  <input type="checkbox"/> Mother  <input type="checkbox"/> Father  <input type="checkbox"/> Foster Parent  <input type="checkbox"/> Grandparent(s)  <input type="checkbox"/> Aunts/Uncles  <input type="checkbox"/> Cousins  <input type="checkbox"/> Other: _____</p>

**Program Priorities:**

## Match Up! Mentoring Program Application



11. What were your primary reasons (please rank mark all that apply) for enrolling your child in an out-of-school-time program at the Hyde Park Neighborhood Club?

- HPNC provides assistance with homework completion (ASLL)
- Safety (hpnc provides a safe place for my child when not in school)
- To keep my child out of trouble
- HPNC's after-school pick-up service (ASLL)
- I want my child to be exposed to a variety of extracurricular activities.
- Recommendation of a friend/acquaintance
- Price / cost compared to other programs
- Quality of the program
- Hours / convenience with our family schedule
- Social diversity of the other children enrolled
- Other: \_\_\_\_\_

12. What would your child be doing if not attending an HPNC Out of School Time Program?

- Staying at home alone
- Staying at home with a sitter
- Staying with relatives
- Attending an in-school program
- Attending another community-based out-of-school-time program

### Safety Concerns:

13. Do you have concerns regarding this child's everyday safety?

- On his/her school grounds? If yes, please specify: \_\_\_\_\_
- In your home neighborhood? If yes, please specify: \_\_\_\_\_

**THANK YOU!**





DEPARTMENT OF

# family & support services

## Client Intake Form

AGENCY NAME: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

TYPE OF PROGRAM: \_\_\_\_\_

(check one)

Behavioral

Health Services

Intensive Youth

Services

Mentoring

Out-of-School

Participant Last Name

First Name

MI

ADDRESS:

Number

Direction

Street Name

Apt. No.

Chicago, IL 606 \_\_\_\_\_

\_\_\_\_\_

Homeless Youth

Out-of-School

Mentoring

Out-of-School

\_\_\_\_\_

Homeless Youth

Out-of-School

Mentoring

Out-of-School

\_\_\_\_\_

Homeless Youth

Out-of-School

Mentoring

Out-of-School

\_\_\_\_\_

Homeless Youth

Out-of-School

Mentoring

Out-of-School

ETHNICITY: (check one)

Hispanic

Non-Hispanic

GENDER: (check one)

Male

Female

AGE:

BIRTHDATE:

RACE: (check one)

American Indian/Alaskan Native

Asian

Black/African American

Native Hawaiian/Other Pacific Islander

White

American Indian/Alaskan Native & White

Asian & White

Black/African American & White

Indian/Alaskan Native & Black/African American

Other Multi-Racial

CURRENT GRADE (if in school) or HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_

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

DISABLED:  Yes  No If yes, please specify \_\_\_\_\_

### HEAD OF HOUSEHOLD INFORMATION

FAMILY TYPE: (check one)

Single Parent/Female

Single Parent/Male

Two-parent household

Independent Youth

Relative

Guardian

HOUSING STATUS: (check one)

Rent

Own

Homeless/Shepher

In Temporary Housing

FOOD STAMPS: (check one)

Yes

No

FREE/REDUCED LUNCH: (check one)

Yes

No

HEALTH INSURANCE: (check one)

Yes

No

INCOME SOURCE (check all that apply)

Employment

Pension

TANF

Earnfare

Social Security

Unemployment Insurance

Other (Including SSDI, Child Support and VA Benefits)

SSI

SOURCE OF REFERRAL (Location that sent you)

CHA Client ID#:

Signature of Applicant

Date

**PARENT OR GUARDIAN'S STATEMENT:** I certify that the above information is accurate and I give my permission for the above named to participate in this program.

Intake Worker's Signature

Date

Signature\* of Parent or Guardian

Date

\*Required for all participants 17 years of age or younger. Please refer to Income table to determine income level

**LEVEL OF FAMILY INCOME:\***

<b>CURRENT FAMILY SIZE</b>	<b>CURRENT FAMILY INCOME</b>

In the left column, **FAMILY SIZE**, determine the number of persons in your family and circle that number. To the right of that number, find the dollar amount of your family's **TOTAL** monthly income and again, circle that number.

<b>FAMILY SIZE</b>	<b>EXTREMELY LOW INCOME 100% (MONTHLY)</b>	<b>LOW INCOME 133% (MONTHLY)</b>	<b>MODERATELY LOW INCOME 150% (MONTHLY)</b>	<b>MODERATE INCOME 200% (MONTHLY)</b>	<b>OTHER</b>
1	0 - \$958	\$959 - \$1,274	\$1,275 - \$1,436	\$1,437-\$1,915	\$1,915+
2	0-\$1,293	\$1,294-\$1,719	\$1,720-\$1,939	\$1,940-\$2,585	\$2,586+
3	0-\$1,628	\$1,629- \$2,165	\$2,166- \$2, 441	\$2,442-\$3,255	\$3,256+
4	0-\$ 1,963	\$1,964-\$2,610	\$2,611-\$2,945	\$2,946-\$3,925	\$3926+
5	0- \$2,298	\$2,299-\$3,056	\$3,057-\$3,446	\$3,447-\$4,595	\$4,596+
6	0-\$ 2,633	\$2,634- \$3,501	\$3,502-\$3,949	\$3,950-\$5,265	\$5,266+
7	0- \$2,968	\$2,969- \$3,947	\$3,948-\$4,451	\$4,452-\$5,935	\$5,936+
8	0- \$3,302	\$3,303-\$4,392	\$4,393-\$4,954	\$4,955-\$6,605	\$6,606+
Each additional person	\$335	\$446	\$503	\$670	