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Community Action Pioneer Valley, Youth and Workforce Development Programs provides a variety of services including advocacy, case management, group and individual activities, field trips and events that help develop social, employment and leadership skills, and provide opportunities for education and fun. We offer these services in our own buildings, at community sites, and in schools. **Participants are supervised by our trained staff and volunteers. As is true with any activity, no matter how well supervised, there is a risk of emotional or physical injury.**

It is required to understand what receiving services means in order to begin safely participating in activities:

- **I agree to receive the services listed above, which requires communication with CAPV staff to support me in my successful engagement.** We discuss your needs and participation as needed with other CAPV staff to help give you the best service we can. If we want to talk to a person outside of CAPV, we will ask you to fill out a Release of Information for that person. There are exceptional times when we will talk to someone without your consent: to comply with mandated reporting laws, lawful requests for information, required notification to local boards of health regarding suspected exposure to COVID-19 positive individuals and, in some cases, to talk to a parent or legal guardian about a minor. We will always try to contact you before taking those steps.
 Yes No
- **I agree to participate in an orientation to CAPV Youth and Workforce Development Programs.** This will cover information and expectations about our space and programs, and to discuss anything on your enrollment form.
 Yes No
- **I agree to accurately answer questions about myself and my household.** This is called demographic data.
 Yes No
- **I agree to let Community Action share my demographic data with their funders.** We enter demographic data into a database and occasionally create reports that show, for example, how many people from each category we have worked with (such as race, gender, age etc). We share these reports with the organizations that fund our programs. We collect and share this information to prove that we are working with groups of people who have less access across the country to work, education, and other needs. When you agree to share your data with our funders, you are helping us show the importance of our programs.
 Yes No
- **I consent to emergency medical treatment.** In the event of a medical emergency CAPV staff will try to contact your emergency contact or parent/guardian (if under 18) as soon as possible. You give permission to CAPV staff and to any other supervising adult, volunteer or otherwise, to give emergency first aid treatment and to obtain emergency medical treatment from a qualified practitioner, if necessary.
 Yes No

If you do not agree to the above five permissions, you will not be able to participate in our programs, but we are still able to offer you referrals to other resources, services, and opportunities in your community.

Optional Permissions – Transportation and Media Release

- **Transportation:** I give permission for CAPV to provide transportation in CAPV-owned vehicles and/or staff-owned vehicles. Transportation may be provided to enable full participation in our programs. This may include: transportation to and from our site, transportation between our sites, transportation to and from other event locations or service providers.
 Yes No
- **Media Release:** I give permission to CAPV to take and use photographs, video, or other media of me for: news releases, CAPV Annual Reports, website, Facebook page, newsletters, displays at program sites, or other similar uses.
 Yes No

All of these permissions expire on December 31, 2022

- I understand that I can take back or cancel any of these permissions at any time by sending my request in writing to YPpermissions@communityaction.us.
- I understand that if I have any questions about these permissions I can contact Lisa Lapierre, Director of CAPV Youth and Workforce Development at 413-774-7028 x797 or LLapierre@communityaction.us.

Participant Signature

Date

Parent/guardian Signature (if participant is under 18)

Date

➤ **Program(s) Enrolling/Interested in:** _____
If you're not sure, you can list a staff you have been in touch with

Your Information and Contacts

Person participating in Youth and Workforce Development programs

Current First Name (to be called)

Current Last Name (to be called)

Pronouns (ex. She/Her, They/Them, He/Him, etc.)

Legal First Name (if different)

Legal Last Name (if different)

Date of Birth (MM/DD/YYYY)

Language Preference
(to speak and read/write in)

Best way to contact you?
(phone, email, or another way?)

Any drop off/pick up instructions?

Main Phone – Texting? Yes No

Other Phone – Texting? Yes No

Email Address

Street Address

Apartment or Unit

City or Town, Zip Code

Participant information updates (for administrative use)

Emergency Contacts

Who would you like us to contact in case of an emergency?

First Emergency Contact

Name

Relationship to you

Best way to contact them?

Main Phone – Texting? Y N

Other Phone – Texting? Yes No

Email Address

Second Emergency Contact

Name

Relationship to you

Best way to contact them?

Main Phone – Texting? Y N

Other Phone – Texting? Yes No

Email Address

Parent or Guardian Contact (required if participant is under 18)

Name

Relationship to you

Best way to contact them?

Main Phone – Texting? Y N

Other Phone – Texting? Yes No

Email Address

Participant Health Information

Why do we collect this information?

We ask about your health in order to make sure our staff know how to keep you safe in our programs. We do not share the answers to these questions with other people or organizations.

- Is there anything you would like us to know about your **health, access needs, or comfort** that would **support you to participate** in our programming or spaces?
For example a fragrance free space, or a seat where you can see the door, or an agenda to know when breaks are, etc.
- Do you have **any allergies or medication** that we may need to help you with?
For example, if you carry an EpiPen or are allergic to nuts and need a nut free space, etc.

Participant Demographics

Why do we collect this information?

Many of our programs happen because federal, state and private funders give us money to run them. In exchange, the funders ask us to make sure that we are including people in our services from a diverse set of backgrounds. We have to collect information about our participants in ways that match the categories the federal government uses. Once a year, we have to create a report that says the number of people we worked with from each category. The data in the report is used by us (and other social service agencies) to advocate for more services for you and people in your community.

The ultimate “right” answer is the one that you think is right; these categories are not perfect or complete. Please do your best, and if you get confused you can always check “Other” or ask for help.

- What is your **race?** (**check one**, or *biracial/multiracial if more if you would check more than one*)
“Race” here refers to one of the categories that the federal government records in their data on social services. It is very possible that you don’t see a category here that “fits” you. In that case, you can always check “Other” or ask for help.
 - American Indian or Alaskan Native
 - Black or African American
 - Biracial or Multiracial
 - Native Hawai’ian or Pacific Islander
 - Asian
 - White
 - Other
 - Prefer not to say
- What is your **ethnicity?** (*check one*)
“Ethnicity” refers to the “Hispanic or Latino” category that the federal government records in their data on social services. People are considered Hispanic or Latino if they have ancestry from Central or South America, or “another Spanish origin.” If the answer to this question is complicated for you, you can always check “Prefer not to say” or ask for help.
 - Hispanic or Latino
 - Not Hispanic or Latino
 - Prefer not to say
- What is your **gender identity?** _____
“Gender Identity” refers to how you experience your gender such as woman, man, non-binary, genderqueer, trans femme or woman, trans masculine or man, agender, or something else.
- Do you **identify as part of any LGBTQIA+ community** or are you **questioning?**
“LGBTQIA+” here represents lesbian, gay, bisexual, transgender, queer, intersex, and asexual plus any additional categories outside of heterosexuality or cisgender experience such as pansexual, demisexual, non-binary, genderqueer, gender non-conforming, two-spirit, agender, etc.
 - Yes
 - No
 - Prefer not to say

Participant Demographics, continued

➤ Do you have a **disability**?

"Disability" here means that you have been legally determined to have a disability or you believe you have a condition – developmental, emotional or physical – that restricts your ongoing function in life.

- Yes
- No
- Prefer not to say

➤ Have you ever been **involved in the military**?

- Never have served in the military or have no active duty experience
- Actively serve in the military
- A military veteran
- Prefer not to say

➤ Are you **currently in school** or **working**?

- Both in school and currently working
- In school or educational program
- Currently working
- Not in school and not currently working

➤ What best describes **your education** so far?

If you are homeschooled or in another alternative learning community, choose the category that seems the best fit for your skills.

- 0-8th grade
- 9-12th grade and enrolled
- 9-12th grade and stopped going
- Attained High school diploma
- Attained GED/HiSET
- High school diploma/HiSET plus some college
- Graduate of other post-secondary school
- 2 or 4 year college graduate

➤ What best describes **your employment**? *"Employed" means that you have a job which pays you money for your work.*

- I usually **work 30 hours or more** per week
(Employed full time)
- I usually **work less than 30 hours** per week
(Employed part time)
- I have **never worked**
(Not in Labor Force)
- Not working** but I **have worked in the past 6 months**
(Unemployed short term)
- I **work on farms** but **only during the growing season**
(Migrant Seasonal Farm Worker)
- I **worked a long time ago**, but **not in the past 6 months**
(Unemployed long term)

➤ What kind of **health insurance** do you have? *(check all that apply)*

- I **don't** have health insurance
- Masshealth** or Medicaid
(Generally for people with low income or disabilities)
- Purchased independently/ Direct purchase** (Generally buying insurance yourself full price)
- Medicare**
(Generally for people 65 and older, or with disabilities)
- Employer based** health insurance (Generally as a benefit through your/your family member's job)
- Military** Health Care (including VA)
- Other:** _____
- Connector Care**
(Generally for adults to purchase through the state)
- MA Children's health** insurance (Generally purchased for children through the state)
- I'm **not sure** or **prefer not to say**

Household and Income Information

Why do we collect this information?

We ask about you and your household's income to make sure that we are serving people from groups who have less access to financial opportunities and resources. Therefore, the information you provide about your household income ultimately helps us (and other social service agencies) advocate for more services for you and people in your community.

Income shared on this form will not affect benefits like housing, SNAP, or MassHealth.

A household is a group of people, living in the same building, who make up a single "economic unit." People in an economic unit all share income, expenses, and other resources. The classic example of an economic unit is a family, where multiple people live together and use everyone's money to pay each other's expenses. People who live in the same building but keep their money separate, pay separate rents, and are each financially independent are each their own household. The classic example of this is a group of unrelated roommates, and would not count as a "household" for these purposes.

- How many **people are in your household?**
- What is your **household's estimated yearly income?** per year
To calculate your yearly income, add up all the money your households makes in a month and multiply it by 12. If you're not sure, talk to a family member for help completing this form with your best estimate.

- Does **anyone in this household receive** any of the following benefits? (*check all that apply*)

Family and Food Benefits

- SNAP** (*Food stamps*)
- WIC**
- Childcare voucher**
- Fuel assistance** (*LIHEAP*)

Housing Information

Why do we collect this information?

CAPV has a goal of all youth and young adults having safe and stable housing. We ask these questions about your living situation so that we can most effectively assist you with your housing needs and address the housing needs of our community.

- Do you have a **safe and stable place** where you can **stay on a regular basis?**
If you answer no to the following question that your housing is unsafe or unstable, a staff person will have a conversation with you to better understand your situation and discuss the available options and resources.

- Yes
- No
- Not sure
- Prefer not to say

- Which best describes your **housing situation?**

- My household **rents our home, and pays full rent**
- My household **owns our home**
- Somewhere temporary,** like a housing program, an emergency shelter, a hotel, car/vehicle, a place outside, in public or not meant for living
- My household **rents our home, and pays lower rent** based on income or doesn't pay rent
- Other permanent** housing, like a program or facility for health or recovery
- Other** housing, not listed
- Prefer not to say