

Community Attention Youth Internship Program - CAYIP Application

Participant Information - *Please provide as much information as possible where applicable or known.*

First Name:		Middle Name:		Last Name:	
Admission Date <i>entered at acceptance to program(s)</i> :				Social Security Number:	
Current Residence:				City:	
State:		Zip:		Telephone:	
Birth Date:		Place of Birth:		Gender:	Race:
Referring Agency:					
Referring Agency Contact:				Telephone:	
JTS Number (if applicable):					

Parent/Guardian Information - *Please provide as much information as possible where applicable or known.*

Biological Parents					
Father's Full Name:				Marital Status:	
Address:				City: unknown	
State:	Zip:	Home Telephone:		Other (cell, email):	
Employer:				Work Telephone:	
Mother's Full Name:				Marital Status:	
Address:				City: Charlottesville	
State:	Zip:	Home Telephone:		Other (cell, email):	
Employer:				Work Telephone:	
Custodian, Legal Guardian, or Other Contact					
Other Name(s):					
Relationship (Stepfather/Mother, Grandparent, Foster Parent, Legal Guardian, etc.):					
Address:				City:	
State:	Zip:	Home Telephone:		Other (cell, email):	
Emergency Contact					
Emergency Contact:					
Address:				City:	
State:	Zip:	Home Telephone:		Other (cell, email):	
Individuals, if any, that the child is restricted from seeing:					
Places, if any, that the child is restricted from going:					
Medical Information					
Medical conditions,					
Current Medications:			Emergency Room Preference (if any):		
Comment on the child's ability to swim:			Special Instructions:		
Medical Insurance/Financial Responsibility:					
Participant's Physician:			Phone:		
Participant's Dentist:			Phone:		

PERMISSION FOR EMERGENCY TREATMENT: The parent or guardian of the aforementioned participant authorizes the staff of Community Attention to obtain immediate medical or dental care and consents to the hospitalization of, the performance of diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be contacted immediately. This covers only true emergencies, and every effort will be made to contact parent/custodian immediately. I have been informed and understand that I will be involved in decisions regarding my medical care. Any refusal of medical care must be made in writing. Finally, my signature on this form acknowledges that I was given a copy of this consent for my own records.

Signature of Parent/Guardian: _____ Date: _____

Signature of Youth: _____ Date: _____