



Family & Youth Enhancement Program

REGISTRATION FORM

RECEIVED BY:	DATE:	CASE NUMBER	
REFERRAL INFORMATION			
<input type="checkbox"/> DYS Unit _____	<input type="checkbox"/> Agency _____	<input type="checkbox"/> Walk In	<input type="checkbox"/> Court Order
REFERRED BY:	CONTACT NO.	CELL NO.	EMAIL ADDRESS:
REASON FOR REFERRAL:			
<p>All information is strictly confidential to the full extent permitted by law. No identifying information will be released without your consent. The information requested allows the F&YEP to evaluate individual and families for our program; therefore, we request you to complete this document in its entirety.</p>			
NAME			
LAST	FIRST	MI	
OCCUPATION or School Grade Level		EMPLOYMENT/SCHOOL	
Does the client receive Special Education services? Yes or No			
If Yes, what is the Client's Disability and how can we accommodate?			
GENDER	DATE OF BIRTH	ADDRESS/VILLAGE	DYS HISTORY?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
TELEPHONE NO.	ALTERNATIVE CONTACT NO.	EMAIL ADDRESS	
ETHNICITY			
<input type="checkbox"/> Carolinian	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Other	
CITIZENSHIP			
<input type="checkbox"/> CNMI (US)	<input type="checkbox"/> Republic of Belau (ROP)	<input type="checkbox"/> Other	
<input type="checkbox"/> Fed. States of Micronesia (FSM)	<input type="checkbox"/> Republic of Marshal Islands (RMI)		
MARITAL STATUS			
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Living with Domestic Partner	
<input type="checkbox"/> Divorced	<input type="checkbox"/> Other		
PRIMARY LANGUAGE		SECONDARY LANGUAGE	
Do you or anyone in your household have medicaid, medicare, V.A. or other insurance coverage:			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, who and what type of health insurance: _____	
TOTAL INCOME OF HOUSEHOLD:	\$		

PRIMARY HOUSEHOLD COMPOSITION

NAME	GENDER	DOB	AGE	ETHNIC	CITIZEN	RELATION	OCCUPATION

ASSESSED AND RECOMMENDED FOR THE FOLLOWING F&YEP SERVICES

DIRECT SERVICES	NAME OF PARTICIPANT	ENROLLMENT DATE	DATE COMPLETED	STATUS
Aggression Replacement Training®				
Active Parenting Now & of Teens®				
Botvin Life Skills ®				
Cognitive Life Skills®				
Common Sense Parenting®				
Early Childhood STEP®				
Housing Assistance				
Matrix®				
Real Colors				
Student Internship/PSS Coop Ed.				
Other (Specify i.e. Education & Training)				

MAP TO RESIDENCE