SUMMER LEARNING EXPERIENCE PROGRAM APPLICATION

STEUBEN COUNTY DEPARTMENT OF SOCIAL SERVICES (DSS)
3 E PULTENEY SQUARE
BATH NY 14810
PHONE – (607) 664-2183
FAX – (607) 664-2179
(APPLICATION IS DUE BACK TO DSS OFFICE BY JUNE 2ND

***** PLEASE: FILL IN ALL BLANKS – LEGIBLE!!! *****
***** ONE PERSON PER FORM *****

CHILD'S NAME: _____ CHILD'S DOB: ___/___/___ AGE: (___)
(MALE/FEMALE) CIRLCE ONE

CHILD'S ADDRESS:_____

CHILD'S PHONE:_____COUNTY OF RESIDENCE:_____

CHILD'S SCHOOL:_____

PARENT'S NAME:_____
(MR / MRS / MS) CIRCLE APPROPRIATE

PARENT'S ADDRESS:_____

PARENT'S PHONE: (H)_____ (W)_____

REFERRING PROFFESSIONAL:_____TITLE:_____

PROFFESSIONAL'S AGENCY:_____PHONE:_____

AGENCY ADDRESS:_____C.S.E CLASSIFICATION:_____

IF DAY TREATMENT-ARE SUMMER SERVICES AVAILABLE? _____YES _____NO

RISK INDICATORS

Please assign a numerical value (1 to 5) to the following items and briefly note any pertinent comments:

_____1. Current level of cooperation with your services.
1-fully 3-inconsistent 5-none N/A (not applicable)

_____2. LIST AGENCIES INVOLVED, CONTACT PERSON AND PHONE NUMBER (1, 2, ETC.)

_____ _____ _____

_____ _____ _____

_____3. Need for support and/ or attention (frequency of agency contacts)
1- low 3-moderate 5-high

_____4. Current academic functioning
1-no significant problem 3-mild academic delay 5-severe academic delay

_____5. Current school behavior
1-good 3-some behavioral problems 5-severe and persistent problems

LIST:

_____ _____

_____ _____

_____6. Current legal status
1-no involvement with Family/Criminal Court 3-some involvement
5-multiple involvement

(EXPLAIN)_____

_____

_____7. CHILD PROTECTIVE HISTORY
1-no reports abuse/neglect (low risk) 3-one report
5-several Child Protective Service Reports (high risk)

_____8. Current substance abuse (including alcohol)
1-no known 3-experimentation 5-frequent use, multiple addictions

LIST:

_____ _____

_____ _____

_____9. Current health and nutrition
1-good 3-mild complaints 5-extremely poor

(LIST any health problems)

_____ _____

_____ _____

_____10. Current personal care/hygiene
1-good 3-some concerns 5-non-existent

_____11. Current social skills
1-excessive talker 3-relates well to others 5-severe isolating behavior (alienates others or withdraws)

_____12. Current suicidal tendencies
1-none 3-threats 5-several previous attempts; recent attempts lethal method

(EXPLAIN) _____

LIST HOSPITALIZATIONS AND DATES:

_____

13. Please check which, if any, behaviors are present

_____a) fire setting (history & dates) _____

_____b) assaultive behavior _____c) school truancy _____d) vandalism

_____e) sexual promiscuity _____f) eating disorder _____g) stealing

_____h) failing at school _____i) sexual abuse/abuser _____j) truancy

_____k) substance use/abuse _____l) other

(EXPLAIN) _____

14. Health issues (Medicine, etc.) : _____

Doctors Name: _____ Phone # :_____

15. Please LIST this young person's strengths and assets: _____

_____

16. What if anything, would be a barrier to this child participating in the SUMMER EXPERIENCE PROGRAM?_____

Please submit completed application by June 2nd to:
STEUBEN COUNTY DEPARTMENT OF SOCIAL SERVICES
3 E PULTENEY SQUARE
BATH NY 14810

FAX: (607) 664-2179

STEUBEN COUNTY
SUMMER LEARNING EXPERIENCE PROGRAM

RELEASE OF INFORMATION

MUST BE RETURNED WITH REFERRAL FORM

I, _____, grant _____,
(Parent/Guardian) (Referring Agency/Individual)

permission to submit my name to provide information to the Summer Learning Experience Program Committee re: _____, so that s/he might be considered
(Referred Youth)

for participation in the Summer Learning Experience Program. I understand this information will be reviewed by the advisory committee to determine the eligibility and appropriateness of accepting my child into the program. I further understand that this release in no way obligates my child until the final decision is made. This release is valid for only ninety (90) days. I understand that not all children/youth who are referred will be accepted into the program.

_____ Date: _____
(Parent/Guardian

_____ Date: _____
(Witness)

_____ Date: _____
(Signature of Referring Professional)

_____ Phone #: _____
(Referring Professional Agency/School)

Please submit completed form to:

Steuben County Department of Social Services
3 East Pulteney Square
Bath NY 14810
OR FAX: (607)664-2179
Enclosed information must be received by:
June 2nd

2010 HHS Poverty Guidelines (effective June 1, 2010 –May 31, 2011)

Persons in Family Unit	Poverty Level	200% of Poverty
1	$10,890	$21,780
2	$14,710	$29,420
3	$18,530	$37,060
4	$22,350	$44,700
5	$26,170	$52,340
6	$29,990	$59,980
7	$33,810	$67,620
8	$37,630	$75,260
For each additional person, **ADD**	$3,820	$7,640

Number of individuals in household _____

By signing this, I am swearing, under penalty of perjury, that I have examined the above 2010 HHS Poverty Guideline table and that based on my income level and family size I am eligible for services provided to those individuals/families at or below the 200% of poverty income guidelines.

_____DATE_____
Signature

_____
Printed Name