**Reconnecting with the Disconnected**

 **Intake Form**

**Precinct: \_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_**

**Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name, Age, School, Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Current Street Address City States Zip Code

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the client disabled? \_\_\_\_** Yes **\_\_\_\_** No

**Is this a female head of household? \_\_\_\_** Yes \_**\_\_\_** No

**Waiver of Liability**

I do hereby release the Board of Directors, any and all staff members of the Recker’s Outreach LLC and any other entity whose involvement may be legally interpreted as part of such agency, from any and all liability resulting from any injuries, accidents, or other unfortunate circumstances that may arise from my client in any activity that is or is not sanction by this agency. I further attest that it is understood that simple notification to component supervisors of such activity(ies). I further attest that my entering the physical structure of this agency and participation are purely voluntary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature

**Release of Information**

I do hereby authorize Recker’s Outreach LLC and/or outside supporting agencies to release information of a confidential nature as they deem appropriate, exercising due caution in decisions of such release, as it applies to treatment or program needs.

I also authorize the Recker’s Outreach LLC and/or outside agencies to request information and receive information of a confidential nature as the deem appropriate in treatment or program needs while utilizing the facilities and programs of the above-mentioned entity.

I also understand that any requests of information of a confidential nature, not directly related to my treatment or program, from outside individuals or agencies will not be released unless necessitated by a court or request form from a law enforcement agency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature

**Photo Release**

I hereby grant Recker’s Outreach LLC and/or outside supporting agencies permission to use my likeness in photographs, including web-based publications, without payment or other consideration. I understand and agree that all photos will become property of Recker’s Outreach LLC and/or media will not be returned.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature

**Termination**

I do hereby understand that if my child(ren) do not show for their required training or community service there will be a few of $120.00 per no show for a maximum of three missed days before they will be terminated from the program with an additional fee of $250.00.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature