PROJECT DISCOVERY
Navigate Your Future

Project Discovery Application

STUDENT INFORMATION

Student Name: _____ Name to be Called:_____
First Middle Last

Address: _____
Street City State Zip Code

Student Cell Phone: _____ Grade: _____ School I.D.#: _____

Student Email:_____ Social Security # (seniors only): (last 4 digits): _____

DOB: ____/____/_____ Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer Not to Answer

Are you Disabled? ☐ Yes ☐ No

Race: _____ Hispanic _____ OR Non-Hispanic _____

Primary Language: _____

Do you need an interpreter? ☐ Yes ☐ No County/City Where You Reside: _____

PARENT INFORMATION

Parent Name: _____ DOB: ____/____/_____

Phone: _____

Parent Email (Required): _____

Primary Language: _____ Do you need an interpreter? ☐ Yes ☐ No

Current Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Never Married/Single ☐ Widowed

Race: _____ Hispanic ☐ OR Non-Hispanic ☐

Veteran Status: ☐ Active ☐ Veteran ☐ Not A Veteran

Health Insurance? ☐ Yes ☐ No

Type of Insurance: ☐ Medicaid ☐ Medicare ☐ Other: _____

Do you receive? TANF: ☐ Yes ☐ No **SNAP**: ☐ Yes ☐ No **SSI**: ☐ Yes ☐ No

SSDI: ☐ Yes ☐ No Are you currently employed? ☐ Yes ☐ No

Total Household Annual Income: _____ (This must be filled out in order to enroll.)

Project Discovery Application

Employer: _____ Work Phone: _____

Address: _____
Street City State Zip Code

Job Title: _____ Dates Employed: From: _____ To _____

HOUSEHOLD INFORMATION

How many individuals in household? Underage of 18: _____ 18 and older: _____

Housing Status: **(*Check one*)**

Homeless ☐ Homeowner ☐ Subsidized ☐ Live in Shelter ☐ Rent ☐

Other: _____

Current Family Type: **("X" one)**

	Single Parent (No Children in Household)		Non-Related Adults with Children
	Single Parent (Father figure with Partner)		Two Adults (No Children in Household)
	Single Parent (Mother figure with Partner)		Two or more unrelated adults
	Single Parent (Father Only)		Multi-Generational Household
	Single Parent (Mother Only)		Two-Parent Family
	Other:		

Family Pre-Questionnaire

Did mother of youth complete (*C*heck): ☐ 2 Year College ☐ 4 Year College ☐ Neither

Did father of youth complete (*Check*): ☐ 2 Year College ☐ 4 Year College ☐ Neither

How do you AND your child currently feel about school? (*Check*)

Not interested ☐ A little interested ☐ Interested ☐ Very interested ☐

How do you AND your child feel about attending college? (*Check*)

Not interested in going to college ☐ Undecided as to whether they should go to college ☐

A little interested in going to college ☐ Very interested in going to college ☐

Project Discovery Application

When you AND your child think about going to college, would you say you are? (Circle)

Undecided ☐ A Little Serious ☐ Serious ☐ Very Serious ☐

As a parent, when you think about helping your student getting into college, would you say that you:

_____ Do not know how to help my child get into college

_____ Know little about how to help my child get into college

_____ Know fully how to help my child get into college

Please list your child(ren) information below you plan to enroll:

	First Name	Last Name	Date of Birth	Relationship to you
1.				
2.				
3.				

MEDIA RELEASE

By initialing the box(es), I _____ (student name) acknowledge that I am a member of Project Discovery and that I, nor any representative of Project Discovery, will receive compensation for this media contact. I **consent and agree** to the following **media release**, for the purpose of, advertisement and marketing.

	Interviews displayed		Video recorded
	Photo or comments displayed on news media		Photographed
	Photo or comments displayed on internet		Audio recorded

***Student initials boxes**

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND MAY BE USED FOR STATISTICAL AND ELIGIBILITY PURPOSES ONLY. IN ADDITION, BY SIGNING THIS I GIVE PERMISSION FOR MY CHILD TO (1) PARTICIPATE IN THE PROJECT DISCOVERY PROGRAM AND (2) MEDIA RELEASE INFORMATION ABOVE.

_____ _____

Signature of Applicant (Student) Date

_____ _____

Agency Representative Date

Project Discovery Emergency Contact Form

Please complete all information:

Student's Name:_____
First Middle Last

Name to Be Called: _____

Address: _____
Street City State Zip Code

Date of Birth:_____
Month / Date / Year

Gender: ☐ Female ☐ Male ☐ Non-Binary ☐ Prefer Not to Answer

Parent Email: _____ **Parent Cell Phone**:_____

****

Name of Person(s) to Notify in Case of Emergency:

Emergency Contact Name #1:_____Relationship: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Cell: _____ Work: _____

Emergency Contact Name #2:_____Relationship: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Cell: _____ Work: _____

****

Please Go to Next Page

Project Discovery Emergency Contact Form

Medical Information:

Primary Care Physician: _____ Physician Phone: _____

Address: _____

Insurance Name: _____ Policy Number: _____

Hospital Preference: _____

Does your student have any illnesses we need to be aware of? ☐ Yes ☐ No

If yes, please list here: _____

_____

Please list any food and/or medicine allergies: _____

_____

List medications your child will require during services: _____

_____

List any mental and health concerns or accommodations needed: _____

_____

In case of an emergency, does Project Discovery have your permission to take your child to a hospital to receive medical treatment? ☐ Yes ☐ No

By signing below, I authorization the share of medical information and treatment from qualified medical personnel for essential treatment of my child. I understand that in case of an emergency, I will be contacted immediately.

Parent's Signature: _____ **Date:** _____

Please update medical insurance information if it has changed recently:

Privacy Policy

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your coach about arranging alternative accommodations.

Thrive Virginia is committed to assuring the privacy of individuals and families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal. We assure you that all personal information shared, whether orally or in writing, will be managed in accordance with ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publicly available, such as your Social Security Number or demographic data, such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information, and financial debts

What personal information does Thrive Virginia collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references (if applicable)
- Credit Reports - (if applicable – only applies to housing counseling applications.)

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as organizations providing grants), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, or oversight purposes, or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income. This information may be provided verbally.

Please note that authorization remains in effect no longer than three years from date above

Privacy Policy

- Information about your transactions with us, our affiliates, or others, such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency, such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case information, but this information may not be disclosed in a manner that would personally identify you in any way. This is done to evaluate our programs, gather valuable research information, and design future programs.
- We may also disclose personal information about you to third parties as required by law.
- We may text you about current and upcoming services or to complete surveys related to services you have received or are currently receiving.

How is your personal information secured?

We restrict access to your nonpublic personal information to Thrive Virginia employees who need to know that information to perform their duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information, and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Acknowledgment: I acknowledge that Thrive Virginia has provided me with a copy of this policy and that I have reviewed it. I understand that Thrive Virginia may release nonpublic personal information it obtains about me to funders and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

_____ _____

Parent/Guardian Signature Date

Please note that authorization remains in effect no longer than three years from date above

Notice of General Release of Information

Name of Consenting Adult: _____

(consent is on behalf of the entire household)

Address: _____

I understand the following information may be exchanged:

- Benefits and Services
- Financial Information
- Employment records
- Other Personal Identifiable Information

I understand Thrive Virginia must exchange this information with all of its funding providers as requested and when requested by the provider. I understand that by receiving any services from Thrive Virginia, I am consenting to allow Thrive Virginia to share any information obtained with the agency's grant funders. I understand that Thrive Virginia may share this information with other entities/organizations/business/persons as needed to provide me or any member of my household services.

I understand that non-personal, non-identifiable, aggregate information may be collected and shared without my consent. Examples of non-identifiable information include (but are not limited to) household size, county of residence, gross income range, household member age ranges, etc.

The information may be exchanged for the following purposes (but not limted to):

- Eligibility Determination /Service Coordination /Case Management /Case Follow-up
- Audit and program reviews from grant funders.

I understand that if Personal Health Information (PHI) or Personal Identifying information (PII) is collected, Thrive Virginia will only share PHI/PII when required by law or to other organizations/ entities/businesses when needed to provide me or my household direct services. I understand that Thrive Virginia is not a HIPAA required agency but Thrive Virginia voluntarily attempts to comply with all HIPAA regulations when possible.

This consent does not expire.

The information may be shared in person, by phone, by fax, by mail, or by email. I understand that if I decline to provide this consent on behalf of myself or my household, then Thrive Virginia may not provide any services. I understand I have the right to know what information about me has been shared, why, when, and with whom. If I ask, this agency shall show me this information. I understand and agree that this consent is on behalf of my entire household. I agree to hold harmless and indemnify Thrive Virginia and its officers, employees, and agents from any and all claims related to providing services and data sharing for me or any member of my household.

_____ _____

Parent/Guardian Signature Date