



Personal Responsibility to Overcome with Understanding and Determination
Information Sheet

Participant's Name: _____ DOB _____

Address: _____

Phone #: _____ Guardian Name: _____

What does the child like to do in his/her spare time?

What are the child's strength?

What year did you see the child first become disinterested in school? What did you notice your child doing that led you to believe he/she did not like school?

Do you know all of your child's friends including all those who call the house?

Does the child have a curfew? Does s/he keep it? If not, what are the consequences?

Does the child smoke cigarettes, marijuana, or drink alcohol? If the answer is yes to any of these, what have been the consequences for such behavior?

Has the child ever been in trouble with law enforcement? What was the outcome?

Has the child ever been suspended from school? If so, what have been some of the reasons?

Is there anything else you would like us to know about your child?

Is the client currently on medication? If yes, please list all medications.

Is the client currently receiving therapy or under therapeutic care, if yes please provide the therapist name and/or name of the agency. Also explain reason for care.



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EMERGENCY CONTACT & TRANSPORTATION FORM

I, _____, having parental or legal authorization, give
Parent/Guardian Name
consent that _____ may be transported by a PROUD Staff
Child's Name
Member for the following purposes.

(Please check all that have your consent)

___ A ride home only if all other transportation arrangements have been exhausted.

___ If participant needs to be transported for medical or other emergencies.

In case of emergency, contact

Name: _____

Relation: _____

Phone: _____

Parent/Guardian Signature

Date



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Allergies, Medications, and Medical Conditions

Student Name: _____ Date: _____

Parent/Guardian Name: _____

Please list any known allergies your child may have (*i.e.* food, insect bites, etc.) List all medical conditions also include medications and prescribed reason.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____



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PARTICIPANT FORM

I, _____, having parental or legal authorization, give
Parent/Guardians' Name
consent that _____ may participate in the P.R.O.U.D.
Child's Name
Program.

(Please check all that have your consent)

___ Consented P.R.O.U.D. activities (those listed on Activities Permission Form)

___ Photograph for Positive Pictures while in the Program

In case of emergency, contact:

Name: _____

Relation: _____

Phone: _____



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Emergency Contact List

Participant's Name: _____

Age: _____

Parent of Guardian Name: _____

Telephone Number: _____

Cell Number: _____

Alternative Number: _____

Proud Office: 919-956-8366

Juvenile Court: 919-560-6824

Cindy Holmes Regional Consultant OJJDP 919-575-3039

919-810-8803



I, _____, do hereby stipulate and agree with the P.R.O.U.D. Program and his designee to undertake all of the responsibilities specified hereinafter by this contract in consideration of the P.R.O.U.D. Program.

1. I agree not to violate any laws of the state or municipal ordinances.
2. I agree to attend school (or education program) while involved with the P.R.O.U.D. Program. I understand that any violation of school rules resulting in expulsion would also be considered a violation of this contract.
3. I will totally abstain from the use of alcohol or controlled substances, unless prescribed by a physician, while in attendance at the P.R.O.U.D. Program.
4. I understand and agree that I will not wear, display, use, or possess any insignia, emblem, bandanna, or any article of clothing which may be considered evidence of affiliation with any street gang or satanic cult while at Program meetings, activities, or volunteer work. I agree not to wear any articles of clothing that promotes drugs, alcohol, or any illegal activities.
5. I understand and agree not to possess weapons of any description at the program meetings, activities, or volunteer work.
6. I agree to adhere to group guidelines while participating in Program meetings, and all Program sponsored activities and requirements.

Youth's Signature

Date

Parent/Guardian Signature

Director's Signature

Date



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RELEASE OF CONFIDENTIAL FILES

In regards to:

Name: _____ DOB: _____

I hereby, as parent/guardian/legal custodian, of the above named minor, freely give consent to:

Name: **Quillie Coath, Jr. Director(s) of agency**

Agency: **Durham PROUD Program**

Address: **118 E. Main St, Durham, NC 27701**

To release the information requested below that is identified by a mark in the appropriate space, (signify denial of consent in the same manner). I understand that this release of information will Remain in effect until at which the above named minor successfully completes the PROUD Program.

Person authorizing release (Please Print)

Name: _____
First Middle Last

Authorizing Signature

Date

TYPE OF INFORMATION TO BE RELEASED

Consent Granted	Denied	School Use
_____	_____	_____ Official Permanent Records
_____	_____	_____ Teacher/Counselor Observation & Ratings
_____	_____	_____ Treatment Plan or IEP
_____	_____	_____ Discipline Reports
_____	_____	_____ Psychological Evaluations
_____	_____	_____ Permission to discuss case over the telephone
_____	_____	_____ Authorization to release criminal history/record from Juvenile Court or Law Enforcement

MENTAL HEALTH, SOCIAL SERVICES, JUVENILE COURT, and DPS

Consent Granted	Denied	School Use
_____	_____	_____ Counselor Observations, Evaluations, Opinions, and Recommendations
_____	_____	_____ Psychological/Psychiatric Evaluations
_____	_____	_____ Chemical Dependency Evaluations (s)
_____	_____	_____ Medical Records
_____	_____	_____ Permission to discuss case over the telephone



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Orientation Outline:

- Parents are contacted when participants are absent if absence wasn't reported to facilitators in advance.
- Participants can't leave early without parent/guardian permission
- This program is 16 week minimum contingent upon no absences and doesn't include holidays
- **SAGGING IN ANY MANNER IN NOT ALLOWED**
- Group is from 5:00-6:30 Mon/Wed or Tue/Thu
- Clients are expected to participate during group
- No sleeping, head down, heads on table, or side conversations during group. **NO CHEWING GUM.**
- No head gear (hats, scarf's, do rags etc)
- No drug paraphernalia, i.e.; Snowman tee, jewelry etc
- No gang related paraphernalia
- Cell phones **MUST** be off upon entering the building, if phones become an issue participants will not be allowed to bring them.
- Participants can ride data bus for .25¢ with school id or data id. Call Ms. Allen @ 560-1535x217 to schedule appt.
- Issues or concerns will be addressed on a one on one basis.
- There will be **MANDATORY** parent meetings; parents are contacted in advance to schedule a convenient time.
- Parent/Guardian(s) please make sure there is a immediate contact number on file
- Please inform staff of any issues prior to group.
- Takeout food is not allowed during group **PERIOD** but can be eaten before group
- Please schedule all activities, including work; around this program if you expect you son/daughter to successfully complete the program.
- **THERE WILL BE ABSOLUTELY NO TOLERANCE FOR BULLYING OR ANY TYPE OF BULLING BEHAVIOR INCLUDING BUT NOT LIMITED TO TEASING, PICKING BELITTling OR ANY ACT THAT INHIBITS ANOTHER CLIENT FROM BENEFITTING FROM THER PROGRAM.**

Parent Signature

Date

Cleint Signature

Date

Code of Conduct

1. We will begin each day by affirming our individual and collective greatness.
2. We will begin each day by greeting each other with a hug or handshake.
3. We will always do our best to help each other achieve their goals and dreams.
4. We will always strive for the highest character, integrity, and honesty.
5. We will always maintain a passion for excellence in what we do. Anything worth doing is worth doing well.
6. We will always maintain the manners and posture worthy of a royal heritage, carrying ourselves with pride and dignity.
7. We will always demonstrate respect for ourselves and for the rights and property of others
8. We will never say negative or discouraging things to each other.
9. We will never hit, bite, kick, or scream at each other.
10. We will apply each of the first nine codes of conduct as though someone was always watching.

Signed: _____

Date: _____