

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 May 20, 2019)**

*****PLEASE: FILL IN ALL BLANKS*****

*****ONE PERSON PER FORM*****

CHILD'S NAME: _____ CHILD'S DOB: ____/____/____

AGE: _____ M F T-Shirt size _____

CHILD'S STREET ADDRESS: _____

TOWN/CITY/STATE: _____ ZIP: _____

CHILD'S PHONE: _____ COUNTY OF RESIDENCE: _____

CHILD'S SCHOOL: _____

PARENT'S NAME: _____

PARENT'S STREET ADDRESS: _____

TOWN/CITY/STATE: _____ ZIP: _____

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

REFERRING PROFESSIONAL: _____ TITLE: _____

PROFESSIONAL'S AGENCY: _____ PHONE: _____

AGENCY STREET ADDRESS: _____

TOWN/CITY/STATE: _____ ZIP: _____ 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 the 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-some behavioral problems.....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-not 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 problem:
_____ _____
_____ _____

_____ 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 legal 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 Learning Experience Program? _____

•Please continue to the next page for authorizing signatures

•Please complete the TANF Youth Services Application

**STEBEN 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 and to provide information to the Summer Learning Experience Program

Committee re: _____, so that she/he might be considered for participation
(Referred Youth)

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.

PHOTO/MEDIA RELEASE

Permission for my child to be photographed or recorded for publications/presentations created by Summer of Innovation/Summer Learning Experience partners.

Yes, permission granted. No, permission denied.

Permission for my child to be photographed, recorded or interviewed by the media.

Yes, permission granted. No, permission denied.

Permission for my child's picture to appear on the web sites and Facebook pages created by Summer of Innovation partners.

Yes, permission granted. No, permission denied.

_____ Date: _____
(Parent/Guardian)

_____ Date: _____
(Witness)

_____ Date: _____
(Signature of Referring Professional)

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

Please submit complete form to:
Teresa Stever
Steuben County Department of Social Services
3 East Pulteney Square
Bath, New York 14810
Fax: (607) 664-2179

HHS 200% of Federal Poverty Guidelines Chart

Effective June 1, 2019 –May 31, 2020

Persons in Family Unit	Poverty Level	200% of Poverty
1	\$12,490	\$24,980
2	\$16,910	\$33,820
3	\$21,330	\$42,660
4	\$25,750	\$51,500
5	\$30,170	\$60,340
6	\$34,590	\$69,180
7	\$39,010	\$78,020
8	\$43,430	\$86,860
For each additional person, ADD	\$4,420	\$8,840