

# Human Services Center Corp.

Westinghouse Valley Human Services Center  
 519 Penn Avenue, Turtle Creek, PA 15145-2057  
 (412) 829-7112 Fax (412) 829-4363  
 Website: [www.hsc-mvpc.org](http://www.hsc-mvpc.org)

## 2011-2012 Emerging Leaders Program (ELP)

*The Emerging Leaders Program is currently accepting applications for the 2011-2012 school year. Top priority will be given to students entering their senior year, followed by students entering their junior year in the Fall 2011.*

The Emerging Leaders Program (ELP) is a great opportunity for students to prepare for their future, develop their work competencies, explore different career opportunities through hands-on experiences and field trips, participate in weekly trainings and skill building activities, meet new people, earn some money, as well as improve their study skills and grades.

### Quick Facts:

- FREE to participants
- Provides students the opportunity to earn career exploration stipends
- Affords students guidance in planning and preparing for after graduation
- Sessions held once per week at Clairton, East Allegheny, and Woodland Hills High Schools during school hours and Wednesday evenings at the Duquesne Education Center, 300 Kennedy Avenue, Duquesne, PA 15110.

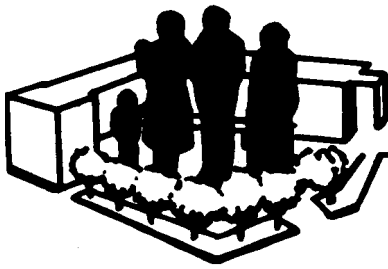
The space is limited and we will only be accepting the most qualified applicants. Please take a moment to read the attached information and complete the application. The following is a list of criteria that **MUST** be met in order for a young person to participate:

- Applicants must be between 14 and 18 years old with **preference given to seniors followed by juniors attending Woodland Hills High School, East Allegheny, and Clairton High School**, who maintain a Grade Point Average (GPA) of at least a 2.5,
- Reside in one of the following school districts: **Woodland Hills**, McKeesport, East Allegheny, South Allegheny, West Mifflin, Clairton, Penn Hills, Steel Valley, Gateway, Wilkinsburg, or Elizabeth Forward,
- Provide a copy of **his/her signed social security card**,
- Provide a copy of **his/her birth certificate**,
- Provide a **piece of mail** - the piece of mail can be an empty envelope that is addressed to the student OR the parent/guardian of the student,
- Provide a copy of the student's **most recent report card and assessment test scores from the 2009-2010 school year**,
- Provide **proof of income** (such as a public assistance record, social security benefits, unemployment documents, verification of student's free or reduced price lunch enrollment, **pay stubs from the previous six months**, or an unexpired employment authorization card issued by DHS).
- Complete a Workforce Investment Act (WIA) and/or YouthWorks, Inc. application, which will be provided once ELP application is reviewed.

Students must meet the following household income eligibility standards:

6 Months Income	12 Months Income	Family Size
\$ 5,415.00	\$ 10,830.00	1
\$ 7,789.00	\$ 15,578.00	2
\$ 10,689.00	\$ 21,379.00	3
\$ 13,196.00	\$ 26,392.00	4
\$ 15,574.00	\$ 31,148.00	5

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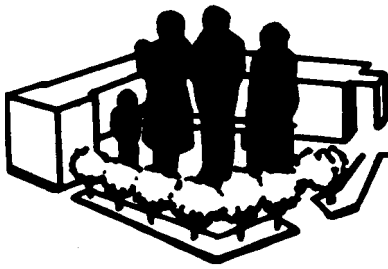
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In addition to the aforementioned criteria, youth may be required to submit supplemental forms requiring the signature of the student as well as the parent/guardian. **Again, a student will not be able to participate in the Emerging Leaders Program until all of these criteria are met, including any additional requirements.**

Students will meet once a week during the day at school with the Youth Development Associate and earn quarterly career exploration stipends based on their attendance, behavior, performance, and participation in the Program. Students are expected to:

- Attend the mandatory sessions each week.
- Attend at least one field trip and/or guest speaker each quarter.
- Maintain a 2.5 GPA during the school year.
- Report on time to every training session and career exploration session.
- Not exceed two unexcused absences during July and August and do not exceed more than four unexcused absences per quarter from September through June.
- Always be respectful and follow conduct guidelines.

Should you have any questions about any of this information, please do not hesitate to call 412-829-7112 or via email at [loreilly@hsc-mvpc.org](mailto:loreilly@hsc-mvpc.org) and/or [ddaugherty@hsc-mvpc.org](mailto:ddaugherty@hsc-mvpc.org) respectively.



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## EMERGING LEADERS PROGRAM

The following information will help us to make ELP as beneficial as possible to your youth. Please print all information clearly. Failure to complete this document correctly could result in your teen not being accepted into the Emerging Leaders Program. **All information will be kept confidential.**

Teen's Name: \_\_\_\_\_ Teen's Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment # if Applicable: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Teen's Cell # if Applicable: \_\_\_\_\_

Social Security # of Teen: \_\_\_\_\_ Sex:  Male  Female

Grade in School of Year Applying: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending in Year of Applying: \_\_\_\_\_

Name of School **and** District Attending in the Fall 2011: \_\_\_\_\_

Name of School **and** District Attended during 2010-2011 School Year: \_\_\_\_\_

Is the teen living with his/her mother?  Yes  No Is the teen living with his/her father?  Yes  No

Do parents/guardians share LEGAL custody **or** are parents/guardians married?  Yes  No

If not living with either parent, with whom is the teen living with? \_\_\_\_\_

Place(s) of Employment of Mother/Guardian: \_\_\_\_\_ Not Applicable

Place(s) of Employment of Father/Guardian: \_\_\_\_\_ Not Applicable

\*\*\*Parents/Guardians **must provide proof of income** (i.e. public assistance record, social security benefits documents, unemployment documents, pay stubs from the previous **SIX** months, or an unexpired employment authorization card issued by DHS).

Will you definitely be able to provide this proof?  Yes  No

Student's Allergies \_\_\_\_\_  Not Applicable

Student's Medications \_\_\_\_\_  Not Applicable

Student's Dietary Restrictions \_\_\_\_\_  Not Applicable

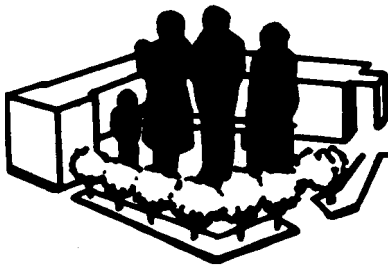
Medical Conditions and History (Please check all that apply):

- Asthma  ADD or ADHD  Autism  Black-outs  Hemophilia  Sickle Cell  Diabetes  Depression
- Epilepsy  Kidney Trouble  Migraine Headaches  Obesity  ODD  Speech Problems

Other Mental and/or Physical Disabilities/Needs \_\_\_\_\_

\*Failure to disclose the teen's health conditions will be grounds for immediate removal from the Program.

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## EMERGING LEADERS PROGRAM CLIENT DATA SHEET

Is/are the teen's legal guardian(s) someone other than the biological parent(s)? Yes No

Is the participant a foster child? Yes No

Has the participant ever been a foster child? Yes No

Does the student have a driver's license? Yes No

Does the student have an IEP (Individualized Education Plan)? Yes No

Does the teen need academic assistance? Yes No

Has the student ever failed a grade level in school? Yes No

Has the student ever attended summer school? Yes No

Is school attendance an issue for the teen? Yes No

Has the participant been suspended from school at any time? Yes No

Has the participant ever been expelled from school? Yes No

Has the participant ever been a part of the juvenile justice system? Yes No

Has a parent of the participant ever been incarcerated? Yes No

Has any close relative of the student ever been incarcerated? Yes No

Is there a history of drug and/or alcohol abuse in your family? Yes No

Is the participant's family receiving services from Children, Youth and Families? Yes No

Is the student's family receiving any public welfare benefits (Temporary Assistance for Needy Families (TANF) payments, Medicaid health insurance, food stamps, etc.)? Yes No

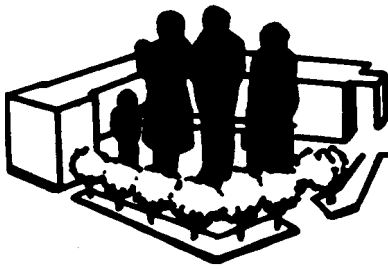
Is Mother/Guardian registered to vote? Yes No N/A

Is Father/Guardian registered to vote? Yes No N/A

Does your family live in subsidized, Section 8, or any other form of public/subsidized housing? Yes No

Does anyone in your household receive cash assistance? Yes No

Is the teen a parenting youth? Yes No



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## EMERGING LEADERS PROGRAM (ELP)

### CLIENT DATA SHEET

The following are for statistical purposes only to report to our funders the demographics of the youth and families we are serving. Please fill out this information so that the Youth Programs staff can prepare the appropriate documents for your child. **All information will be kept confidential. Students will not be considered for acceptance unless all information is complete.** Thank you in advance for your assistance.

**Ethnicity/Race:**  Black/African American  White  American Indian or Alaska Native  
 Asian  Native Hawaiian or other Pacific Islander  Hispanic/Latino  Non Hispanic/Latino

Does the child receive free or reduced price lunches?  Yes  No

Does the child possess a Medical Assistance ACCESS, Gateway, MedPlus, or UPMC for You insurance card?  Yes  No

**Receiving TANF:**  Yes  No  Exhaustee *If yes please answer the questions below.*

TANF Monthly Grant: \_\_\_\_\_ TANF Category:  C- absent/incapacitated parent  U- unemployed principal wage earner  
 TANF from date: \_\_\_\_\_ TANF Case #: \_\_\_\_\_

**Receiving General Assistance:**  Yes  No *If yes please answer the questions below.*

GA Monthly Grant: \_\_\_\_\_ GA Category:  D-General Assistance  General Assistance/Transitionally Needy  
 GA From Date: \_\_\_\_\_ DA Case #: \_\_\_\_\_

**Receiving Supplemental Security Income (SSI- SSA Title XVI):**  Yes  No *If yes please answer the questions below.*

SSI Type:  J-SSI  Disabled  M-SSI Blind  A- SSI Aged

**Receiving Food Stamps:**  Yes  No *If yes, what is the case #?* \_\_\_\_\_

**Receiving Refugee Assistance:**  Yes  No *If yes please answer the questions below.*

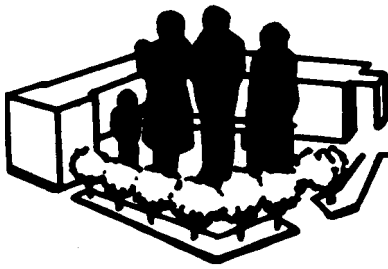
RCA From Date: \_\_\_\_\_ RCA Case #: \_\_\_\_\_ RCA Category: \_\_\_\_\_

**Family Type:**  Single parent/female  Single parent/male  Two-parent  Other

If you need additional space, please continue on the bottom of this sheet:

Name (First and Last Name)	Relationship to Youth (Mother, Father, Sister, etc.)	Income Source	6 Month Income
			\$
			\$
			\$
			\$
			\$
			\$
			\$

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## EMERGING LEADERS PROGRAM

### EMERGENCY CONTACT INFORMATION

Teen's Name: \_\_\_\_\_

Mother's Name/Legal Guardian: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mother's Social Security #: \_\_\_\_\_ Mother's City/State of Birth: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Father's Name/Legal Guardian: \_\_\_\_\_

Father's Social Security #: \_\_\_\_\_ Father's City/State of Birth: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

Father's Address: \_\_\_\_\_

1<sup>st</sup> Emergency Contact (*OTHER THAN PARENT/GUARDIAN*): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

1<sup>st</sup> Contact Cell Phone: \_\_\_\_\_ 1<sup>st</sup> Contact Home Phone: \_\_\_\_\_

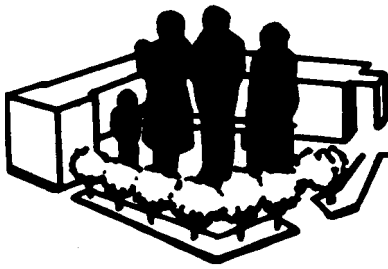
2<sup>nd</sup> Emergency Contact (*OTHER THAN PARENT/GUARDIAN*): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

2<sup>nd</sup> Contact Cell Phone: \_\_\_\_\_ 2<sup>nd</sup> Contact Home Phone: \_\_\_\_\_

Name of Student's Physician/Medical Care Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Coverage for Student: \_\_\_\_\_ Policy Number: \_\_\_\_\_



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## Emerging Leaders Program *PARENTAL CONSENT FORM*

I grant permission for my son/daughter \_\_\_\_\_ to participate in all scheduled activities of the Emerging Leaders Program. In addition, I grant authorization for my son/daughter to be taken off-site by Human Services Center Corporation staff for field trips and other special events. I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of the Program.

Occasionally, Emerging Leaders Program staff members wish to photograph, videotape, or otherwise record the activities of Program participants for the purpose of recording, promotions, and reporting outcomes of the Program. We sometimes provide local newspapers with information about the Emerging Leaders Program participants, such as the student's name, grade, school district, and what the student has done during the Program.

I hereby give permission for my child to be photographed, videotaped, or otherwise have their image or voice recorded, in connection with the Emerging Leaders Program. I allow the Human Services Center Corporation to use the photographed, videotaped, and/or recorded materials in any publications, promotional materials, reports, websites, CD's, DVD's, other media for publicity, reporting purposes, or in any other non-commercial manner that it chooses. I hereby waive and release any rights that I may have to the said videotaped, recorded, and/or photographed materials.

I further grant permission for the Human Services Center Corporation to provide local media and foundations with information about my child. Moreover, I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of this after-school program.

\_\_\_\_\_  
Name of Youth

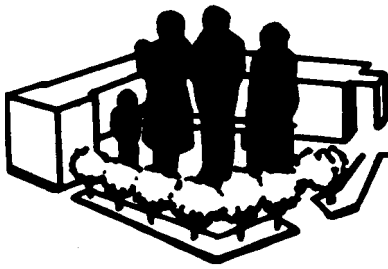
\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if applicant is <18 years old)

\_\_\_\_\_  
Date

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## Emerging Leaders Program *AUTHORIZATION FOR SHARED INFORMATION*

I hereby give permission to the Human Services Center Corporation to share information on my child, \_\_\_\_\_, with funders, emergency care providers, counselors, medical professionals, and other human service agencies on an as-needed basis. All information will be kept strictly confidential.

I authorize and instruct the Emerging Leaders Program to obtain my son/daughter's report card, attendance records, assessment tests including but not limited to the PSSA, Terra Nova, 4Sight, DIBELS, OLSAT test scores, and diploma and/or final transcript for the purpose of tracking academic and social progress. In addition, I do hereby approve and instruct my child's school and/or district to release to the Human Services Center Corporation any pertinent and/or necessary behavioral reports of my son/daughter for the purpose of mandatory tracking and reporting.

I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of the Program.

\*\*For those parents with joint custody or are married, **BOTH** parents must sign this release. Failure to do so will result in your child being prohibited from participating in the Youth LIFE After-School Program.

\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if applicant is <18 years old)

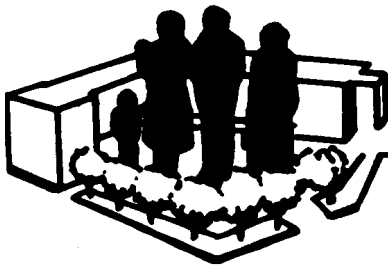
\_\_\_\_\_  
Date

Name of Youth: \_\_\_\_\_

Name of School and District Attended during 2010-2011 School Year: \_\_\_\_\_

Name of School and District Attending in 2011-2012 School Year: \_\_\_\_\_

Date of Birth of Youth: \_\_\_\_\_



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## Emerging Leaders Program *PERMISSION FOR MEDICAL TREATMENT AND RELEASE*

I wish to have my child, \_\_\_\_\_, participate in the Emerging Leaders Program. I understand that there are risks and hazards, in addition to benefits, associated with my child's participation. I, on behalf of myself, my child, our heirs, executors, administrators, and other personal representatives, do hereby irreversibly and unconditionally remise, release, settle, compromise and forever discharge any and all manner of suits, actions, causes of action, damages and claims, known and unknown, that I or my child, have or may have against the Emerging Leaders Program and the Human Services Center Corporation arising from or connected with my child's participation in the Program, including the securing of medical treatment for my child.

I give permission for the Emerging Leaders Program and Human Services Center Corporation to secure medical treatment for my child in the event that such treatment is required during my child's participation in the Program. I will be financially responsible for the cost of such treatment. In addition, should my child need medication administered on a daily basis, I will provide the Emerging Leaders Program and Human Services Center Corporation staff with clear instructions, including the name of the medication(s), dosages, time(s) to be administered, and the prescribing doctor's name, address, and phone number, should they need to be contacted. The Commonwealth of Pennsylvania's laws apply to this Permission for Medical Treatment and Release. This release will remain valid and binding from the beginning to the end of the Program.

I have read and understand the terms of this release. I sign this document voluntarily, knowing that I am legally bound by it. I am over eighteen years of age, and competent to sign this document. I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of this program.

In addition, I hereby authorize and instruct Emerging Leaders Program and Human Services Center Corporation staff at the Human Services Center Corporation to administer the following medication to my child in the appropriate dosages at the designated times outlined below, if applicable. I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of this program. Not Applicable

Name of Medication(s): \_\_\_\_\_

Dosage(s): \_\_\_\_\_ Time(s) to Be Administered: \_\_\_\_\_

Name of Prescribing Doctor: \_\_\_\_\_ Prescribing Doctor's Address: \_\_\_\_\_

Prescribing Doctor's Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Name of Youth

\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if applicant is <18 years old)

\_\_\_\_\_  
Date