



## YOLO Youth Program Intake Form

### Youth Outreach, Learning & OvercomingLas Mañanitas Community Advocates

Thank you for your interest in the YOLO Youth Program! This form helps us learn more about you and how we can best support your journey. All information shared is kept confidential.

#### Participant Information

Full Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Age: \_\_\_\_\_

Gender (Male / Female / Non-binary / Prefer not to say): \_\_\_\_\_

School Attending (if any): \_\_\_\_\_

Grade Level: \_\_\_\_\_

Phone Number (Youth): \_\_\_\_\_

Email Address (Youth): \_\_\_\_\_

#### Parent/Guardian Information

Parent/Guardian Full Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_

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

Relationship to Youth: \_\_\_\_\_

#### Program Interests

- ☐ Leadership Activities
- ☐ Mentorship & Life Skills
- ☐ Internships & Career Support
- ☐ Creative Arts & Mural Projects
- ☐ Clothing & Essentials Support
- ☐ Volunteering
- ☐ GED Preparation
- ☐ Events and Field Trips

#### Youth Interests:

\_\_\_ Art \_\_\_ Music \_\_\_ Sports  
\_\_\_ Reading \_\_\_ Photography \_\_\_ Crafts  
\_\_\_ Leadership \_\_\_ Skateboarding \_\_\_ Fashion  
\_\_\_ Instruments \_\_\_ Cars \_\_\_ Sewing  
\_\_\_ Cooking \_\_\_ Poetry \_\_\_ Working out  
\_\_\_ Gardening \_\_\_ Swimming \_\_\_ Pottery  
\_\_\_ Fishing \_\_\_ Hiking \_\_\_ Video games  
\_\_\_ Biking \_\_\_ Singing \_\_\_ Acting  
\_\_\_ Dancing \_\_\_ Computers \_\_\_ Movies

Other: \_\_\_\_\_

What are some personal goals you'd like to achieve in this program?

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

#### Support Needs

- ☐ Stable Housing
- ☐ Transportation to Program Activities
- ☐ Consistent Access to Food

☐ Internet/Wi-Fi at Home

☐ Mental Health Support

If you need help with anything not listed, please explain: \_\_\_\_\_

#### Demographics (Optional but Helpful for Grant Reporting)

Race/Ethnicity (Check one): ☐ Hispanic/Latino ☐ Black/African American ☐ White ☐ Asian ☐ Native American ☐ Other: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Disability Status: ☐ Yes ☐ No

If yes, please share any accommodations we can provide: \_\_\_\_\_

#### Household Financial Information

\*The following questions help us show our funders that we are reaching the youth who need us most. This information is kept private and only used for grant reporting to ensure our program can continue to serve low-income families.\*

How many people live in your household? \_\_\_\_\_

What is your household's monthly income (before taxes)?

☐ Less than \$1,000

☐ \$1,000–\$2,000

☐ \$2,000–\$3,000

☐ \$3,000–\$4,000

☐ Over \$4,000

Does your family receive any of the following? (Check all that apply):

☐ SNAP (Food Stamps)

☐ Free or Reduced School Lunch

☐ Medicaid or CHIP

☐ Section 8 Housing

☐ SSI/Disability Benefits

☐ WIC

☐ None of the above

Is anyone in your household a migrant or seasonal worker? ☐ Yes ☐ No

Household size (number of people living in your home): \_\_\_\_\_

Do you rent or own your home? ☐ Rent ☐ Own

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

Signature of Youth (if 14+): \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_