



NORTH FORK RANCHERIA TRIBAL TANF – FAMILY WELLNESS

<input type="checkbox"/> North Fork Office 56901 Kunugib North Fork, CA 93643 Phone (559) 877-7277 Fax (559) 877-7234	<input type="checkbox"/> Clovis Office 1225 N. Willow, Suite 130 Clovis, CA 93619 Phone (559) 298-5700 Fax (559) 298-5717
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YOUTH ACTIVITIES PREVENTION APPLICATION – 12 to 17 yrs

Section I – Student Information

Name	Mailing Address	Physical Address		
Age	Birth Date	Gender	School Attending	Grade
Tribal Affiliation	Parent /Guardian Name		Phone	Message Phone (if different)

Section II – Risk Factors for Services (please check all that apply)

Have you ever experimented with drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been arrested?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been exposed to alcohol or drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you live with your parents?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How often are you exposed to alcohol or drugs?	<input type="checkbox"/> Daily <input type="checkbox"/> Other	Are your parents married?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If other, how often? _____		Do you currently have a “C” average (2.0 gpa)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever felt peer pressure to have sex?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you consider yourself a risk taker?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you sexually active?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you experienced the loss of a family member or friend?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been exposed to violence? (Physical or Verbal)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you live on the Rancheria?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been in an altercation /fight?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel safe in your community?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been suspended from school?	<input type="checkbox"/> YES <input type="checkbox"/> NO	In your opinion, do many kids in your community, under 18 yrs use alcohol and drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section III – Specify Activities that would interest you?

I certify that all information reported in this application is accurate to the best of my knowledge and hereby authorize the information to be used by *North Fork Rancheria Tribal TANF Program*, for the purpose of Data Tracking.

Disclaimer: I understand that my information is confidential and will not be divulged to anyone, including my parents.

Student Signature

Date