



"Touching Hearts, Changing Lives"
Established 1906

MATRIX

Generation Now Program

Is Providing a FREE Life Skills Group Focused on Conflict Management, Substance Abuse, and Academic Enrichment Services for Your Students!

Youth aged 10 to 17 who participate in the Matrix Life Skills Program will receive a variety of services that will enhance their quality of life, build confidence, build self-esteem, improve academic performance, and provide life experiences that will deter and prevent future involvement with the juvenile justice system.

Matrix Services:

- Life Skills
- Conflict Resolution
- Healthy Habits
- Communication Skills
- Career Preparation
- Tutoring
- Study Skills
- Time Management
- Anger Management
- Substance Abuse Awareness
- Youth Leadership
- Recreational Activities/Sports
- Parent and Family Support
- Individual Counseling

Benefits:

- Improved conflict and anger management skills
- Improved behavior in school, at home, and in community settings
- Improved substance abuse and decision-making skills
- Improved academic performance

We Are Making a Difference:

82% of youth participating in the program have reduced school truancy and suspensions

85% of the youth participating in the program have reduced alcohol, tobacco, and drug use

92% of the youth participating have improved their GPA's

To schedule sessions in your school or refer students please contact:

Kelly Salis, MA
Director of Youth Services
ksalis@matrixhs.org
313-938-0187
313-450-1020 (fax)

Amber Lee-Trimiew, MA, LLPC
Asst. Director of Youth Services
alee-trimiew@matrixhs.org
313-831-7927 ex.
313-450-1020 (fax)

GENERATION NOW

SERVICE AGREEMENT & PARENTAL CONSENT FOR SERVICE

I, _____, am the parent or guardian of
(PRINT PARENT/GUARDIAN NAME)

_____, whom I would like to enroll in the
(PRINT CHILD/YOUTH NAME)

Matrix Generation NOW Program

I understand the cost of my child's participation in this program is covered by funds from United Way for Southeastern Michigan's Building Foundations Program. I understand that my child is eligible to participate in this program at no cost to me because he/she meets required eligibility criteria.

My child will receive the following services:

- | | |
|--|--|
| <input type="checkbox"/> Academic Support/ Tutoring | <input type="checkbox"/> Community Service & Youth Leadership |
| <input type="checkbox"/> Life & Social Skills- Individual Sessions | <input type="checkbox"/> Recreation & Cultural Services |
| <input type="checkbox"/> Life & Social Skills- Group Sessions | <input type="checkbox"/> Substance Abuse Prevention/ Treatment |
| <input type="checkbox"/> Mediation/ Conflict Resolution | <input type="checkbox"/> Family Sessions |
| <input type="checkbox"/> Parent Education & Support | |

My consent for my child to participate in this program is completely voluntary. I know I can revoke my consent to participate in this program at any time by calling **Kelly Salis** at **(313) 831-7927 ext. 1237**. I also understand that information about my child's participation in this program will be collected and compiled with those of other youth for the purpose of program monitoring and evaluation. I have read and understand this consent form. I have been given a copy of this form to keep. By signing this form I am giving consent for my child to participate in this program.

Matrix Human Services Document Sign Off Sheet I, have received a copy of the Matrix Human Services following documents to review:

- Sign Off form for "Your Rights" Pamphlet
- Privacy Notice
- Matrix Human Services Philosophy of Behavior Support and Management

(Parent/Guardian Signature)

(Date)

(Home Phone)

(Parent Date of Birth)

(Home Address)

(City)

(Zip code)

(Signature of Person Obtaining Consent)

(Date)

Matrix Human Services – Generation NOW Client and Family Face Sheet

| | | | | | | | | |
|--------------------------|--|-------------|--------|-------------------------------|------------|-----|-----------|--------|
| Referral Source: | | | | New Referral: __ Yes or __ No | | | | |
| FIRST NAME | | MIDDLE NAME | | LAST NAME | | DOB | AGE | GENDER |
| ADDRESS | | | CITY | | ZIP CODE | | GRADE | |
| ETHNICITY | | | HEIGHT | WEIGHT | HAIR COLOR | | EYE COLOR | |
| CURRENT SCHOOL ATTENDING | | | | LAST SCHOOL ATTENDED | | | | |
| REASON FOR REFERRAL | | | | | | | | |
| Parent E-Mail: | | | | Youth E-Mail: | | | | |
| Parent Cell Phone: | | | | Youth Cell Phone: | | | | |

FAMILY INFORMATION

| | | | | | |
|-----------------------|-----|--|------------------------|-----|--|
| GUARDIAN-RELATIONSHIP | | | GUARDIAN-RELATIONSHIP | | |
| NAME | | | NAME | | |
| ADDRESS | | | ADDRESS | | |
| CITY, STATE, ZIP CODE | | | CITY, STATE , ZIP CODE | | |
| TELEPHONE # | | | TELEPHONE # | | |
| RACE | DOB | | RACE | DOB | |

SIBLING INFORMATION

| Name | Date of Birth | Grade Level | Lives with Youth: Yes or No |
|------|---------------|-------------|--------------------------------|
| | | | |
| | | | |
| | | | |

Emergency Contacts

| NAME | ADDRESS | PHONE # | RELATIONSHIP |
|------|---------|---------|--------------|
| | | | |

Parent Signature

Date

Matrix Human Services
Authorization to Release/Request Information

Consumer Name: _____ DOB: _____

Case #: N/A Last 4 digits of the SS#: N/A Program: Generation Now

I hereby authorize Matrix Human Services staff to:

- Release Information
- Obtain Information

for the purpose of treatment planning and services.

Records to be released or obtained:

- Educational Records
- Medical/Dental Records
- Psychological Records
- Psychiatric Records
- Legal/Court Records
- Social Work Information
- Other _____

From:
Agency: _____
Address: _____
City, State, Zip: _____

To:
Agency: Matrix Human Services
Address: 680 Virginia Park
City, State, Zip: Detroit, MI 48202

This release is not to exceed one year from date of signature. This authorization is valid only for the information, agencies and person cited above. Any further disclosure of this information is not permitted without specific authorization to do so.

This Authorization to Release Information form has been prepared in compliance with Title 42 of the code of Federal Regulations, Part II; in accordance with the authority specified in Public Act 50 of 1973; and in compliance with Section 74B, Act 258, 1974, Michigan Mental Health Code. Matrix Human Services reserves the right to charge a fee for processing and copying records.

I certify that I have read or otherwise understand this authorization and that I am legally competent to sign this Authorization on behalf of myself or the Client.

Signature of Client/Parent/Legal Guardian

Date

Witness

Date

Please sign on the next page to confirm enrollment of your youth in the Generation Now Program.

Please call (313)831-7927 with any questions.

Youth Signature

Date

Parent/Guardian Signature

Date

FIRST CONTACT Agency Worker Signature

Date



CHILD MEDIA RELEASE FORM

I, _____ (parent or guardian) authorize Matrix Human Services, anyone acting under the authority or permission of Matrix Human Services or one of its divisions to make and utilize photographs, video, and/or successful testimonials of my child _____, for the purpose of furthering the goals and mission of Matrix Human Services or one of its divisions through media, public relations, social media or fundraising activities. I further consent for such photographs or interviews to be used for organizational video production, agency promotions and organizational program marketing material.

By signing below, I waive all rights to payment, claims or demands from all aforementioned usage. I have read this release form thoroughly and clearly understand its content to which I agree.

AGREED AND ACCEPTED THIS _____ **day of** _____ **.**
Date Month Year

Signature

Address

Signed in the presence of _____ **(Witness)**

Dear Parent/Guardian,

We are very excited to partner with the Youth Development Resource Center (YDRC) and The PEAR Institute: Partnerships in Education and Resilience in order to promote the positive social-emotional development of our students. There is increasing evidence that helping students feel good about themselves, their school and their relationships improves their learning.

We will administer The PEAR Institute's Holistic Student Assessment (HSA) to students in grades 5-12. As part of this effort, your child will be asked to complete a brief survey about him or herself at the end of their engagement in our program this school year.

Designated staff at Matrix Human Services will have access to these results, as well as designated staff at our partnering organizations – the Youth Development Resource Center, the Skillman Foundation and its evaluation partners. This information can help staff tailor teaching and support to your child's unique strengths and needs.

PEAR, a joint initiative of McLean Hospital and Harvard Medical School conducts cutting edge research to improve the ways schools promote social-emotional development. PEAR will use data from our school for research and educational work. Your child's name will never be used as part of this research.

If you have any questions about this effort or would like to see a copy of this survey, please contact Kelly Salis, Director of Youth Services, 313-938-0187

Please take a moment to review and fill out this form.

I give permission for my child to complete PEAR's Holistic Student Assessment _____

I DO NOT give permission for my child to complete PEAR's Holistic Student Assessment _____

Child's Name _____

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Name _____ **Relationship to Child** _____

Home _____ **Cell** _____ **Work** _____