



201 S. Washington St.
Chandler, AZ 85225

www.icanaz.org

Phone: 480-821-4207
Fax: 480-821-6742

Community Restitution Application/Waiver

Please print clearly. All information will remain strictly confidential.

COMMUNITY RESTITUTION INFORMATION

* 18 years and under *
 Yes No

Date: _____ Birthdate: _____ Male Female

Last Name First Name MI

Address

City State Zip

Home Phone Cell Phone

CULTURAL BACKGROUND (Optional)

African American Asian Hispanic Other: _____
 Native American Bi/Multi-Racial Caucasian

COMMUNITY RESTITUTION DETAILS

Court Name: _____ Total Hrs Required: _____ Completion Date: _____

Probation Officer: _____ Phone: _____

Reason for Community Restitution:

Assault Drug Possession Traffic Violation Violation of Curfew Alcohol Possession/Consumption
 Vandalism Shoplifting Trespassing Tobacco Possession Disorderly Conduct
 Forgery Theft Truancy Jay Walking
 Violation of Probation-Reason for Probation: _____
 Other: _____

SCHOOL/EXPERIENCE

School Name: _____

Language(s): _____
(Please indicate fluency.)

Current Grade Level:

Junior High: Grade: _____
 High School: Grade: _____
 Other: _____

HEALTH INFORMATION

Health Insurance: Yes No Company: _____

Condition of Health: _____
(Use other side if necessary.)

Physical Limitations: _____
(Use other side if necessary.)

INCOME

Annual Family Income: \$0-\$4,999 \$5,000-\$9,999 \$10,000-\$14,999 \$15,000-\$24,999
 \$25,000-\$34,999 \$35,000-\$49,999 \$50,000 & Over

Total People Living in Household: _____

MOTHER/GUARDIAN

Name

Home Phone

Cell Phone

Work Phone

FATHER/GUARDIAN

Name

Home Phone

Cell Phone

Work Phone

EMERGENCY CONTACT

Name

Home Phone

Cell Phone

Work Phone

RELEASE AND WAIVER OF LIABILITY

The undersigned hereby acknowledges and agrees as follows with respect to participating in activities in connection with ICAN's Community Restitution Program:

In connection with my community restitution duties for and with the participation and support of ICAN, a non-profit, 501(c)3 organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge ICAN, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions from injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold ICAN, its officers and directors, employees, agents, and volunteers harmless from any cause or action, claims or suit arising therefrom. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

ACKNOWLEDGMENT OF CONFIDENTIALITY

I acknowledge this responsibility and agree not to divulge any information that I have acquired due to my involvement at ICAN, either verbally, in print, or through any other means. This agreement also extends to the prohibition of any disclosures, although not individual specific, in which the identity of the children, their families, and/or staff persons may not readily be ascertained.

OPERATIONAL ACKNOWLEDGEMENTS

I agree to accept all responsibilities of serving as community service, notifying the office of any cancellations or changes in my schedule. I understand and agree that I am enrolling as community restitution and that all of my responsibilities are subject to evaluation. I agree to let the Volunteer Coordinator document my time spent as community service with ICAN. I agree to respect the human rights and dignity of persons receiving services from ICAN and to work cooperatively with ICAN employees.

This document shall be deemed to have been executed in the state of Arizona and accepted according to all of the above terms and conditions.

SIGNATURES

I have read and understand the following guidelines:

- I will complete the assigned tasks in a timely manner and let the supervisor know immediately when I finish, or I will be sent home and the hours will not count.
- I will follow all of ICAN's rules or I will not be allowed to perform community restitution at ICAN.

Community Restitution Signature

Date

Parent/Guardian Signature (If Under 18)

Date

Community Restitution Name (Please print.)

Parent/Guardian Name (Please print.)

For Office Use Only

Date application received: _____

Date reviewed: _____

By: _____

Date contacted for interview/pre-evaluation: _____

Additional comments: _____



Dear Parent or Guardian:

ICAN is proud that you have chosen to enroll your child/ren in our out-of-school time and/or school-based programs! With over 18 years experience in serving Chandler's youth, ICAN is committed to providing safe, quality, and caring programs for kids.

Member Benefits: Some of the benefits of being an ICAN member include:

- Access to over 6 evidence based programs that are proven effective in helping youth resist drugs and violence, including gang involvement
- Inclusion in activities, including field trips, where youth are exposed to a variety of community businesses, recreational and educational activities, sporting events and much more
- An opportunity to be invited to ICAN annual holiday party and other special events such as the Diamondbacks Winter Classic event (based on their attendance throughout the year and active participation in programs)
- Participation in age appropriate and culturally relevant programs and activities
- Inclusion in programs that are focused to meet the needs specific to the Chandler community, building community pride and leadership
- Annual membership at no charge (updated applications required each year)
- Transportation to and from ICAN (for youth living in transportation boundaries)
- Involvement in guiding ICAN programs and activities through our Member Council Program
- An opportunity to be named Star of the Month (based on attendance and participation in programs)

Parent/Caregiver Benefits: ICAN also offers benefits to parents/caregivers of our youth members that include:

- Monthly family activities at no charge including monthly support circles for parents/caregivers to exchange effective ideas for parenting (includes child care and food)
- Access to 2 evidenced based programs just for parents/caregivers that are proven effective in helping keep kids drug and violence free
- An opportunity to support the programs proven effective for your child through volunteerism
- Involvement in guiding ICAN programs and community change through the Parent Subcommittee to the Chandler Coalition Against Youth Substance Abuse
- A monthly newsletter just for parents/caregivers with updates on youth programs and activities and other important information
- Access to information and community resources through our Program Support Liaison

Participant Rights: ICAN ensures that all ICAN participants are afforded the following rights.

- To be treated with dignity, respect, and consideration;
- To receive out-of-school time programming and prevention services without discrimination based upon race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, legal status, or method of payment;
- To submit grievances without restraint or retaliation and have grievances considered in a fair, timely and impartial manner;
- To have their information and member records kept confidential;
- To have privacy in correspondence and communication within program guidelines;
- To review the member's own record by a parent or guardian within 5 business days of a written request to the Program Director
- To be free from abuse and exploitation; and
- To associate with individuals of the member's choice and to make emergency telephone calls as approved by the Program Director (i.e. sickness, injury etc.)



Behavior Support Management: ICAN utilizes positive reinforcement with youth to set a tone and culture of caring, cooperation and respect which reinforces positive youth behavior as the norm. In this regard, staff model appreciation and encouragement for youth who cooperate, share, care for materials, and join in programs. While ICAN recognizes the role of positive reinforcement as the most effective means to creating a safe and caring environment for and among youth, recognition is also given to the necessity of rules or guidelines in promoting a safe and engaging environment. ICAN rules include:

- Keep ICAN safe and violence-free.
- Respect ICAN property.
- Respect others (regardless of race, gender, income, sexual orientation, religion, or ability).
- Participate in ICAN programs and activities while being attentive and responsive.

Should a youth member not follow the rules and guidelines for behavior, appropriate consequences are delivered accordingly by the adult staff observing the behavior. Consequences are responsive to the rule violation so that youth may learn logical and natural consequences to behavior. Consequences may include redirection of inappropriate behavior, loss of privileges, behavior contracts, warnings and/or suspensions. Behavior contracts identify behavior that would demonstrate that a youth is following the ICAN rules, and allows the youth opportunity to collaborate on appropriate and meaningful consequences for breaking the rules. Warnings are communication forms sent home to inform a parent of inappropriate behavior. Suspensions are utilized for situations that involve violence and/or extreme disrespect for ICAN, rules and other members. A suspension will identify when a youth may return to ICAN and whether a parent conference is being requested.

Transportation: ICAN provides transportation from the following schools when school is in session: Andersen Jr. High, Bogle Jr. High, Bologna Elementary, Hartford Elementary, Frye Elementary, Galveston Elementary, San Marcos Elementary and Willis Jr. High. ICAN drops off at home following programs for youth living within the ICAN boundaries (Ray Road south to Pecos Road; Alma School Road east to McQueen Road). Pick-ups are provided from home during intersession for youth living within the boundaries.

Environmental Safety: ICAN provides a safe environment to members served. To ensure the safety, health and welfare of members, ICAN maintains the facility, storage areas, and its furnishings to be in good repair, clean, and free of odors, insects and rodents, accumulation of garbage, and hazards.

Mandated reporting: ICAN is required to notify Child Protective Services, the police or other authorities in the event of physical and/or sexual abuse or neglect of a minor, potential danger to self and/or others, etc.

Release of Member Records: Copies of member records are released only in instances where applicable state or federal law mandates or where the parent or guardian provides a signed, written authorization. Prior to the Program Director releasing the record, written authorization (in a language understood by the parent or guardian) is obtained and is maintained in the member file.

Grievance Process: If a parent or youth member believes the program failed to provide professional services which can be reasonably expected or have a concern about the way services were provided, the parent or youth member may discuss the issue with the Program Director. If the parent or youth member feels that a satisfactory resolution was not reached, a grievance may be filed with the Chief Executive Officer. Information on the grievance process is provided in writing upon request to the Program Director.

Again, thank you for choosing ICAN as the program for your child/ren. We look forward to working with you and your child/ren!

Sincerely,

Christy McClendon
Chief Executive Officer

Membership Information Form



ICAN
201 S Washington St
Chandler, AZ 85225

P: (480) 821-4207

F: (480) 821-6742

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks(*)

Head of Household (Please Print)

First Name:*

Last Name:*

Gender:*

 Male Female

Family Income:*

Less than \$10,000
 \$10,001 - \$15,000
 \$15,001 - \$20,000
 \$20,001 - \$25,000
 \$25,001 - \$30,000
 \$30,001 - \$35,000
 \$35,001 - \$40,000
 \$40,001 - \$50,000
 \$50,001 and above

Address:*

(Line 1)

(Line 2)

(City)

(State)

(Zip Code)

Address Type:*

 Home Work _____

Phone Number:

() -

() -

Phone Type:

 Home Work _____ Home Work _____

Family Size:

E-Mail Address:

E-Mail Type:

 Home Work _____

Employer:

Job Title:

Occupation:

Parents / Guardian (Please Print)

First Name:

Last Name:

Gender:

 Male Female

Address:

(Line 1)

(Line 2)

(City)

(State)

(Zip Code)

Address Type:

 Home Work _____

Phone Number:

() -

() -

Phone Type:

 Home Work _____ Home Work _____

E-Mail Address:

E-Mail Type:

 Home Work _____

Employer:

Job Title:

Occupation:

Member Information (Please Print)

First Name:*

Middle Name:

Last Name:*

Nick Name:

Birth Date:*

Gender:*

Male
 Female

Ethnicity:*

African American Asian American Caucasian Hispanic
 Multi Racial Native American Other Pacific
Islander

Membership Type:*

Member

Pick up Authorization Password:

School:

Grade:

Household Type:

Extended Family Foster Care Group Home
 Immediate Family Non-Family

Family Setting:

Both Parents Father Only
 Foster Parent(s) Grandparent(s)
 Group Home Guardian(s)
 Mother Only Older Sibling
 Parent / Step-Parent

Referring Organization:

Advertising / Media City of Chandler Municipal Court
 City of Chandler Police Department Friend
 Other Other ICAN Member School

Check all that Apply:

TANF
 Food Stamps
 General Assistance
 SSDI
 SSI
 School Lunch
 Medicaid
 Can Swim

Address:

(Line 1)

(Line 2)

(City)

(State)

Address Type:

Home

Work _____

(Zip Code)

Phone Number:

() -

Phone Type:

Home Work _____

E-Mail Address:

E-Mail Type:

Home Work _____

Member Medical Information (Please Print)

Insurance Company::

Insurance Policy Number::

Medications:

ICAN does not administer medication of any kind.

Medical Problems/Allergies:

or Known Behavioral Issues:

Physician:

Physician Phone:

Pick Up Information (Please Print)

Two people authorized to pick up member -

1.) First Name:

Last Name:

()

-

Home

Work

Parent

Guardian

Emergency Contact

Primary Emergency Contact

Lives With Member

2.) First Name:

Last Name:

()

-

Home

Work

Parent

Guardian

Emergency Contact

Primary Emergency Contact

Lives With Member

I have read the completed application, understand the rules of ICAN and request that my child be admitted into membership. I have explained the rules to my child and agree that ICAN will not be responsible for any accident to my child while on ICAN premises or while engaged in any of its activities away from the ICAN. I give consent and assume all responsibility and costs for any medical treatment that my child may need or loss of property that occurred as a result of my child taking part in an ICAN activity. I give my consent for photographs, in which my child may appear, to be used in any way ICAN may care to use them.

Parent or Guardian Signature

Member's Signature

Date



Consent for Program Participation

Yes No My child has permission to be transported in the ICAN van for pick-ups, drop offs, and other activities, including field trips.

Yes No My child has permission to use the internet and have an email account at ICAN's Computer Lab.

Yes No My child has permission to leave ICAN during programming hours without adult supervision.

Yes No If yes to unsupervised leaves, I understand that if my child leaves without adult supervision and is absent from ICAN for more than 15 minutes during the programming day, he/she will not receive transportation from the ICAN van. I understand that I will be responsible for picking up my child at the close of the day.

Yes No I understand that I am requested to participate in a 13 session program for parents/care-givers as part of receiving free, quality out of school services for my children.

Programming Hours and Transportation Guidelines

Yes No I understand that ICAN completes pick ups at select schools. If my child misses the van due to not being outside on time, I understand that the van will not return to the school and that the school will contact me as the parent/guardian to pick up my child.

Yes No I understand that during intercession, ICAN begins pick-ups at 10:30 a.m. from homes of members who live in the transportation area and that my child must be waiting outside no later than 10:30 a.m. for the ICAN van. I understand that the ICAN van will not return to pick up members who are not outside when the van arrives.

Yes No I understand that on early release days from school, ICAN begins pick-ups at 2:30 p.m. from the homes of members who live in the transportation area

Yes No I understand that beginning at 6:00 p.m., ICAN begins drop-offs for members in the transportation area and that I must arrange for someone to be at home when drop-offs begin.

Yes No I understand that I must pick up my child from ICAN no later than 6:30 p.m. if my child is not eligible to, or will not ride the ICAN van.

Yes No I understand that during summer intercession, drop offs begin at 5:00 p.m. each Friday.

Yes No I understand that members must participate in ICAN programs at least 2 hours during after school and at least 4 hours during intercession to ride the ICAN van.

Yes No I have read and understood the Participants Rights, Mandated Reporting, Release of Member Records, Behavior Support Management, Grievance Process and Environmental Safety provided to me on page two of this application.

Yes No I understand that if my child does not follow the rules provided in this application that he/she may receive suspension or warning that must be returned to ICAN with a parent/guardian signature.

Parent signature

Date