

APPLICATION CHECKLIST

Applicant name:

Application (pgs. 2 – 6)
Youth Packet

THIRD PARTY FORMS

Mentor application
Mentor references
Physical
Copy of **UNOFFICIAL** transcripts

SUPPORTING DOCUMENTS (may or may not be applicable to your applicant)

Birth certificate (must contain state seal) ***if you need assistance obtaining a certified copy of a Michigan birth certificate, please visit***

<https://www.michigan.gov/mdhhs/doing-business/vitalrecords/order-a-record-online>

Custody paperwork

Current copy of IEP/504, must be current and include ALL evaluations, including REED

Copy of insurance card (front and back)

Legal follow-up information

Mental health summary packet

Authorization to disclose information

Parent ID

Parent questionnaire

Shot records/Shot waiver

Copy of applicant's social security card ***if you need assistance in obtaining a social security card, please visit: <https://www.ssa.gov/ssnumber/>***

State ID ***if you need to obtain a State Identification Card, please visit: <https://www.michigan.gov/sos/license-id/license-and-id>***

APPLICANT INFORMATION

Application Date: _____

Applicant's Last Name: _____

First Name: _____ Middle Name: _____

Date of Birth: _____ Age: _____

Social Security Number: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Applicant Email: _____ Contact Number: _____

PARENT INFORMATION

Please list all parents, legal guardians, step-parents, significant others, and/or emergency contact person (if parent is listed on birth certificate they MUST be listed). **If you have special circumstances, please specify.**

Last Name: _____ First Name: _____

Relationship: _____ Date of Birth: _____

Address, City, State, Zip: _____

Phone Number: _____ Email: _____

Last Name: _____ First Name: _____

Relationship: _____ Date of Birth: _____

Address, City, State, Zip: _____

Phone Number: _____ Email: _____

Last Name: _____ First Name: _____

Relationship: _____ Date of Birth: _____

Address, City, State, Zip: _____

Phone Number: _____ Email: _____

Last Name: _____ First Name: _____

Relationship: _____ Date of Birth: _____

Address, City, State, Zip: _____

Phone Number: _____ Email: _____

By signing below, I/we certify the information given by me/us in this application is true, complete and accurate to the best of my/our knowledge and belief. I/We understand that my/our acceptance to the MYCA is based on the information provided by me/us. If any information is knowingly false, incorrect or purposely omitted, applicant may be removed from the MYCA.

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Parent/Guardian/Applicant if 18 signature

Date

PRIVACY ACT STATEMENT

The MYCA is required to collect social security numbers to ensure proper identification of cadets and their guardians. Data is used for the care of the individuals and program reporting requirements. The MYCA does not share or sell this information.

Classification **CONFIDENTIAL**

Upon submission, this document becomes legal property of the Michigan Youth Challenge Academy.

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE ANY INFORMATION PERTAINING TO YOU.

1. Authority for collection of information including Social Security Number (SSN):
Sections 133, 1071-87, 3012, 6031, and 8012, title 10, United States Code and Executive Order 9397

2. Principle purposes for which information is to be used:

This form provides you the advice required by the Privacy Act of 1974. The personal information will facilitate and document your health and financial records. The Social Security Number (SSN) of the applicant is required to identify and retrieve these records.

3. Routine Uses:

- ❖ Aid in preventative health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies.
- ❖ Compile statistical data
- ❖ Conduct research
- ❖ Teach
- ❖ Adjudicate claims and determine benefits
- ❖ Other lawful purposes, including law enforcement and litigation
- ❖ Conduct authorized investigations
- ❖ Evaluate care rendered
- ❖ Determine professional certification and hospital accreditation
- ❖ Provide physical qualifications of applicants to agencies of federal, state, or local government upon requests in pursuit of their official duties.

4. In the case of MYCA applicants, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED. This all-inclusive Privacy Act Statement will apply to all requests for personal information made by the MYCA staff and medical/dental treatment personnel for treatment purposes and will become a permanent part of the applicant's academy records. Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

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Parent/Legal Guardian/Applicant if 18 Signature

Date

Applicant Name: _____

SPECIAL POWER OF ATTORNEY FOR AUTHORIZATION OF MEDICAL CARE

I want my attorney-in-fact (MYCA) to have the power to consent to any medical or dental treatment needed for my child and to sign any papers needed to authorize those treatments (any medical or dental care at the VA Medical Center or any offsite medical or dental practice, medical or dental center, or emergency care hospital or facility). I want my attorney-in-fact to be able to do anything that I could do if I were personally present. Anything my attorney-in-fact does to maintain the health of my child will be the same as if I had done it myself. This is a Durable Power of Attorney. It will stay in effect if I become disabled, incapacitated, or incompetent. This Power of Attorney shall expire after the 22-week residential phase is complete.

INSURANCE INFORMATION

Applicants are required to have insurance for acceptance into MYCA. We **DO NOT** provide for medical expenses. Therefore, we request the following information be provided:

Insurance Provider's Name: _____

Insurance Provider's Address: _____

Insurance Provider's Phone Number: _____

Your Account or Identification Number: _____

MEDICAL INSURANCE AGREEMENT

I/we hereby agree to be financially responsible for all expenses incurred for required medical assistance (to include pharmacy, lab, dental, or any other related expenses). If my medical insurance expires or is cancelled on this individual, I will be financially responsible for all expenses incurred for required medical assistance (to include pharmacy, lab, dental, or any other related expenses). The medical staff at the Michigan Youth Challenge Academy, in coordination with parent/legal guardian may make any medical determination regarding scheduling appointments, administering prescriptions, etc. MYCA **DOES NOT** pay for medical expenses incurred by your son/daughter. The cadet, and ultimately the parent/guardian, is responsible for all medical and dental expenses, to include all co-payments, deductible, and all non-covered charges. The Academy will provide the physician, hospital, or pharmacy with the appropriate insurance information or Title 19 coverage. FURTHERMORE, in consideration of my child's participation in Michigan Challenge Programs, I HEREBY RELEASE the State of Michigan, the officers, agents, employees, successors, and assigns from any and all liability which may arise from my child's application, selection, participation or dismissal from the Academy and I AGREE to indemnify and hold harmless the State of Michigan, the Michigan National Guard, the Michigan Challenge Programs, the officers, agents, employees, successors, and assigns regarding any liability or cause of action which may arise from my child's participation in and activities in any receipt of services from any third party or entities or organization while participating in the Michigan Challenge Programs.

Print Cadet Full Name: _____

Cycle Dates: July 16, 2023 through December 16, 2023

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Parent/Legal Guardian/Applicant if 18 Signature

Date

Applicant Name:

RELEASE OF LIABILITY

I permit my child to participate in all Academy activities which may include UNIQUE activities such as rappelling, rope courses, aircraft rides (to include military aircraft), extreme physical activities, and various off-campus activities; to include transportation to and from such events and transportation to and from classes and any event not on MYCA property, mentor activities for a period of 12 months after residential program is completed.

1. I also authorize the MYCA to conduct whatever background search deemed appropriate. I fully understand that the information collected may be of a sensitive, confidential, and privileged nature, and may reflect upon selection, participation, and/or dismissal.
2. My child will be residing at MYCA in Battle Creek, MI. I also understand that Marshall Public Schools will administer the educational component, and I authorize them to share any and all information relating to the education program of my child.
3. The Academy has my permission to release photographs/biographies of my child to the media, for marketing materials, and non-confidential information of my child to the same for publicity purposes. I also understand that this information may be released by MYCA to any source without my further consent, to include members of the government, news, radio, and print media or in use in MYCA's informational/marketing materials.
4. I give my permission for the Academy staff to maintain discipline in the program by imposing disciplinary measure upon my child.
5. I also understand that during the course of the program, my son/daughter may be randomly tested for drugs, alcohol, pregnancy, COVID and HIV. I also understand that a positive test result for drugs or alcohol may subject my child to dismissal from the program.

FURTHERMORE, in consideration of my child's participation in the Academy, I HEREBY RELEASE the State of Michigan, the officers, agents, employees, successors, and assigns from any and all liability which may arise from my child's application, selection, participation or dismissal from the Academy and I AGREE to indemnify and hold harmless the State of Michigan, the Michigan National Guard, the Michigan Youth Challenge Academy, the officers, agents, employees, successors, and assigns regarding any liability or cause of action which may arise from my child's participation in this Academy.

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Parent/Legal Guardian/Applicant if 18 Signature

Date

Applicant Name: _____

MEDICATION INFORMATION

Applicant Name: _____ Date: _____

Instructions: Complete a section for each medication. If no medications, please put N/A

1. Medication: _____

Reason for taking: _____

Clock time usually taken, Example: 11 AM and 2:45 PM: _____

How much taken: _____

Is this the same information as on the label? ☐ Yes ☐ No Prescription sent? ☐ Yes ☐ No

2. Medication: _____

Reason for taking: _____

Clock time usually taken, Example: 11 AM and 2:45 PM _____

How much taken: _____

Is this the same information as on the label? ☐ Yes ☐ No Prescription sent? ☐ Yes ☐ No

3. Medication: _____

Reason for taking: _____

Clock time usually taken, Example: 11 AM and 2:45 PM _____

How much taken: _____

Is this the same information as on the label? ☐ Yes ☐ No Prescription sent? ☒ Yes ☐ No

Parent Questionnaire

*(If applicant is 18 **THEY MUST** complete paperwork. They will sign as parent and applicant.)*

Applicant's full name (Last, First, Middle):

Is English your child's 1st language? ☐ Yes ☐ No

If 2nd, what is 1st language?

Applicant Race: ☐ Native American

☐ White

☐ Hispanic

☐ Asian

☐ Black

☐ Multi-Racial

☐ Other

PLEASE NOTE: FAILURE TO DISCLOSE INFORMATION MAY RESULT IN YOUR APPLICATION BEING DENIED OR YOUR CADET BEING DISMISSED. THE MYCA ACCEPTS YOUTH FROM VARIOUS BACKGROUNDS AND SITUATIONS. DO NOT ASSUME AN HONEST ANSWER WILL BE DISQUALIFYING.

1. I am the applicants: ☐ Biological mother ☐ Biological father ☐ Legal Guardian
☐ Adoptive mother ☐ Adoptive father ☐ Foster parent
☐ Married to stepmother ☐ Stepfather ☐ Self (I am 18 years of age)
☐ Other (please explain)

2. I am: ☐ Married to biological mother ☐ Married to biological father
☐ Married to adoptive mother ☐ Married to adoptive father
☐ Married to stepmother ☐ Married to stepfather
☐ Other (please explain) ☐ Single parent for _____ years

3. I describe my relationship with the applicant/youth as:
☐ Always arguing ☐ Often arguing
☐ We get along most of the time ☐ We always get along

4. Who does the applicant live with most or all of the time?

5. Who has custody of the applicant?

6. List any other adults your son/daughter talks to or sees often, and respects. Please provide name and relationship such as coach, uncle, neighbor, etc.

7. I believe the likelihood of my child completing the 22-week residential phase is: **APPLICANT NAME:**

☐ Not likely

☐ Possible he/she will make it

☐ He/she should complete it

☐ No problem he/she will complete

☐ No choice he/she has to complete it

8. What will be your child's biggest obstacle to complete MYCA?

☐ Discipline

☐ Bad Attitude

☐ Lack of privacy

☐ Academics

☐ Other: (please explain)

☐ Homesickness

9. Is applicant a resident of Michigan?

☐ Yes

☐ No

10. Has your child ever had legal involvement, previously or currently, have any upcoming court dates, or on reporting/non-reporting probation?

☐ Yes

☐ No

If YES, please explain

11. Has your child received any counseling (other than academic counseling in school) in the past 18 months? **If YES, please explain**

☐ Yes

☐ No

12. Has your child been hospitalized within the last 6 months? ☐ Yes

☐ No

If YES, please explain

13. Has your child intentionally tried to hurt him/herself? (example cutting)

If YES, when, how and what actions were taken?

☐ Yes

☐ No

APPLICANT NAME:

14. Has your child ever attempted suicide? ☐ Yes ☐ No

15. List any people who are against your child attending MYCA

16. We require parents/guardians to participate in an online or in-person parent workshop/seminar provided by MYCA. Do you understand this is mandatory? ☐ Yes ☐ No

17. Select the choice that best describes your feelings about being required to attend the Parent workshop/seminar.

☐ Unfair

☐ Understand

☐ Not necessary

☐ Support it

18. Who found and asked your child's mentor to take on that role?

☐ I did

☐ my child did

☐ Other (please explain)

☐ both of us

19. Educationally, I want my child to:

☐ Complete credit recovery & return to home high school

☐ Earn GED

☐ Earn high school diploma

☐ Earn either high school diploma or GED

20. I will consider my child a failure if they do not earn a GED or diploma within one year of completing the residential phase? ☐ Yes ☐ No

21. What does structure and discipline look like to you?

22. Does the applicant have an IEP (Individual Education Plan) or 504 within the school system? ☐ Yes ☐ No

If YES, please choose appropriate box

☐ IEP

☐ 504

If YES, you must provide a copy of recent IEP or 504 and all evaluations, including REED.

23. Is the applicant in Foster Care?

☐ Yes

☐ No

24. Has the applicant been adopted?

☐ Yes

☐ No

If YES, from what county, state, or country

25. Is the applicant legally married?

☐ Yes

☐ No

If YES, you must provide a copy of marriage license

APPLICANT NAME:

ATTENTION PARENTS:

Applicants are NOT eligible for the program until all court involvement has been resolved. Any cadet required to appear in court during the cycle as a defendant will be dismissed immediately.

Any applicant required to report to a probation officer will NOT be eligible for the program until documentation is received stating the applicant is on non-reporting status or court involvement has been resolved.

Applicants cannot be required to attend the MYCA by a Court as an alternative to sentencing.

Any applicant who is discovered to have a felony conviction or convicted of a capital offense is NOT eligible for the program.

I, _____ the undersigned, believe my applicant is physically qualified for the program.
parent/guardian/applicant if 18

I release MYCA from any responsibility for any injury to my application which may occur during the program. By signing below, you give permission for the MYCA to conduct an ICHAT background check on the following applicant:

First and Last Name of Applicant

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Parent/Guardian/18 year-old signature

Date