

This document is intended to provide you with some instructions and/or background information that will help you complete the MYCA Application Package. If you have difficulties or need additional assistance, please contact your recruiter.

The beginning of this application provides page numbers where you can locate specific documents. All documents must be completed.



YOUTH APPLICATION

- Applicant and parent information (pg. 2)
- Privacy statement (pg. 3)
- Special Power of Attorney for Authorization of Medical Care (pg. 4)
- Release of Liability (pg. 5)
- Medication Information (pg. 6)

SUPPORTING DOCUMENTS

- Birth certificate **REQUIRED** (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 (only if this applies to the applicant)
- Copy of IEP/504 - **MUST** be current and not addendum. Must include REED and ALL evaluations (only if this applies to the applicant)
- Copy of insurance card (front and back)
- Legal follow-up information (only if this applies to the applicant)
- Mental health summary packet (if applicant has had any counseling within past 18 months)
- Authorization to disclose information (only if this applies to the applicant)
- Parent ID (regardless if a MYCA - Youth Application Instructions - Word)

The Applicant's information will all go here. Please fill this out completely.

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: _____

*List and provide information for all parents, legal guardians, step-parents, significant others, and/or emergency contact. **If the parent is listed on the birth certificate, they MUST be included.***

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: _____

If the Applicant is 18 years old, they will sign below. If not, the applicant's parent or guardian will sign. This is stating that all of the information you provided is true, and if it is false you understand that the applicant can be removed from the MYCA program.

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

(MYCA doc 2, pgs 2 -10; February 2023)

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Please insert the applicant's name at the top of this page. It will automatically fill in the rest of the pages with the name you provide.

Applicant Name: _____

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.

T

By signing this form, you are allowing the Michigan Youth Challenge Academy to have access to your social security number for identification purposes. If the applicant is 18, they will sign this form. If not, the parent or legal guardian will sign.

Applicant Name:

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.

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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.

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/Legal Guardian/Applicant if 18 Signature

Date

MYCA does not pay for medical expenses. Please provide your insurance information in the lines provided.

**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 COVERAGE

Provide the Applicant's name in the first box.

If the Applicant is 18 they will sign.

If the applicant is under the age of 18 then the guardian or parent will sign.

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

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/Legal Guardian/Applicant if 18 Signature

Date

By signing this form, you are allowing the applicant to participate in the activities of MYCA, along with certain tests, permission to release photographs, etc. If the applicant is 18, they will provide their signature, and if not, the parent or legal guardian will.

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.

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/Legal Guardian/Applicant if 18 Signature

Date

In order to provide the best care of our cadets, we must have a full list of medications and dosing schedules. Please provide details relating to any medication the applicant is currently taking.

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

If the applicant is 18, they will fill this form out. If not, the applicant's parent or legal guardian will.

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 applicant's: 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.

The first name field is the printed name of the person signing the form. If the applicant is 18 they can complete this themselves. If they are under 18 the parent/guardian must list their name here and complete the form.

The second box is the name of the applicant regardless of age.

The signature box will contain the signature of the parent or guardian if the applicant is under 18 or the signature of the applicant if they are 18. Again, this signature will be of the person named in box one.

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