



Group Name: _____ Entered in CRM Entered in TL

Dear Parent/Guardian:

Your child has been invited to participate in a series of presentations at Credit Recovery Center (CRC). Montgomery County Youth Services will be providing a lesson, at least one day per week, during their class period. The presentation topics will be **Healthy Choices in Relationships/Friendships; Navigating School Life; Conflict Resolution etc.** If you have any questions or concerns about the presentation or about MCYS please contact our office to speak with Dyrcia Saavedra, MS at 281-354-2654.

Montgomery County Youth Services is a non-profit counseling agency, funded primarily through grants and foundations. The following questions will be used for **statistical** purposes ONLY so that we may continue to provide services at no-cost. All information is kept confidential at all times. Please answer each of the questions below.

Youth's Name: _____ DOB: _____ Age: _____ Gender: _____
 School: _____ Grade: _____
 Address: _____ City: _____ ZIP: _____

Ethnic Group (circle one): Hispanic Non-Hispanic Unknown
 Race (check all that apply): American Indian/Alaskan Native Asian Black Native Hawaiian/Pacific Islander White

Primary Caregiver Name: _____ DOB: _____ Relationship to Youth: _____
 Telephone where you can be reached: _____
 Check one: Home Work Cell Check one: Home Work Cell

Email Address: _____

PLEASE CIRCLE THE CATEGORY WHICH MOST CLOSELY REFLECTS YOUR ANNUAL HOUSEHOLD INCOME:

Household Size Total number living in Home	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
_____	\$11880 or Below	\$16,020 or Below	\$20,160 or Below	\$24,300 or Below	\$28,440 or Below	\$32,580 or Below	\$36,730 or Below	\$40,890 or Below
_____	\$11,881 to \$17,819	\$16,021 to \$24,029	\$20,161 to \$30,239	\$24,301 to \$36,449	\$28,441 to \$42,659	\$32,581 to \$48,869	\$36,731 to \$55,094	\$40,891 to \$61,334
_____	\$17,820 to \$23,759	\$24,030 to \$32,039	\$30,240 to \$40,319	\$36,450 to \$48,599	\$42,660 to \$56,879	\$48,870 to \$65,159	\$55,095 to \$73,459	\$61,335 to \$81,779
_____	\$23,760 to \$29,700	\$32,040 to \$40,050	\$40,320 to \$50,400	\$48,600 to \$60,750	\$56,880 to \$71,100	\$65,160 to \$81,450	\$73,460 to \$91,825	\$81,780 to \$102,225
_____	Above \$29,700	Above \$40,050	Above \$50,400	Above \$60,750	Above \$71,100	Above \$81,450	Above \$91,825	Above \$102,225

I, _____, parent/guardian of _____,

Give my permission for my child to participate in group at school. I understand the information shared in group will remain confidential, according to Texas Law. By law, Montgomery County Youth Services (MCYS) is required to report any information that indicates abuse or neglect of a child. Any suicidal or homicidal threats made by a child will be reported to the parent and the appropriate person or agency. I understand that I can contact MCYS at any time regarding the services provided to my child or to request additional services. I understand I may withdraw this consent for my child to participate in the group at any time.

 Parent/Guardian Signature

 Parent/Guardian Name (please print)

 Date