



# REICHERT HOUSE YOUTH ACADEMY

1704 SE 2<sup>ND</sup> AVENUE  
GAINESVILLE, FLORIDA 32641  
WWW.REICHERTHOUSE.ORG

Dear Parent(s) or Guardian(s),

The Reichert House is a program which empowers participants to set and achieve individual goals by providing educational opportunities, life skills, and vocational training. We also provide structured support services designed to provide the skills necessary to become future contributors in our society.

Our mission is to maintain a facility and offer programs where youth can learn about themselves, and learn how to develop and achieve goals that will make them exemplary citizens of tomorrow. Opened in 1987, the Reichert House serves a population primarily comprised of adolescent males that are enrolled in middle and secondary schools, grades six through twelve. The key components of the Reichert House are cultivating friendships, and maintaining lifestyles that are free of substance abuse, violence, and incarceration. The Reichert House is a non-profit organization that is a supporting agent for the rights and needs of those participating in the program.

We provide transportation for members from their school to the Reichert House. Vans will pick up members when school is dismissed and bring them to the Reichert House facility. Upon their arrival they will be given a snack and students will receive assistance in completing their homework assignments. Later in the evening they will be served dinner. At approximately 7:00 pm our staff members will load the young men on our vans and take them to their homes. The Reichert House program runs from 2:30 pm — 7:00 pm, Monday through Thursday.

The Reichert House provides a variety of activities for the young men to participate in, such as:

- |                                 |                         |                         |
|---------------------------------|-------------------------|-------------------------|
| Academic Assistance             | FCAT Preparation        | Reading and Literacy    |
| Basketball and Football         | GED Preparation         | Self-Esteem Building    |
| College Assistance              | Health Classes          | Sexual Abuse Prevention |
| Computer Instruction Classes    | Job Programs            | Step Team               |
| CPR Classes                     | Life Skills Classes     | Summer Enrichment Camp  |
| Drug and Alcohol Prevention     | Martial Arts            | Violence Prevention     |
| Drum Line                       | Mentoring               | Youth in Government     |
| Etiquette Training              | Nutrition Classes       |                         |
| Exercise and Fitness Activities | Post-Placement Programs |                         |

Thank you for considering the Reichert House. If you need any additional information please contact us at (352)334-2320.





# REICHERT HOUSE YOUTH ACADEMY

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## MEMBER FILE CHECK SHEET

Parents are responsible for:

1. Application & Personal History \_\_\_\_\_
2. Release of Information Form \_\_\_\_\_
3. Member Performance Contract \_\_\_\_\_
4. Ten Commandments \_\_\_\_\_
5. Consent for Medical Treatment \_\_\_\_\_
6. Consent for Release of Confidential Information \_\_\_\_\_
  - a. Corner Drug Store Forms \_\_\_\_\_
    - i. Personal Health History \_\_\_\_\_
    - ii. Release of Confidential Information \_\_\_\_\_
    - iii. Risk and Protective Factors Form \_\_\_\_\_
7. Birth Certificate (copy of) \_\_\_\_\_
8. Social Security Card (copy of) \_\_\_\_\_
9. Insurance/Medicaid Card (copy of) \_\_\_\_\_
10. Most recent Report Card and/or Progress Report \_\_\_\_\_
11. Current Photograph \_\_\_\_\_



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## APPLICATION AND PERSONAL HISTORY

CHILD'S NAME: \_\_\_\_\_  
(LAST) (FIRST) (MI)  
ADDRESS: \_\_\_\_\_ APT NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_ DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE: \_\_\_\_\_  
NAME OF SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ GPA: \_\_\_\_\_  
EXPECTED YEAR OF GRADUATION: \_\_\_\_\_ GUIDANCE COUNSELOR'S NAME: \_\_\_\_\_  
TEST TAKEN: (CHECK ALL THAT APPLY) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
PSAT SAT ACT FCAT ASVAB

## PARENT/GUARDIAN INFORMATION

**GUARDIAN'S NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **HOME PHONE NUMBER:** \_\_\_\_\_  
**PLACE OF WORK:** \_\_\_\_\_ **WORK PHONE NUMBER:** \_\_\_\_\_  
**MOTHER'S NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **HOME PHONE NUMBER:** \_\_\_\_\_  
**PLACE OF WORK:** \_\_\_\_\_ **WORK PHONE NUMBER:** \_\_\_\_\_  
**FATHER'S NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **HOME PHONE NUMBER:** \_\_\_\_\_  
**PLACE OF WORK:** \_\_\_\_\_ **WORK PHONE NUMBER:** \_\_\_\_\_  
**PARENT'S MARTIAL STATUS:** MARRIED/LIVING TOGETHER  SEPARATED  SINGLE  DIVORCED   
**IF SEPARATED OR DIVORCED: WHO HAS LEGAL CUSTODY:** \_\_\_\_\_  
**CUSTODY AND VISITING ARRANGEMENTS, IF ANY:** \_\_\_\_\_  
**DOES CHILD'S MOTHER HAVE PERMISSION TO PICK UP CHILD?** YES \_\_\_\_\_ NO \_\_\_\_\_  
**DOES CHILD'S FATHER HAVE PERMISSION TO PICK UP CHILD?** YES \_\_\_\_\_ NO \_\_\_\_\_

### **NAMES OF INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD FROM THE REICHERT HOUSE:**

1) **NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_  
2) **NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

## MEDICAL INFORMATION

**HEALTH INSURANCE:** \_\_\_\_\_ **POLICY NUMBER:** \_\_\_\_\_  
**DOCTOR'S NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_  
**DENTIST'S NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_  
**PREFERRED HOSPITAL IN CASE OF EMERGENCY:** \_\_\_\_\_ **AMBULANCE PERMISSION: YES NO**

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? IF YES, PLEASE CHECK OFF AND PLACE APPROXIMATE DATE NEXT TO APPROPRIATE CONDITION:

MEASLES \_\_\_ MUMPS \_\_\_ ASTHMA \_\_\_ DIABETES \_\_\_ EPILEPSY \_\_\_ ECZEMA \_\_\_ HEART  
CONDITION(S) \_\_\_ SEIZURES \_\_\_ VISION PROBLEM(S) \_\_\_ RESPIRATORY PROBLEM(S) \_\_\_

ANY OTHER ILLNESSES YOU FEEL WE SHOULD BE AWARE OF: \_\_\_\_\_

HAS YOUR CHILD UNDERGONE ANY OPERATIONS? IF SO, PLEASE PROVIDE US A BRIEF HISTORY

\_\_\_\_\_

SPECIAL FOOD REQUIREMENTS/ALLERGIES: \_\_\_\_\_

REGULAR MEDICATION: \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

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# REICHERT HOUSE YOUTH ACADEMY

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## RELEASE OF INFORMATION FORM

Child's Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_ Apt Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The Parent(s)/Guardian(s) of the above named student have given permission for you to provide information regarding school transcripts, health records (including all immunization records, and diagnostic, psychological or medical and educational evaluation for their child. A summary of your contacts with the student and family would also be helpful. These records will be used to determine the student's appropriate educational program. Please include grade/credit explanation for high school courses.

### Parent/Guardian Consent for Release of Information

I hereby give my permission for release of the following records:  
(Please check all that apply)

- \_\_\_\_ 1. Psychological Evaluation
- \_\_\_\_ 2. Educational Evaluation
- \_\_\_\_ 3. Medical Evaluation/Health Records
- \_\_\_\_ 4. Grades/Educational Tests
- \_\_\_\_ 5. Partnership for Strong Families Program
- \_\_\_\_ 6. Guardian Ad Litem Program
- \_\_\_\_ 7. Other \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# REICHERT HOUSE YOUTH ACADEMY

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## MEMBER PERFORMANCE CONTRACT

The following is the Performance Contract that all Reichert House members must sign and will be held to:

I would like to enroll in the Reichert House Youth Academy after school program. I understand and will observe the rules of conduct in the program. I understand that if I fail to observe the rules, I will be removed from the program.

1. I will attend regularly, unless there are valid reasons for my absence. I will notify staff when I plan to be absent for more than one day.
2. I will cooperate with other members and respect their rights.
3. I will avoid fights and disruptive behavior.
4. I will respect all staff/tutors and follow directions.
5. I will take care of all equipment, computers and academic material entrusted to me while at the Reichert House.

Please list the goals you pledge to work toward achieving, while enrolled in the Reichert House program.

Academic: \_\_\_\_\_  
\_\_\_\_\_

Social/Behavioral: \_\_\_\_\_  
\_\_\_\_\_

Community Service/Career: \_\_\_\_\_  
\_\_\_\_\_

My Parent(s)/Guardian(s) and I have read this agreement and understand it. If there are any points of this document that I don't understand, My Parent(s)/Guardian(s), or staff member will explain to me. I understand that the Reichert House Program wants to help me; therefore I must cooperate by helping myself.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# REICHERT HOUSE YOUTH ACADEMY

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## TEN COMMANDMENTS

1. I will follow the instructions of all Reichert House Staff and those in position of authority over me.
2. I will **RESPECT** the rights of all those with whom I come in contact.
3. I will **RESTRAIN** from any activity that is illegal or immoral.
4. I will always assume **RESPONSIBILITY** for my actions, both good and bad.
5. When addressing adults I will use a respectful form of address.
6. While in a group setting, I will raise my hand and wait for permission to speak.
7. I will always wear my clothing in a neat and orderly fashion (pants must remain on waists and must be secured with a belt).
8. I will avoid verbal and physical confrontations at all cost.
9. I will strive to be a positive example to my peers.
10. I will honor my parents and/or guardians.

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Student's Signature

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Date

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Parent/Guardian's Signature

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Date

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Staff Signature

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Date



# REICHERT HOUSE YOUTH ACADEMY

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## CONSENT FOR MEDICAL TREATMENT

FOR \_\_\_\_\_  
Name of Participant

In case of medical emergency I agree to allow Gainesville Police Department personnel or its agent to seek medical attention for my child. Parent/Guardian notification will be made immediately. In case of emergency please contact Byers Hickmon at (352)334-2320.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Emergency Contact if unable to contact Parent/Guardian

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number



# REICHERT HOUSE YOUTH ACADEMY

## CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I \_\_\_\_\_ / \_\_\_\_\_ authorize, the sharing of information between Corner Drug  
Child's Name Date of Birth

Store, Inc. staff and Reichert House staff regarding my progress in any and all aspects of the Reichert House Program for the purpose of appropriately monitoring and ensuring my compliance with Reichert House Program requirements and enhancing the coordination of services being provided to me.

I understand that my participant records are protected under Federal Confidentiality Regulations 42 C.F.R. Part II and the Health Insurance Probability and Accountability Act of 1996 (HIPPA), 45 C.F.R. pts 160&164 and cannot be disclosed without my written consent unless otherwise provided by the regulation.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. This consent will automatically expire 90 days after I am no longer a participant in the Reichert House Program.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date