

The Mental Health Association in Tompkins County

Youth Services Program

Center Ithaca – 171 E. State St., Suite 275

Mailbox # 144, Ithaca, NY 14850

Phone: (607) 273-9250

Email: mlittle@mhaedu.org

MHATC Art & Mind Youth Group Enrollment

Registration Information

Date: _____

Parent/Guardian(s) Name(s): _____

Youth Participant's Name: _____ Date of Birth: _____

Youth's Contact (optional, for communication about group updates and changes):

Cell #: _____ Email: _____

Home Address: _____

Parent/caregiver Contact Information:

Home Phone #: _____

Cell #: _____

Work #: _____

(Use work # between hours of __:__ and __:__)

Email: _____

In Case of Emergency—Alternate Contact:

Name: _____

Relationship to Youth: _____

Phone #: _____

Alternate Phone # _____

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Youth Services Confidentiality Statement

Youth Services programming is designed to be a safe space for participants to talk about life experiences and concerns they are dealing with in confidence and without fear of judgment.

- Conversations held in teen group are not to be discussed with others outside of the group to protect the privacy of participants
- All information disclosed to Mental Health Association staff will remain confidential*

*The exception to confidentiality with staff is information regarding physical or sexual abuse or neglect of a minor or information that someone is in imminent danger, which staff are mandated by law to report.

I, _____ have read and understand the above
Youth Name (print)

information regarding confidentiality.

Youth Participant Signature: _____ Date: _____

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Youth Groups Ground Rules

- **Keep the Space Safe**
 - Confidentiality--do not share what happens or what is said in group with others outside of group
 - No weapons of any kind
 - No recreational drugs/alcohol (neither possession or consumed before group)
 - Behave safely with equipment, outside structure, etc.
 - Stay with the group or ask a facilitator to accompany you if you need space
 - No racial/sexist slurs
 - No touching other without permission
 - No inappropriate sexual comments or advances

- **Respect Each Other**
 - Listen, no side conversations during check in
 - Headphones and cell phones are put away during check in
 - “Don't yuk my yum”-respect what brings other people joy
 - Do not insult each other

- **Respect the Space**
 - Clean up after yourself
 - Be gentle with furniture and supplies
 - Keep voices at a reasonable volume
 - Be respectful in the Center Ithaca space when arriving and leaving

I, _____ have read and agree to follow these rules and understand that if I do not follow them I may lose the opportunity to participate.

Youth Participant Signature: _____ Date: _____

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COVID-19 Safety Protocols:

- Upon arriving to group, participants will be given a surgical mask that they must wear while in the MHATC space **at all times**. If participants have a cloth face covering they like, they may wear it **over** the provided surgical mask, but not instead of the surgical mask.
- Before entering the group room, participants will sanitize their hands, check their temperatures with our forehead-scan thermometer, complete a COVID-19 screener form, and sign in.
 - Participants are exempt from COVID-19 screening if we have a copy of proof of vaccination on file, but must still wear a mask
- Participants are **not** to attend group if they:
 - Had contact with anyone with a confirmed COVID-19 case in the last 14 days
 - Had a fever greater than 100 degrees, had difficulty breathing or a cough that is unrelated to known, existing health conditions in the last 14 days
 - Currently have a fever greater than 100 degrees, or have difficulty breathing/a cough that is unrelated to known, existing health conditions
- If a participant is unable to attend group because of the above protocol, they must take a COVID-19 test and receive negative results, or wait two weeks after any COVID-19 exposure or symptoms before returning.
- Participants who are unable to attend group because of COVID-19 exposure or symptoms may join the group by calling and participating with our phone on speakerphone in the group room until they can return in person.
- Group facilitators follow the same protocol as participants when they arrive at the MHATC each day.
- Participants who receive a positive COVID-19 test result are to notify group facilitators **immediately**, and facilitators are obligated to notify the Tompkins County Health Department for contact tracing. Facilitators will notify other group members of any potential exposure without naming the participant who tested positive.

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- If a group member or facilitator receives a positive COVID-19 test result and had exposure other group members, the group will be notified immediately and will be held over Zoom until all exposed participants and facilitators have either received a negative COVID-19 test result or have gone 14 days without developing symptoms.
- There is **no food or drink** allowed at group meetings. If participants need to take a drink of water or remove their mask for medical reasons (ex/ an inhaler), they must do so in the hallway outside the suite.
- COVID-19 screening procedures are **mandatory** and participants will not be permitted to attend if they do not follow the above protocol.

By signing, you acknowledge that you have read, understood, and consent to the services and expectations of our program.

Parent/ Guardian's Signature

Date

Participant's Signature

Date

Director of Youth Services' Signature

Date

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**Youth Groups: Emergency Information
And Consent for Medical Interventions**

In case of a non-life-threatening emergency, such as allergic reactions, serious injuries, etc. a Mental Health Association staff member will take you child to the Emergency Room at Cayuga Medical Center or the nearest Urgent/Convenient Care for any medical assistance.

As the parent/guardian of _____ I give my permission for a Mental Health Association staff member to take my child for treatment.

Parent/Guardian Signature: _____ Date: _____

Name (please print) _____

Contact # In Case of Emergency _____

For Doctors' Use (Kept Strictly Confidential):

My child currently takes the following medications:

Medications and Dosage

Thank You!

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Session Drop-Off and Pick-Up

Parents/Guardians,

Please select one of the options below, review your selection with your child, and each sign:

_____ I give my child permission to travel to Youth Group and leave group independently.

_____ I do NOT give my child permission to travel independently, and will personally be bringing my child and meeting them inside when group ends at 6:30pm. If I am unavailable to transport my child, the following people have my permission to transport them:

Parent/ Guardian's Signature

Date

Youth Participant's Signature

Date

Director of Youth Services' Signature

Date

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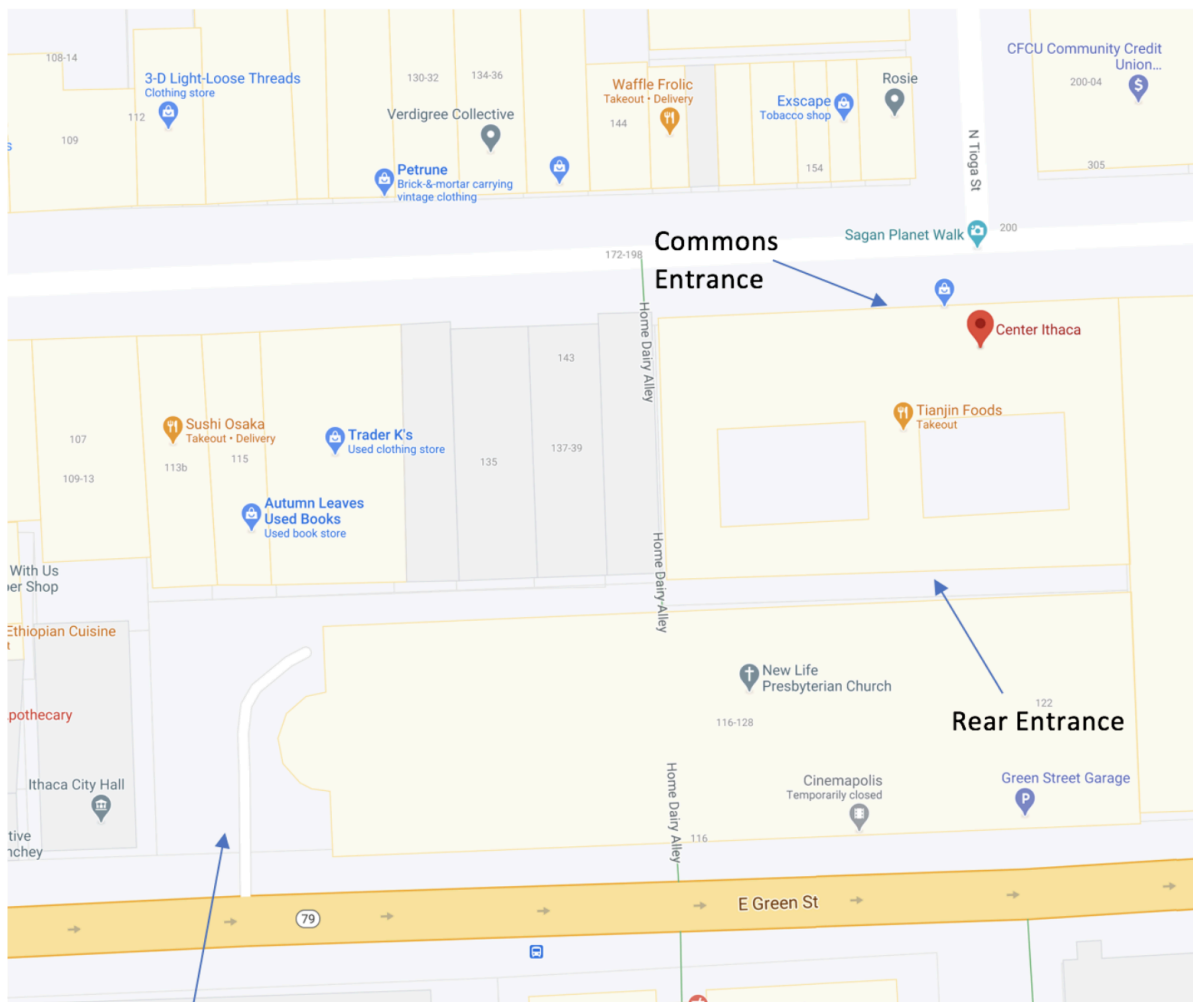
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Finding Our Meeting Room

Meetings will take place in our large conference room, room 212 in Center Ithaca on the second floor (one level up from the barber shop). NOTE: the Green St. Garage will not be accessible due to construction, 15 minute parking is available in the lot by City Hall, behind Autumn Leaves and Trader K's.



15-minute parking

