



## Overview

Face to Face Enrichment Center was established in September 2006 to meet the needs of the community's most disadvantaged populations.

The name of this program:



Aim High

## What is AIM HIGH?

Aim High involves a concerted focus on specific risks and needs, in an attempt to remove individual barriers faced by justice-involved youth. The program provides an array of services, such as counseling, life skills training, and academic support.

Counseling services will be provided by partnering counseling agencies.

# THROUGH OUR ACADEMIC SUPPORT COMPONENT,

youth will become more independent learners. Academic tutors provide individual and group tutoring to youth across a broad range of courses based on their personal area of expertise.

Three goals have been identified for the program:

- 1) Divert at-risk youth from the juvenile justice system
- 2) Reduce the number of chronic juvenile offenders
- 3) Increase protective factors for youth.



Our Life Skills Curriculum covers the following areas:

- Anger and conflict management
- Secrets of finding a job and keeping it
- Achieve your dreams using new time management skills
- Disarming the substance abuse self-destruct button
- Long term dangers of guns and violence
- Heads up on abusive sexual behavior
- Communication skills - non-verbal and verbal
- Relationship skills - sharing your feelings and more
- Building personal self esteem
- The skills needed for controlling your emotions
- Managing your money - credit cards and more
- Steps leading to a happy, successful, and meaningful life

Aim High is offered at our Hammond office located at

  
15248 and 15256 West Club Deluxe  
Hammond, LA 70403

  
985.345.8850

  
844.567.2491

  
[www.FaceToFaceCenter.org](http://www.FaceToFaceCenter.org)

  
[FaceToFaceCenter@yahoo.com](mailto:FaceToFaceCenter@yahoo.com)

**Staff Use Only:**

Date Accepted \_\_\_\_\_

**Face to Face Enrichment Center  
Diversion Services  
Aim High Application**

(To Be Completed by the Parent/Guardian)

**Personal Information**

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth's Social Security Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Youth: Mother \_\_\_ Father \_\_\_ Other, specify: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Ethnicity: White: \_\_\_ Hispanic: \_\_\_ African American: \_\_\_ Asian: \_\_\_ Other: \_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list all members of your household:

Name	Gender	Age	Relationship to Applicant

**Application Questions**

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Is your child currently or previously involved in the juvenile justice system?
2. Was your child referred to the program? If so, by who or what agency?
3. Briefly describe your expectations for our program.

4. Is your child able to attend life skills sessions?
5. Is your child able to attend academic tutoring sessions?
6. Do you think that your child can benefit from counseling?
7. Is transportation a barrier for your child to attend sessions? If so, please explain.
8. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
9. Is your child currently having any problems either at home or school?
10. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.
11. Can you provide any additional background information that may be helpful to us in ensuring your child receives the maximum benefits of participating in the program?

**Medical History**

Name of Primary Care Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Does your son/daughter have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues?

Is he/she currently on any type of medication? If so, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Therapist's Name: \_\_\_\_\_

**Please initial each of the following**

\_\_\_\_\_ I give my informed consent and permission for my child to participate in Face to Face Enrichment Center's diversion initiative and its related activities.

\_\_\_\_\_ I agree to have my child follow all program guidelines and understand that any violation on my child's part may result in suspension and/or termination from the program.

\_\_\_\_\_ I release Face to Face Enrichment Center and its program partners of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any volunteer, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

\_\_\_\_\_ (optional) I agree to allow Face to Face Enrichment Center and its program partners to use any photographic image of my child taken while participating in the diversion program. These images may be used in promotions or other related marketing materials.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

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

\_\_\_\_\_  
Date

Please return the completed application to:

**Hammond Location**  
**Face to Face Enrichment Center**  
**15256 West Club Deluxe Road**  
**Hammond, LA 70403**

Or Fax To:

**844-567-2491**



**FACE TO FACE ENRICHMENT CENTER**  
**AIM HIGH**  
**“Our 90-Day Diversion Program”**



**YOUTH REFERRAL FORM**

Referred By \_\_\_\_\_  
 Referring Agency \_\_\_\_\_  
 Reason for Referral \_\_\_\_\_  
 \_\_\_\_\_  
 Date Referred: \_\_\_\_\_

**\*Please note that youth enrolled in Aim High are required to participate in all components of the program (i.e. Life Skills sessions and Academic Tutoring sessions). Youth can participate virtually if they are not able to attend in-person sessions. Counseling is also provided as needed.**

Youth’s Name \_\_\_\_\_ Youth’s DOB \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_  
 Parent/Legal Guardian Phone Number \_\_\_\_\_  
 Parent/Legal Guardian Email (if known) \_\_\_\_\_

Has Parent/Legal Guardian been informed about our diversion program? \_\_\_\_\_

Any information you feel we should know about this youth before making contact? Because of the nature of contact that youth will receive while enrolled, please disclose any information, and/or anyone affiliated with the youth, which may put the staff at risk.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thanks for the referral.

The form can be faxed to Attn: Aim High Referral at 844-567-2491  
 or emailed to Schendlyn Payton at [spayton@facetofacecenter.org](mailto:spayton@facetofacecenter.org).