

**YWCA Racial Justice Intake Form**

**eliminating racism  
empowering women**

**ywca**

Metro St. Louis

Name of Primary Program:

- Witnessing Whiteness
- Mosaic

- Catalyst Circle
- Other: \_\_\_\_\_

Type of Service:

- Individual
- Group

- Gender-Specific
- Co-Ed

Name of Partner/Location: \_\_\_\_\_

Client Demographic Information:

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_

Gender: Female Male

Self-Identify \_\_\_\_\_

Race/Ethnicity:

- African-American, Black
- Asian
- Bi/Multi-Racial
- European American, White

- Hawaiian/Pacific Islander
- Hispanic/Latino
- Native American/Alaskan Native
- Other

Unique Attributes/Special Accommodations: *(may include religion, culture, medical history, etc.)*

Religious Group:

- Catholic
- Jewish
- Muslim
- Protestant

- Mormon (Latter-day Saints)
- Non-Denomination
- Other \_\_\_\_\_
- Not practicing any religion

Preferred Language: English Spanish Other: \_\_\_\_\_

Annual Household Income:

- \$0 to \$9,999
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$29,999

- \$30,000 to \$49,999
- \$50,000 to \$99,999
- \$100,000 and Greater
- Unknown Income

Medical Information:

Any known allergies? Y/N (please list) \_\_\_\_\_

List any medications \_\_\_\_\_

Hospital of Choice (if applicable) \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YWCA Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## YWCA Racial Justice Programs Participant Rights and Responsibilities



As a Participant, you have the *right* to:

- Receive services in a non-discriminatory manner.
- Consistent enforcement of program rules and expectations.
- Express and practice religious and spiritual beliefs freely.
- Be treated with courtesy and respect at all times.
- Request to review your file.
- Refuse any service and be informed about the consequence of such refusal, which can include discharge.
- Receive information regarding program fees prior to service.
- Contact program staff with any questions or concerns.

As a Participant you have the *responsibility* to:

- Provide relevant information as a basis for receiving services and participating in service decisions.
- Treat others (peer, staff, and volunteers) with courtesy and respect at all times.
- Attend scheduled program classes/sessions.
- Communicate to program staff if you are unable to attend.
- Participate in program activities, discussions, etc.
- Complete assignments; individual and group.
- Comply with dress code, when required for special events.

---

Client Signature

---

Date

---

YWCA Program Staff Signature

---

Date

## Racial Justice Program - Informed Consent

I, \_\_\_\_\_, hereby apply for and give consent to receive services provided by the staff/volunteers of the YWCA St. Louis Racial Justice Program. I understand that the focus in Racial Justice Programs is to provide educational, supportive, action oriented services to improve emotional well-being, promote self-sufficiency, personal growth, and development. I agree to the following conditions:

1. **Voluntary Participation/Discontinuation of Services:** My participation in services is voluntary and I can stop at any time without penalty. You will be expected to participate in services to the best of your ability. You may refuse to participate in any activity or discussion without penalty. If the program staff decides to terminate services, an explanation will be given. The first few classes/sessions may be used to determine whether the YWCA is the most appropriate program for the client to receive services. In some cases, program staff may recommend that another agency or provider may better suit the clients' needs.
2. **Program Outcomes:** Program staff cannot guarantee results. Progress during classes/sessions is related to client efforts, such as consistency of attendance, motivation for learning and attention to information, lessons, and recommendations focused on reaching desired program goals.
3. **Confidentiality:** Information shared in classes/sessions between the client and program staff is confidential and will not be discussed by program staff with anyone without your written consent except under the following situations:
  - If I tell program staff that I intend to harm or kill myself or anyone else, the staff has a duty to report to the authorities and warn any person or persons that I said I plan to harm.
  - If you disclose abuse/neglect, program staff are by law required to report the abuse to the proper authorities. Persons working with vulnerable populations such as children and youth are mandated by Missouri State Statute to report all forms of suspected abuse or imminent danger of harm to self or others.
  - Your situation may be discussed with other professional staff or with the supervisor of the program staff. Consultation is considered a benefit to you and program staff to get the opinion of other professionals to ensure quality of care and services. Supervisors and other professionals are bound by ethics codes and rules of confidentiality.
  - If the program staff is under court order to disclose information.
  - If you sign a release of information form for another party to receive information.
  - Periodically, files may be reviewed by an external entity performing audits on our services. These reviewers are obligated to respect confidentiality procedures on any participant data they review.
4. **Fees:** All participants are asked to adhere to providing a book for their personal use and bringing refreshments for meetings.

**Informed Consent**

**Page 2**

5. **Dismissal:** Any client who, after attempts have been made to meet the client's individual needs, demonstrates the inability to benefit from the provision of services, or whose presence is detrimental to self, others and staff, may be dismissed from the Racial Justice Program.
  
6. **Grievance Policy:** Questions or concerns that I or my parent/guardian have about services should be discussed with program staff. If after discussing the concerns or issues with program staff you still are not satisfied, you may submit a complaint to the youth division director. The client or parent/guardian can file a grievance with the COO at (314) 531-1115, ext. 277 or [ahunter@ywcastlouis.org](mailto:ahunter@ywcastlouis.org) or YWCA Metro St. Louis, Attn: Racial Justice Director, 3820 West Pine Boulevard, St. Louis, MO 63108.
  
7. **HIPAA:** The Health Insurance Portability and Accountability ACT (HIPAA) is a federal law on health information privacy protections, effective 4/14/03. HIPAA provides additional privacy protections for medical records and establishes patient rights with regard to the use and disclosure of your protected health information. HIPAA requires that we provide you with a notice of privacy practices. Written copies will be given at your request. The law requires that we obtain signatures acknowledging that the YWCA has provided you with this information. Your signature below acknowledges that you have reviewed our policy and have had the opportunity to receive a written copy.

I have read and understand the above conditions of services at the YWCA St. Louis Racial Justice Program. I do voluntarily consent to participate in the provision of services under the conditions explained on this form.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**YWCA Racial Justice Services Demographic Collection**



*The information provided below is confidential and used solely for reporting/funding purposes.*

**1. What range includes your age?**

- 15-19 years
- 20 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 - 54 years
- 55 - 64 years
- 65 - 74 years
- 75 -84 years
- 85 and over

**2. Gender**

- Female
- Male
- Other \_\_\_\_\_

**3. Race/Ethnicity**

- African-American, Black
- Asian
- Bi/Multi-Racial
- Caucasian
- Hawaiian/Pacific Islander
- Hispanic/Latino
- Native American/Alaskan Native
- Other

**4. Religious Group**

- Catholic
- Jewish
- Muslim
- Protestant
- Mormon (Latter-day Saints)
- Non-Denomination
- Other \_\_\_\_\_
- Not practicing any religion

**5. Unique Attributes/Special Accommodations** *(may include religion, culture, medical history, etc.)*

Please check the box if you are refusing to participate in the survey. Refusal to provide the requested demographic information will not exclude you from receiving YWCA services.

