



STRAP, INC.

# Juvenile “At Risk” Intervention Program Application

Procedures, Questionnaire & Application Materials

Mr. Cooley – Founder & CEO  
4/8/2013

## Application Procedures

**Do NOT use a pencil to complete this application.**

**In order for an applicant to be considered for the “Pilot” enrollment decision, the application must be complete and accurate.**

**The following documents MUST be submitted:**

- Questionnaire (3 pages)**
- Medical History (3 pages)**
- Application (3 pages)**
- Birth Certificate (please provide a copy)**
- Medical Insurance Card (please provide a copy)**
- Immunization Record (please provide a copy)**

**All applications must be mailed or delivered to the U.S. Postal or email address below!**

**Mail To:**

**STRAP, INC.**

**PO Box 1669**

**Snellville, Ga. 30078**

**Application can be downloaded from [strap-inc.org](http://strap-inc.org) and mailed to the address listed above.**

## Troubled-Teen Questionnaire

Many times as parents, we wonder whether or not our teenager is in need of help. The following survey is designed to give you an idea of the seriousness of your teenager's level of behavioural problems. Please answer the following questions regarding your teen.

1. Does your troubled teen fail to complete tasks that require effort regardless of the future importance of the task?  
(e.g. school work)  
Yes  No
2. Does your troubled teen attempt to negotiate and/or manipulate in order to avoid consequences and problems?  
Yes  No
3. Does your troubled teen justify negative behaviors by blaming others?  
Yes  No
4. Is your troubled teen unwilling to recognize the impact of his/her behavior on family and friends?  
Yes  No
5. Does your troubled teen use manipulation and deception in order to change others' points of view?  
Yes  No
6. Does your troubled teen have weekly outbursts or mood swings?  
Yes  No
7. Does your troubled teen avoid participating in family activities and social events?  
Yes  No

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8. Does your troubled teen become impatient or easily agitated with others?

Yes  No

9. Does your teen have an intense fear of gaining weight or becoming fat?

Yes  No

10. Has there been a recent drop in your teen's performance at school?

Yes  No

11. Is it difficult for your teen to relate with others or make friends?

Yes  No

12. Does your teen frequently fail to finish schoolwork, projects or chores?

Yes  No

13. Does your teen fail to follow through with responsibilities or instructions?

Yes  No

14. Is your teen forgetful or often viewed as lazy?

Yes  No

15. Does your teen argue with adults and authority figures?

Yes  No

16. Is your teen failing one or more courses in school?

Yes  No

17. Have your teen undergone therapy and/or counselling without results?

Yes  No

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18. Does your teen do dangerous things without considering the consequences, "a daredevil"?

Yes  No

19. Has your teen been physically abusive to animals?

Yes  No

20. Is your teen extremely self-conscious?

Yes  No

21. Does your teen appear depressed, sad, tearful or irritable nearly every day?

Yes  No

22. Has your teen run away from home? (More than twice)

Yes  No

23. Is your teen sexually active?

Yes  No

24. Does your teen engage in self-injurious behaviours and/or threaten to inflict self-harm?

Yes  No

25. Does your teen use illegal drugs and/or alcohol?

Yes  No

26. Is your teen currently enrolled in school (Middle, High, Alternative, etc.)?

Yes  No  Grade: \_\_\_\_\_ School: \_\_\_\_\_

27. Please provide the name of the school in the box.

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## Medical History

Applicant Name	Social Security Number	Age	
Height	Weight	Right Handed <input type="radio"/>	Left Handed <input type="radio"/>
Do you or have you ever had:	Yes	No	If yes, please explain
Household contact with anyone who has tuberculosis	<input type="radio"/>	<input type="radio"/>	
Tuberculosis or positive TB test	<input type="radio"/>	<input type="radio"/>	
Blood in saliva or when coughing	<input type="radio"/>	<input type="radio"/>	
Excessive bleeding after injury or dental work	<input type="radio"/>	<input type="radio"/>	
Suicide attempt or plans	<input type="radio"/>	<input type="radio"/>	
Sleeping walking	<input type="radio"/>	<input type="radio"/>	
Wear corrective lenses	<input type="radio"/>	<input type="radio"/>	
Eye surgery to correct vision	<input type="radio"/>	<input type="radio"/>	
Lack vision in either eye	<input type="radio"/>	<input type="radio"/>	
Wear hearing aid	<input type="radio"/>	<input type="radio"/>	
Stutter or stammer	<input type="radio"/>	<input type="radio"/>	
Wear a brace or back support	<input type="radio"/>	<input type="radio"/>	
Scarlet fever	<input type="radio"/>	<input type="radio"/>	
Rheumatic fever	<input type="radio"/>	<input type="radio"/>	
Swollen or painful joints	<input type="radio"/>	<input type="radio"/>	
Frequent or severe headaches	<input type="radio"/>	<input type="radio"/>	
Dizziness or fainting spells	<input type="radio"/>	<input type="radio"/>	
Hearing loss	<input type="radio"/>	<input type="radio"/>	
STD/syphilis/gonorrhea, etc.	<input type="radio"/>	<input type="radio"/>	
Recent gain/loss of weight	<input type="radio"/>	<input type="radio"/>	
Loss of finger/toe	<input type="radio"/>	<input type="radio"/>	
Bed wetting since age 12	<input type="radio"/>	<input type="radio"/>	
Kidney stone/blood in urine	<input type="radio"/>	<input type="radio"/>	
Diabetes or hypoglycemia	<input type="radio"/>	<input type="radio"/>	
Recurrent ear infections	<input type="radio"/>	<input type="radio"/>	
Severe tooth or gum trouble	<input type="radio"/>	<input type="radio"/>	
Shortness of breath	<input type="radio"/>	<input type="radio"/>	
Chronic cough	<input type="radio"/>	<input type="radio"/>	

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Palpitation or pounding heart	<input type="radio"/>	<input type="radio"/>	
Heart trouble	<input type="radio"/>	<input type="radio"/>	
High or low blood pressure	<input type="radio"/>	<input type="radio"/>	
Frequent cramp in legs	<input type="radio"/>	<input type="radio"/>	
Frequent indigestion	<input type="radio"/>	<input type="radio"/>	
Stomach , liver, intestinal trouble	<input type="radio"/>	<input type="radio"/>	
Gallbladder trouble or gallstones	<input type="radio"/>	<input type="radio"/>	
Jaundice or hepatitis	<input type="radio"/>	<input type="radio"/>	
Broken bones	<input type="radio"/>	<input type="radio"/>	
Skin diseases	<input type="radio"/>	<input type="radio"/>	
Tumor, grow, cyst or cancer	<input type="radio"/>	<input type="radio"/>	
Hernia	<input type="radio"/>	<input type="radio"/>	
Hemorrhoids or rectal disease	<input type="radio"/>	<input type="radio"/>	
Frequent or painful urination	<input type="radio"/>	<input type="radio"/>	
Eating disorder	<input type="radio"/>	<input type="radio"/>	
Thyroid trouble or goiter	<input type="radio"/>	<input type="radio"/>	
Arthritis, rheumatism or bursitis	<input type="radio"/>	<input type="radio"/>	
Bone, joint or other deformity	<input type="radio"/>	<input type="radio"/>	
Painful or “trick” shoulder or elbow	<input type="radio"/>	<input type="radio"/>	
Recurrent back pain or any back injury	<input type="radio"/>	<input type="radio"/>	
Trick or locked knee	<input type="radio"/>	<input type="radio"/>	
Foot trouble	<input type="radio"/>	<input type="radio"/>	
Nerve injury	<input type="radio"/>	<input type="radio"/>	
Paralysis	<input type="radio"/>	<input type="radio"/>	
Epilepsy or seizures	<input type="radio"/>	<input type="radio"/>	
Car , train or air sickness	<input type="radio"/>	<input type="radio"/>	
Chronic depression	<input type="radio"/>	<input type="radio"/>	
Loss of memory or amnesia	<input type="radio"/>	<input type="radio"/>	
Period of unconsciousness	<input type="radio"/>	<input type="radio"/>	
X-ray or any radiation therapy	<input type="radio"/>	<input type="radio"/>	
Chemotherapy	<input type="radio"/>	<input type="radio"/>	
Sinusitis or hay fever	<input type="radio"/>	<input type="radio"/>	
Asthma	<input type="radio"/>	<input type="radio"/>	
Tire easily	<input type="radio"/>	<input type="radio"/>	
Pain or pressure in chest	<input type="radio"/>	<input type="radio"/>	
Sensitivity to chemicals, dust, sunlight, etc	<input type="radio"/>	<input type="radio"/>	

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Inability to perform certain motions	<input type="radio"/>	<input type="radio"/>	
Inability to assume certain positions.	<input type="radio"/>	<input type="radio"/>	
Have you ever been treated for a mental condition?	<input type="radio"/>	<input type="radio"/>	
Been advised to have any operations?	<input type="radio"/>	<input type="radio"/>	
Been a patient in any in any type of hospital?	<input type="radio"/>	<input type="radio"/>	
Ever had any illness or injury other than those already noted?	<input type="radio"/>	<input type="radio"/>	
Been exposure to asbestos or toxic chemicals	<input type="radio"/>	<input type="radio"/>	
Been diagnosed with a learning disability	<input type="radio"/>	<input type="radio"/>	
Do you used illegal substance	<input type="radio"/>	<input type="radio"/>	
Do you use tobacco	<input type="radio"/>	<input type="radio"/>	

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete.

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**Parent or Guardian Signature & Date**



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Date: Month ____ Day ____ Year ____	Social Security Number								
Name: _____		GA Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>							
<input type="checkbox"/>	(First)	(Middle)	(Last)						
Mailing Address where you want to receive correspondence concerning your application:									
_____									
(Street Code)	(Apt or Lot#)	(City)	(County)	(State)	(Zip)				
Home Phone (____) _____ Additional Contact # (____) _____									
Age: _____		Date of Birth: ____/____/____			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>				
		MM	DD	YY					
RACE: Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>									
List two personal accomplishments:									
1. _____									
2. _____									
Parent or Legal Guardian Mailing Address:									
Name: _____		Relationship:							
(First)	(Mid)	(Last)							
Address:									
(Street Code)	(Apt or Lot #)	(City)	(State)	(Zip)					







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Today's Date: \_\_\_\_\_

Youth Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name : \_\_\_\_\_ Contact Phone: \_\_\_\_\_

1. What kind of trouble got you referred to the STRAP/LSTRAP Program; i.e., juvenile charges, etc.? Please explain.
  
2. If you have a probation officer, please list his/her name below, and if you know the name of the Judge that referred you, please list his/her name below also.
  
3. If you have been kicked out of Gwinnett County School, what date or how long have you been out or will be out?
  
4. If you are in an alternative school what is the name/address.
  
5. If an on-line school, please name.
  
6. If you are currently a student in Gwinnett County School, what is the school name and what grade are you in.
  
7. Have you ever had a mental evaluation? If so Where? On Medication?

PRESTRAP/PRELSTRAP Class Profile

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## STRAP Youth Mentoring Program

PO Box 1669, Snellville GA 30078 (770)978-0918

### STRAP/LSTRAP AND PRE-STRAP/LSTRAP CRITERIA and GUIDELINES POLICY AGREEMENT

STRAP is the acronym for Seeking the Right Amendable Path. Our STRAP Youth Mentoring Program is an intervention/mentoring program dedicated and determined to give parents and our court systems another alternative to further incarceration of our youth. With education, guidance and mentoring of our youth, and you, our “community support”, we will help each of them to become our most valuable commodity, a “productive member of society”, that continues to give back!

Our program operates on a 6-month cycle where we meet each Saturday from 9:00am to 12:00 noon. EACH STUDENT IS REQUIRED TO BE AT THE STRAP CENTER NO LATER THAN 8:50am PRIOR TO THE 9:00am START TIME! If a youth is referred to us after our STRAP cycle has begun, we have PRE-STRAP/LSTRAP. PRE-STRAP/LSTRAP still necessitates you fill out an application, following the same criteria as STRAP/LSTRAP. You will need to contact us, and we will schedule a Saturday appointment from 8:00am – 9:00am to meet with you and your youth. You are to be at the appointment PRIOR TO the scheduled appointment time of 8:00am, as we start ON TIME. At this appointment, we will give you an overview of the program and discuss with both you and your youth what direction of action to take until the new STRAP class cycle begins.

#### **STRAP/LSTRAP youth MUST meet the following criteria:**

1. Must be between the ages of 13-17 with **NO felony arrests**.
2. Must not have more than two juvenile arrests.
3. Must have **NO known gang affiliations**.
4. **Must not** have or had any serious mental health issues within the past two years.
5. **Must not** currently take any psychiatric medication or have taken any within the past two years.
6. Must fill out a STRAP application, which includes writing an essay on how the STRAP program can benefit both the youth and their family.
7. Must submit a non-refundable application fee of \$30.00, payable by money order to STRAP, Inc.
8. Must be willing to attend **ALL** scheduled Saturday classes.
9. Parent/Guardian must be willing to ensure **ON-TIME TRANSPORT** of youth both **to** and **from** each scheduled Saturday class.
10. Must be willing to **discontinue** any use of drugs not medically prescribed as well as alcohol.
11. Must be willing to submit to random drug and/or alcohol testing.
12. Must be willing to dress in an appropriate manner as required by the STRAP SOP, which includes wearing khaki pants and a white polo shirt.
13. Parent/Guardian and/or youth must be willing to **sign** and **adhere** to **ALL** STRAP policies as defined in the STRAP SOP.

(page 1 of 2 of Criteria and Class guidelines policy agreement)

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## **STRAP Youth Mentoring Program Class Guidelines**

1. Youth must attend all classes unless an excused absence is approved by the STRAP CEO.
2. Class will begin **exactly at 9:00am each Saturday.**
3. No sagging pants or revealing clothing. (All clothing must be neat and appropriate for daytime wear).
4. No cell phone usage (including texting) during class.
5. Any homework assignment must be completed prior to class for the youth to be allowed into class.
6. No cursing or any type of disrespectful behavior will be tolerated.
7. Youth must pass a comprehensive exam with a score of at least 70% to graduate from the program.

Please sign and date below to acknowledge that you have read and agree to adhere to the above criteria and class guidelines.

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STRAP/LSTRAP Youth mentee signature

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Date

---

Parent/Guardian signature

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Date

(page 2 of 2 of Criteria and Class guidelines policy agreement)

## **STRAP YOUTH MENTORING PROGRAM** **COMMITMENT POLICY AGREEMENT**

The STRAP Youth Mentoring Program is a nonprofit organization where every instructor and staff member is dedicated and committed to guiding and inspiring our youth to make better life choices and decisions. Our instructors and staff member volunteer each Saturday to help support and teach each STRAP mentee to proactively build character, learn responsibility, leadership, integrity and a knowledge of self-awareness which are tools that we feel will empower them to “amend” their decisions and choices in their future.

As we (STRAP) are committed and dedicated to our youth, we ask that you, the STRAP mentee, and you as the STRAP parent make the same commitment and dedication by ensuring that the YOUTH BE HERE EACH AND EVERY SCHEDULED SATURDAY NO LATER THAN 8:50 AM for 9:00AM START TIME.

Since we are only here on Saturdays, each course instructive is different. The youth will be terminated from the program after missing 2 course instructives (2 scheduled Saturdays) during the entire program. FOR EACH ABSENCE A CALL PRIOR to the absence MUST BE PROVIDED. IT IS YOUR (youth or the parent) RESPONSIBILITY TO CALL US, NOT US TO CALL YOU, as our time and staff is limited.

We also understand that unforeseen circumstances may occur, therefore if a situation does arise of validity, a decision will be made by the CEO and Education Director as to the continuation of the youth in the STRAP Program.

We, the representatives of STRAP look forward to a committed, dedicated and united relationship between you, our mentee, and you the parent in helping to support our mentee and your child into becoming not only the better youth and child that amends his choices, but the leader and productive member of society that we know he can be.

I, \_\_\_\_\_ as a STRAP youth mentee, and I, \_\_\_\_\_ as the parent/guardian do hereby agree that by signing below we have read, understand and fully agree to the commitment agreement as described above, and we are also committed to the fulfillment of it.

\_\_\_\_\_  
STRAP Youth Mentee Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## SEEKING THE RIGHT AMENDABLE PATH (STRAP) YOUTH MENTORING PROGRAM

### TRANSPORTATION/PHOTO PROCEDURE POLICY AGREEMENT

\_\_\_\_\_ I hereby acknowledge that my child may be transported by his mentor and/or STRAP/LSTRAP program staff members or representatives while participating in the STRAP Mentoring Program, and that such transportation is voluntary and at the child’s own risk.

\_\_\_\_\_ I release Seeking the Right Amendable Path (STRAP), INC., STRAP Youth Mentoring Program of all liabilities of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his participation in the mentoring program, including but not limited to transportation, and hold harmless any STRAP/LSTRAP mentor, program staff member or other representatives of STRAP, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

\_\_\_\_\_ I agree to allow Seeking the Right Amendable Path (STRAP), INC., STRAP Youth Mentoring Program to use any photographic image of my child taken while participating in the mentoring program. These images are and may be used in promotion of STRAP/LSTRAP and/or other STRAP, INC., related marketing materials.

BY INITIALING ALL THE ABOVE, and SIGNING BELOW, I agree to all the items, terms and conditions listed.

\_\_\_\_\_  
STRAP/LSTRAP Youth Mentee Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date