

Registration Check- Off List 注册一览表

- | | | |
|------|--|--------------------------|
| I. | Registration Form 注册表 | <input type="checkbox"/> |
| II. | Intake Form 学生收录表 | <input type="checkbox"/> |
| III. | Address Verification 居住证明 (电话、煤气、水费账单) | <input type="checkbox"/> |
| IV. | Income Verification 收入证明 (最新報稅表) | <input type="checkbox"/> |
| V. | Policy and Procedures Form 政策及程序表格 | <input type="checkbox"/> |
| VI. | I.D Card 身份证 I.D | <input type="checkbox"/> |

Online Tutoring ONLY

- | | | |
|-------|-----------------------------------|--------------------------|
| VII. | Photo Release 肖像同意书 | <input type="checkbox"/> |
| VIII. | Permission to Call Waiver 允许致电许可书 | <input type="checkbox"/> |

CLIENT/PARENT INTAKE FORM 收录表

1) Last Name 姓 _____ First Name 名 _____

Address 地 _____ City 城市 _____ Zip Code 邮编 _____

Phone Number 电话: _____ Male 男 _____ Female 女 _____ Birth Date 生日 ____/____/____

No. of Years in U.S. 在美国多久 _____ Birth Place 或出生地 _____

Primary Language 母语 _____

Educational Level 教育水準: ___ Grades 0-8 小(中)学畢業 ___ Grades 9-12 高中(职)畢業 ___ College 大学(專)以上學歷

Military Status 軍事地位: _____ Veteran 軍人 _____ Active Military 現役軍人 _____ Not a Veteran 不是軍人

Work Status 工作狀態: ___ Full Time 全職 ___ Part Time 半職 ___ Seasonal 季節性工作人員 ___ Unemployed 無職業 ___ Retired 退休

Disability Status 身體健康狀況: _____ Disabled 有殘疾 _____ Not Disabled 無殘

<p align="center"><u>Racial Background 种族背景</u></p> <p><u>Single Categories 单一族类:</u></p> <p>___ American Indian/Alaska Native 印第安或阿拉斯加土著</p> <p>___ Asian 亞裔</p> <p>___ Black/African American 非洲裔美国人</p> <p>___ Native Hawaiian/ Other Pacific Islander 夏威夷或其他太平洋岛民</p> <p>___ White 白人</p> <p align="center"><u>Ethnic Background 族裔背景:</u></p> <p>___ NOT Hispanic/Spanish/Latino 非西班牙/拉丁语裔</p> <p>___ Mexican/Mexican American/Chicano 墨西哥裔/美国裔的墨西哥人/拉丁美洲裔</p> <p>___ Puerto Rican 波多黎各</p> <p>___ Cuban 古巴</p> <p>___ Other Hispanic/Spanish/Latino 其他西班牙裔/拉丁语裔</p>	<p align="center"><u>Housing 住房供给:</u></p> <p>___ Own 买房</p> <p>___ Rent 租房</p> <p align="center"><u>Health Insurance 健康保险:</u></p> <p>___ No 没有</p> <p>___ Yes 有</p> <p align="center"><u>Insurance Name 保險名稱:</u></p> <p>_____</p> <p align="center"><u>Grievances Procedures Provided</u></p> <p align="center"><u>申诉程序:</u></p> <p>___ Yes 有</p> <p>___ No 没有</p>
--	--

Family Members	Relationship	Date of Birth	Monthly Amount of Income	Source of Verification
Total Household Income:				

Client Signature/签字:

Date 日期:

Staff Signature/签字:

Date 日期:

Asian Youth Center 亚裔青少年中心
Policy and Procedure in Services 服务政策及程序

Asian Youth Center Provides individual and family services via the funding of the County of Los Angeles to participants who qualify for the following two criteria: (1) Residents of the Fifth Supervisorial District (please refer to the map of the Fifth Supervisorial District) and (2) Household income qualifies for the Federal poverty guidelines set by the County of Los Angeles. The qualifications will be informed and explained at the intake and the participants agree to provide the above resident and income proof at the intake or the following session. The participants also agree to comply with the agency's policies on child abuse report and the contract for counseling services, which will be informed and signed at the intake.

在洛杉矶县社区服务补助的赞助下，亚裔青少年中心为满足以下条件的个人及家庭提供服务：

-居住在第五监管区内（请查看地图，第五监管区）

-家庭收入满足社区服务补助的贫困标准

具体标准将在招收时告知，同意在招收时及每年呈交居住及收入证明。亦同意报告任何子女虐待、辅导合同方面的政策。这些方面的政策，将在招收时被告知并签署同意书。

Nondiscrimination Policy in Services:

The Asian Youth Center does not discriminate in the provision of this services based on an individual's race, color, religion, sex, sexual preference, National origin, age, handicap or any other classification.

无歧视政策：

亚裔青少年中心在提供服务时不会出现任何歧视，无论种族、肤色、信仰、性别、性取向、国籍、年龄、残疾或其他类别。

Grievance Procedure:

I. Step One-Supervisor Level

A client with grievance or complaint which cannot be resolved with the Asian Youth Center employee with whom he/she has a complaint should file a grievance or complaint with the related Program Coordinator or the Director of Education in person, by telephone or in a written report within 30 days of the alleged incident.

申诉程序：

I. 步骤一 负责人层面

任何对亚裔青少年中心员工的申诉或投诉，如未能得到亚裔青少年中心解决，投诉人可以在 30 天内，向项目协调人或负责人当面、打电话或书面递交申诉或投诉。

A. The grievance should include the following:

1. Name, address and phone number of the grievant and service sought.
2. Description of the grievance and supporting documentation, name of involved person and other relevant information.

A. 申诉需要包括以下信息：

1. 申诉人姓名、地址、电话号码及寻求的服务。
2. 对申诉的描述及证明材料，涉及人姓名及其他相关信息。

B. Upon receipt of the grievance, the Program Coordinator or the Director of Education shall:

1. Meet with and respond to the grievant within 10days to either uphold the grievance, or deny the grievance
2. Inform the grievant regarding step two if necessary.

B. 收到申诉后，项目协调人或应该：

1. 在 10 天内与申诉人见面并回应支持申诉，或 拒绝申诉
2. 如果需要，告知申诉人步骤二

II. Step Two-Decision by Executive Director:

Any person whose grievance has been denied by the Program Coordinator or Director of Education may appeal the decision to the Executive Director in writing within 10days. The Executive Director shall render a decision on the matter within 10days of receipt of the appeal and inform the grievant regarding step three if necessary.

II. 步骤二 - 执行长决定：

如果申诉人的申诉被项目协调人或负责人拒绝，申诉人可以在 10 天内向执行长上诉。执行长应该：在收到上诉 10 天内作出决定。如果需要，告知申诉人步骤三

III. Step Three – Appeal to the Board of Directors:

Any person whose grievance has been denied by the Executive Director under step two may appeal the decision to the Board of Directors. Within 10days of the decision, the grievant shall submit a written request for an appeal to the President of the Board of Directors.

- A. The appeal hearing shall be held at the next regular Board meeting unless the President calls a special meeting for this purpose at an earlier date which is amenable to all parties.
- B. The grievant and the Executive Director shall provide pertinent documents to the Board of Director at least 5 days in advance of the hearing.
- C. The Board President shall provide a written decision of the step three hearing to the grievant and the Executive Director within 10 days of the hearing.
- D. The grievant will be informed regarding step four if necessary.

III. 步骤三 – 向董事长上诉：

如果申诉被执行长拒绝，申诉人可以在 10 天内，书面申请上诉董事会。

- A. 董事会主席可以在下次董事局常规会议上举办听证会，或在董事会之前召开一个特别会议。
- B. 申诉人及执行长，至少要在听证会的前 5 天向董事会递交相关文件。
- C. 在听证会结束的 10 天内，董事会主席需要提供一份书面决定。
- D. 如果需要，告知申诉人步骤四。

IV. Step Four – Appeal to the Funding Source:

Any person whose grievance has been denied by the Board of Directors under step three will be given the name, address, phone number and contact person of the Funding Source of the program involved. If requested, all pertinent information regarding the grievance shall be forwarded to the Funding Source.

A copy of the Asian Youth Center Client grievance procedure shall be posted at the Center and a copy of the grievance procedure will be given to any client who wishes to file a grievance or complaint and further grievance could be taken into Los Angeles Community and Senior Services and be addressed to May Kingi, Chief of Community Services Division at 3175 W. Sixth Street Los Angeles, CA 90021.

IV. 步骤四 – 向投资方上诉：

如果申请被拒绝，董事会将告知申诉人投资方名字、地址、电话号码及联络人。如果需要，所有与申诉相关的资料将发送至投资方。

亚裔青少年中心应在该中心张贴其申诉程序，并且将申诉程序分发给有意向申诉或投诉的个人。进一步申诉可以在洛杉矶社区及老年服务中心进行，由社区服务部门主管 May Kingi 负责，地址是 3175 W. Sixth Street Los Angeles, CA 90021。

Signature/ 签名

Date/日期

Student Information 学生资料:

1) Last Name 姓 _____ First Name 名 _____

Address 地 _____ City 城市 _____ Zip Code 邮编 _____

Male 男 ___ Female 女 ___ Birthday 生日 ___/___/___ School 就读学校 _____

No. of Years in U.S.在美国多久 _____ or Birth Place 或出生地 _____

Primary Language 母语 _____ Current Grade 在校级别 _____

2) Last Name 姓 _____ First Name 名 _____

Male 男 ___ Female 女 ___ Birthday 生日 ___/___/___ School 就读学校 _____

No. of Years in U.S.在美国多久 _____ or Birth Place 或出生地 _____

Primary Language 母语 _____ Current Grade 在校级别 _____

3) Last Name 姓 _____ First Name 名 _____

Male 男 ___ Female 女 ___ Birthday 生日 ___/___/___ School 就读学校 _____

No. of Years in U.S.在美国多久 _____ or Birth Place 或出生地 _____

Primary Language 母语 _____ Current Grade 在校级别 _____

4) Last Name 姓 _____ First Name 名 _____

Male 男 ___ Female 女 ___ Birthday 生日 ___/___/___ School 就读学校 _____

No. of Years in U.S.在美国多久 _____ or Birth Place 或出生地 _____

Primary Language 母语 _____ Current Grade 在校级别 _____

5) Last Name 姓 _____ First Name 名 _____

Male 男 ___ Female 女 ___ Birthday 生日 ___/___/___ School 就读学校 _____

No. of Years in U.S.在美国多久 _____ or Birth Place 或出生地 _____

Primary Language 母语 _____ Current Grade 在校级别 _____

Photo Release:

I hereby grant the Asian Youth Center permission to use my child's name, biographical or occupational description, and personal information supplied by me to the Asian Youth Center-portrait, likeness of voice or any or all of them- in recording motion picture film, television production or reproduction, sound track recording film strip, still photograph, or otherwise. I hereby grant to the Asian Youth Center, its clients, successors, assigns and anyone acting under the authority or permission of any of them, the right to make originals where appropriate and to use in advertising and publicity, in any and all publications and other media without limitations or reservation for any lawful purpose; and reproduce in any form or manner and to copyright any of the items referred to in the preceding paragraph. 放棄肖像/照片所有權本人應允亞裔青少年中心可全權運用本人子女之姓名,傳記何職業描述及由本人提供給亞裔青少年中心之個人資料包括肖像,聲音記錄等,此外亦包括一切錄像,電影膠卷,電視制作或復制,聲跡錄音帶,照片等. 本人亦應允亞裔青少年中心,及中心所授權或允許之人員或機構對前段所述之所有項目持有版權以及可合法地無限量用來復制,做廣告,再刊物或傳媒宣傳.

Signature of Parent/父母的簽名

Date/日期

Permission to Call:

I give AYC permission to call, text, and/or email me regarding other opportunities that I or my household may qualify for. This includes internal AYC programming offered by other departments. It also includes opportunities from partner organizations of AYC.

我允許 AYC 致電, 发短信和/或发送电子邮件给我或我的家人有关符合资格的其他机会。这包括 AYC 其他部门提供的服务也包括来自 AYC 合作组织的机会。

Signature of Parent/父母的簽名

Date/日期