

JAG Kentucky

Student Profile Interview Form

Identification		
<i>First Name</i>	<i>Middle Name/Initial</i>	<i>Last Name</i>
<i>Nickname</i>		

Mailing Address (<i>obtain from school records?</i>)		
<i>Street Address</i>		<i>Apt/Suite/Other</i>
<i>City</i>	<i>County</i>	<i>Zip</i>

Contact		
<i>Email</i>		
<i>Home Phone</i>	<i>Mobile Phone</i>	<i>Work Phone + ext</i>

Demographics		
<i>Birthdate</i>	<i>Gender</i>	<i>Race</i>
<i>School ID (from School Records)</i>	<i>Social Security Number</i>	

Relative/Friend		
<i>Relationship</i>	<i>First Name</i>	<i>Last Name</i>
<i>Street Address</i>		<i>Apt/Suite/Other</i>
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone</i>	<i>Mobile Phone</i>	<i>Work Phone + ext</i>
<i>Email</i>		

PROFILE	
<i>Date</i>	<i>Grade in School</i>

School and Work Plans
<input type="checkbox"/> Graduate from high school (diploma) <input type="checkbox"/> Obtain a GED <input type="checkbox"/> Drop out of school <input type="checkbox"/> Work full-time <input type="checkbox"/> Work part-time <input type="checkbox"/> Work and attend a two-year or four-year college or other training <input type="checkbox"/> Attend a four-year college <i>Major:</i> _____ <input type="checkbox"/> Attend a two-year college <i>Major:</i> _____ <input type="checkbox"/> Attend a vocational/technical training program <input type="checkbox"/> Enlist in a branch of the military service <input type="checkbox"/> No specific school or work plans at this time <input type="checkbox"/> Other <i>Describe:</i> _____

Employment		
<input type="checkbox"/> Currently Employed <input type="checkbox"/> Not Currently Employed <input type="checkbox"/> No Response		
<i>Employer</i>		
<i>Job Title</i>		
<i>Hours/Week</i>	<i>Hourly Wage</i>	<i>Employment Date</i>

Occupational Training	
<input type="checkbox"/> Currently Enrolled or Planning to Enroll <input type="checkbox"/> Neither Currently nor Planning to Enroll <input type="checkbox"/> No Response	
<i>School</i>	<i>Program</i>

Current Living Situation		
<input type="checkbox"/> Lives with both parents or step parents <input type="checkbox"/> Lives with biological mother <input type="checkbox"/> Lives with biological father <input type="checkbox"/> Lives with biological relative <i>Relationship:</i> _____ <input type="checkbox"/> Lives with friends <input type="checkbox"/> Lives alone <input type="checkbox"/> Lives with husband or wife <input type="checkbox"/> Lives with foster parents or in a group home <input type="checkbox"/> Homeless <input type="checkbox"/> No response		
<i>Total Number of People in Household, including participant:</i>		
This Section for Internal Records Only Not in eNDMS		
<i>Name of Head of Household</i>		<i>Relationship to Student</i>
<i>Number of Minors</i>	<i>Number of Adults</i>	<i>Number of Employed Adults</i>

Mother's/First Parent's Education		Father's/Second Parent's Education	
<input type="checkbox"/>	Less than high school diploma	<input type="checkbox"/>	
<input type="checkbox"/>	High school diploma or equivalent (ex: GED) - no college	<input type="checkbox"/>	
<input type="checkbox"/>	Some college or postsecondary education	<input type="checkbox"/>	
<input type="checkbox"/>	Completed college	<input type="checkbox"/>	
<input type="checkbox"/>	Unsure (only if participant cannot obtain info)	<input type="checkbox"/>	
<input type="checkbox"/>	No response	<input type="checkbox"/>	
If you live with your Mother/First Parent, is he/she currently employed?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not live with Mother/First Parent <input type="checkbox"/> No response			
If you live with your Father/Second Parent, is he/she currently employed?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not live with Mother/First Parent <input type="checkbox"/> No response			

Free/Subsidized Lunch

- Eligible for Free Lunch
- Eligible for Subsidized Lunch
- Not eligible
- Information not available
- No response

Academic Records (obtain from school records)

Cumulative GPA:

--

Absences Last School Year:

--

Credits toward HS Grad:

--

Credits required for HS Grad:

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THIS SECTION CONFIDENTIAL - FOR DATA TRACKING ONLY

Government Assistance (mark all that apply)

- Welfare (TANF)
- Public Assistance
- Supplemental Security Income
- Other cash income from the government not including retirement benefits
- No government assistance

Class Standing (from school records)

- Top 25%
- Middle 50%
- Bottom 25%

*Out-of-School Section in eNDMS
N/A during interview*

Barriers

(mark all that apply)

<input type="checkbox"/> A1	One or more modal grades behind peers <i>Number of grades: _____</i>
<input type="checkbox"/> A2	Has repeated a grade in school
<input type="checkbox"/> A3	Low academic performance (<i>2.0 or below</i>)
<input type="checkbox"/> A4	Basic skills deficient (reading and math in particular)
<input type="checkbox"/> A5	Limited English proficiency
<input type="checkbox"/> A6	Did not pass the state proficiency exam (<i>mark all that apply</i>) <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Other
<input type="checkbox"/> A7	A past record of excessive absences as verified by school officials
<input type="checkbox"/> A8	Has been suspended, expelled, or put on probation during high school <i>If yes, ask for the story; it can help identify other barriers without directly asking.</i>
<input type="checkbox"/> A9	Has dropped out of school previously High School Attended: _____ Last Grade Level Completed: _____
<input type="checkbox"/> E1	Family Environment not conducive to education or career goals <i>Mark if parents did not graduate from high school or are unemployed.</i>
<input type="checkbox"/> E2	Mother did not graduate from high school
<input type="checkbox"/> E3	Father did not graduate from high school
<input type="checkbox"/> E4	Mother does not work
<input type="checkbox"/> E5	Father does not work
<input type="checkbox"/> E6	Is pregnant Due Date: _____ <i>Send due date to regional manager for internal tracking; be sure to update this barrier at the appropriate time, which may include marking E7, E8, and E14.</i>
<input type="checkbox"/> E7	Has dependent child(ren) in the home <i>Mark E8 if E7 is true</i>
<input type="checkbox"/> E8	Is parenting <i>Mark E7 if E8 is true</i>
<input type="checkbox"/> E9	Has documented alcohol and/or substance abuse
<input type="checkbox"/> E10	Convicted of a criminal offense other than a traffic violation Offense: _____

Barriers - continued

(mark all that apply)

<input type="checkbox"/> E11	Has a record of violent behavior <i>Avoid asking directly, A8 may lead to an answer.</i>
<input type="checkbox"/> E12	Homeless (<i>with or without parents</i>) Number of residences in past year: _____ <i>Suggested question: Do you move a lot? Do you & the people you live with have your own place?</i>
<input type="checkbox"/> E13	Runaway <i>Suggested question: Have you ever run away?</i>
<input type="checkbox"/> E14	Requires child care during work or school <i>Mark yes if E7 and E8 are true</i>
<input type="checkbox"/> E15	Needs transportation to and from work or school <i>Mark yes if student does not have their own car</i>
<input type="checkbox"/> E16	Foster Care Number of placements in past year: _____
<input type="checkbox"/> E17	Child of Incarcerated Parent <i>Suggestion question: Is one of your biological (or step) parents (or guardian) incarcerated?</i>
<input type="checkbox"/> E18	Child of Migrant Worker
<input type="checkbox"/> E19	Parent(s) currently or formerly in the military (Use to ID a military engaged student)

JAG KY does not use LEAP**Do Not Mark Any L Barriers**

<input type="checkbox"/> O1	Other Explain: _____ <i>Mark "Other" for Previous Foster Care or Relative Care (indicate on explain line)</i>
<input type="checkbox"/> P1	Special Education Certified – IEP, IBP, behavioral plan, etc. <i>Documentation must be on record with the school</i>
<input type="checkbox"/> P2	Lacks motivation or maturity to pursue education or career goals
<input type="checkbox"/> P3	Emotional disorder which impairs education or career goals <i>Diagnosis not required</i>
<input type="checkbox"/> P4	Has a <u>diagnosed</u> disability Disability: _____ <i>Check school records (504 plan, note from doctor, etc.)</i>
<input type="checkbox"/> P5	Health problems which impair education or career goals
<input type="checkbox"/> W1	Economically disadvantaged as defined by public assistance, TANF, or free lunch
<input type="checkbox"/> W2	Having inadequate or no work experience
<input type="checkbox"/> W3	Lacks marketable occupational skills that are in demand in the local labor market

Parent Consent Form

This is a parental consent form designed to inform you and request your permission for your student's Medicaid insurance information. The purpose of this form is to determine eligibility with Medicaid for JAG KY's billing purposes for services provided.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, insurance identification number, residential addresses, e-mail address, and phone numbers. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time.

By signing this form, you consent to our use and disclosure of your personal information to Medicaid for eligibility and billing purposes. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By signing this form, I understand that:

- I give consent to JAG KY to obtain my student's Medicaid Insurance information for the purpose of Eligibility and Billing for Medicaid services provided by JAG KY
- JAG KY reserves the right to change the privacy policy as allowed by law.
- JAG KY has the right to restrict the use of the information, but JAG KY does not have to agree to those restrictions.
- I have the right to revoke this consent in writing at any time and all full disclosures will then cease.

Full Name of Student: _____ Date of Birth: _____

Select MCO: Aetna Better Health Anthem Humana CareSource Passport Health WellCare

Medicaid Subscriber/Member ID: _____ School Name: _____

This consent was signed by: _____
(PRINT NAME PLEASE)

Signature: _____ Date: _____

Witness: _____ Date: _____

FERPA CONSENT TO RELEASE STUDENT MEDICAID INFORMATION TO:

(Jobs for America's Graduates, KY)

I _____ give consent to JAG KY to obtain my student's Medicaid Insurance information for the purpose of Eligibility and Billing for Medicaid services provided by JAG KY.

By signing this form, I understand that:

- I give consent to JAG KY to obtain my student's Medicaid Insurance information for the purpose of Eligibility and Billing for Medicaid services provided by JAG KY
- JAG KY reserves the right to change the privacy policy as allowed by law.
- JAG KY has the right to restrict the use of the information, but JAG KY does not have to agree to those restrictions.
- I have the right to revoke this consent in writing at any time and all full disclosures will then cease.

Full Name of Student: _____ Date of Birth: _____

Select MCO: Aetna Better Health Anthem Humana CareSource Passport Health WellCare

Medicaid Subscriber/Member ID: _____ School Name: _____

This consent was signed by: _____
(PRINT NAME PLEASE)

Signature: _____ Date: _____

Witness: _____ Date: _____

Authorization for Insurance & Education Information

Patient/Student Name: _____ Date of Birth: _____

I hereby authorize JAG KY to exchange health and education information/ records for the purpose listed below

The information to be disclosed consists of:

Student Name: _____ Date of Birth: _____

Home Address: _____

Insurance name (MCO): _____ Subscriber/Member ID: _____

This information will be used for the following purpose(s):

1. Educational evaluation and program planning
2. Assessment and planning for JAG KY competencies in school.
3. To determine Medicaid eligibility for JAG KY program

4. Other: _____

Authorization This authorization is valid for one calendar year. It will expire on _____. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

*If a minor student is authorized to consent to medical insurance information without parental consent under federal or state law, only the student shall sign this authorization form.