



Northern Nevada R.A.V.E. Family Foundation

Parent or Guardian Name(s): _____

Preferred Phone: _____ Alternate Phone: _____

E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

What is your family's primary language?: **ENGLISH SPANISH OTHER:** _____

Marital status: **S M D W** Female Head of Household: **Yes** or **No** Are you a student?: **Yes** or **No**

Are you a foster family?: **Yes** or **No** Are you an adoptive family?: **Yes** or **No**

Are you currently adopting a child(ren)?: **Yes** or **No** If so, whom?: _____

The monthly income in your home is \$_____, and supports _____ members in your household. This income includes any benefits or public assistance. (NOTE: This information is MANDATORY for the NNRFF to collect, but is used only for demographic purposes. You may be asked to supply verification of income should any granting agencies request such documentation.)

Who (or which agency) referred your family to RAVE? _____

Individuals living in the home by age group (including yourself)

Number of children: 0-3 _____ 4-17 _____ Number of adults: 18-55 _____ 56+ _____

Number of individuals with a disability living in the home by age group (including yourself)

Number of children: 0-3 _____ 4-17 _____ Number of adults: 18-55 _____ 56+ _____

Please list **everyone** in your household including yourself, your spouse, and all the children in your home. Provide the date of birth, circle each gender and ethnicity, and list disability for each if applicable:

First & Last Name	DOB	Gender	Disability/Special Healthcare Need	Ethnicity (Please circle)
1.	/ /	M/F		African American, Native American Caucasian, Asian, Hispanic, Multi-Racial
2.	/ /	M/F		African American, Native American Caucasian, Asian, Hispanic, Multi-Racial
3.	/ /	M/F		African American, Native American Caucasian, Asian, Hispanic, Multi-Racial
4.	/ /	M/F		African American, Native American Caucasian, Asian, Hispanic, Multi-Racial
5.	/ /	M/F		African American, Native American Caucasian, Asian, Hispanic, Multi-Racial
6.	/ /	M/F		African American, Native American Caucasian, Asian, Hispanic, Multi-Racial
7.	/ /	M/F		African American, Native American Caucasian, Asian, Hispanic, Multi-Racial
8.	/ /	M/F		African American, Native American Caucasian, Asian, Hispanic, Multi-Racial

P.O. Box 2072 Sparks, Nevada 89432

kviehweg@nrff.org

Phone Number: (775) 787-3520

Intake #1: Complete this form per household



Northern Nevada R.A.V.E. Family Foundation

AGREEMENT made _____ between the Northern Nevada R.A.V.E.
(Date, Month, Year)

Family Foundation (NNRFF), and _____
(Parent, Guardian, or Caseworker)

of _____,
(Street) (City) (State)

WHEREAS, the NNRFF has agreed with the PARENT/GUARDIAN to provide respite care services for the PARENT/GUARDIAN's child or ward, at a contracted NNRFF location.

NOW, THEREFORE, IN CONSIDERATION OF the above-described services, and other good and valuable consideration, receipt of which is hereby acknowledged, IT IS HEREBY AGREED:

PARENT/GUARDIAN, on behalf of his/herself and his/her child(ren) and/or ward and my spouse, expressly releases and discharges the NNRFF, its employees, officers, and directors, of and from every claim, demand, action or right of action, of whatever kind or nature, either in law or in equity, and agrees not to sue in law or equity, for any claim, demand, action or right of action arising from or by reason of any injury known or unknown, death or damage resulting from its employees' services in providing to the child(ren) including negligence, except only for loss, harms, or injury occasioned by gross negligence or intentional misconduct by NNRFF, its employees, officers, and directors.

(name of child[ren])

Additionally, I hereby certify that I have read and understand the RAVE Family Center Policies & Procedures. I agree to abide by the guidelines and provisions set forth. I understand that services at the RAVE Family Center are contingent upon abiding by the policies and procedures contained within the Policies & Procedures Manual. I understand that by not including all of the required documents, my application will be denied, and held, until all of the paperwork is complete.

BY _____ Date _____
(Parent/Guardian/Caseworker)

BY _____ Date _____
(Parent/Guardian)

***Foster families need caseworker's signature and must include a copy of your current foster family license and legal documentation of guardianship.**

The information provided above for each statement is true and accurate to the best of my knowledge.

Dated this _____ of _____, 20____ at _____,
Nevada.
(Date) (Month) (Year) (City)

Signature: _____
Relationship to child: _____

***Foster families need a caseworker's signature and must include a current copy of your foster family license and legal documentation of guardianship.**

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Consent is granted by this form to disclose or release sensitive information which is protected by the Privacy Act to the Early Education and Care Department, the Children's Cabinet Inc., and to appropriate Federal, State, and Local Agencies when relevant. This Authorization includes, and is not limited to, income, general information, employment information, and education information.

Parent/Guardian Signature: _____ Date: _____

Photo and Video Consent and Release: Initial HERE to agree to understanding

I hereby assign and transfer to the Northern Nevada R.A.V.E. Family Foundation (NNRFF), the right to use and publish my and/or my child's likeness, photo, picture(s), video, or name, whether in original form or as edited or altered at the sole discretion of the NNRFF. I understand that the pictures, video, and information used is only in association with the NNRFF, for any commercial or non-commercial lawful purpose in any type of media including, but not limited to: television, print, video, webpage, and social media. I further represent, unless otherwise indicated below, that I am of legal age and have the legal capacity to bind myself and/or my child hereunto.

If you do not consent to video and photo initial HERE to alert NNRFF

Pick Up Procedure authorized by parent/caregiver

Who is authorized to pick up your child?: _____

Is there anyone NOT authorized to pick up your child?: _____

Your child's primary physician:

(Name)

(Address) (Phone)

What is your hospital preference?: _____

Pertinent health insurance information:

(Name of Insurance Company)

(ID Number) (Group number)

If joint legal custody, please list other parent:

(Name) (Phone)

Emergency contact: _____
(Name) (Phone)

Do you have any other special instructions for medical emergency staff? _____

In the event of a medical emergency, what special procedures would you request be followed?

Covid-19 Acknowledgment and Disclosure: RAVE Family

The Northern Nevada RAVE Family Foundation will be taking extreme caution when reopening the RAVE respite centers. Keeping the children, volunteers, and staff safe and healthy will be our number one priority. We will be asking each individual family to be mindful when preparing to attend a RAVE session and to follow all policies and procedures directed by RAVE staff. We are eager to provide you with the respite you need. Should you need to cancel a scheduled session we will do our best to get you rescheduled in a timely manner. If you are in need of immediate respite or additional assistance, please contact Tiffany Marrone at 775-787-3520, tmarrone@nrff.org.

1. I understand that during the Covid-19 Pandemic parents/guardians, children under the age of 2, or children who have compromised immune systems will NOT be permitted to enter the building and are being asked to remain in their cars during drop off and pick up. I understand that checking my child(ren) in and out of the center will be a curb side service and will be done as quickly and efficiently as possible. I will have patience with the RAVE staff.
2. I understand that to enter the center my child(ren) must be free from Covid-19 symptoms. If my child becomes sick while at RAVE, he/she will be removed from the group immediately and placed in the designated sick room until a parent, legal guardian, or someone from the child's pick-up list comes to get them.
 - Fever of 100.4 degrees Fahrenheit or higher
 - Dry cough
 - Shortness of breath
 - Chills
 - Loss of taste or smell
 - Sore throat
 - Muscle aches
 - Other flu like symptoms.

While RAVE understands that many of these symptoms can also be related to non-COVID-19 allergies and illnesses we must proceed with extreme caution during this time. These symptoms typically appear 2-7 days after being infected. Your child(ren) will need to be symptom free without any mediations for 72 hours before returning to the center.

3. I understand the new Check-In policy and procedure.
 - A designated RAVE Staff member will ask a series of screening questions to the parent/guardian.
 - A visual inspection will be done on each child for signs of illness, which could include flushed cheeks, rapid or difficulty breathing, fatigue, runny nose, cough, or extreme fussiness.
 - Each child will have his/her temperature checked before entering the center.

I understand that if my child is running a temp of 100.4 degrees Fahrenheit or higher or appears to be sick, none of the children in the same household will be permitted to attend the session. Children must be symptom free without any mediations for 72 hours before returning to the center.

4. I will notify RAVE immediately if I become aware of any person with whom my child or I have had contact with who has been advised to self-isolate, quarantine, or has tested positive, or is presumed positive for Covid-19.
5. I understand that while at the RAVE Center my child(ren) will be in contact with other children, youth volunteers, and RAVE staff who are also at risk of community exposure. I understand that no list of

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restrictions, guidelines or practices will remove 100% of the risk of exposure to Covid-19 as the virus can be transmitted by persons who are asymptomatic or before showing signs of infection. I understand that I play a crucial role in keeping everyone at the center safe and reducing the risk of exposure by following the policies provided.

I _____ certify I have received, read, understand and agree to comply with the new Covid-19 Family Policy. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by the Northern Nevada RAVE Family Foundation could result in termination of services.

NOW, THEREFORE, IN CONSIDERATION OF the respite care services provided, and other good and valuable consideration, receipt of which is hereby acknowledged, IT IS HEREBY AGREED:

PARENT/GUARDIAN, on behalf of his/herself and his/her child(ren) and/or ward and my spouse, expressly releases and discharges the Northern Nevada RAVE Family Foundation, its employees, officers, and directors, of and from every claim, demand, action or right of action, of whatever kind or nature, either in law or in equity, and agrees not to sue in law or equity, for any claim, demand, action or right of action arising from or by reason of any injury known or unknown, illness, death or damage resulting from its employees' services in providing to the child(ren) including negligence, except only for loss, harms, or injury occasioned by gross negligence or intentional misconduct by the Northern Nevada RAVE Family Foundation, its employees, officers, and directors.

Parent Signature: _____

Date: _____

Child

Name: _____

Child

Name: _____

Child

Name: _____

Child

Name: _____

Child

Name: _____

RAVE Management Signature: _____

Date: _____