Urban Beats Guidelines

Urban Beats is a community, so we ask that everyone take an active role in leaving the facility better than you found it. Please make sure that we keep our environment clean and functional so we can continue to provide an enjoyable space to gather and create.

Urban Beats is a drug and alcohol free environment. The Urban Beats community does not allow intoxication, possession of drugs, and/or substance abuse in or around the premises. Smoking nicotine is ONLY allowed outside of the building in the designated smoking area(s).

Any individual or group discussions at Urban Beats are considered confidential. Please be respectful of peers and staff as we share our stories. We want to keep Urban Beats a safe and healthy space where everyone feels comfortable expressing themselves.

Urban Beats believes that respect is at the foundation of all that we do, please be mindful to respect the personal boundaries of others. We do not tolerate threatening behavior, violence or sexual harassment at Urban Beats.

Please make sure the conversations and all media accessed at Urban Beats are empowering and appropriate. Topics such as pornography, gang experiences, violence, drug and/or alcohol use are not acceptable, keep it classy!

We work hard to make sure that there are supplies available to use for the program, please do not remove items from the building without permission from a staff member.

I agree to follow the Urban Beats Code of Conduct as stated above. I understand that failure to respect the guidelines above will result in Urban Beats intervention. This may include, but are not limited to, a behavior contract, possible suspension, community service hours, or cancellation of membership at Urban Beats, depending on the severity of my behavior.

Participant Signature
Date

Staff Signature
Date

6/21/2018
Participant Information Form

1. First Name: ____________________________      MI: _____      Last: ____________________________

2. What is your date of birth? (MM/DD/YYYY)
   ____/____/_______
   ○ Unknown/Not Reported

3. What city/zip code do you primarily stay in?
   City: _______________________      OR      Zip Code _______________

4. What is your Phone Number? (___) ____-_____      Type of Phone   ○ Cell ○ Home ○ Work

5. Areas of Interest (pick your top five art forms and rate them from 5-1, where 5 is your top choice, 4 is your next choice, etc.):
   _____Dancing        _____Cooking        _____Beautician/Barber
   _____Singing        _____Rapping        _____Graphic Design
   _____Fashion        _____Make-up        _____Spoken Word/Poetry
   _____Acting         _____Directing       _____Photography
   _____Drawing        _____Painting       _____Social Media
   _____Other: ____________________________________________

6. What is the highest level of education you completed? (Please mark only one)
   ○ No formal education
   ○ No high school diploma / No GED
   ○ GED coursework
   ○ High school diploma / GED
   ○ Some college / Some technical or vocational
   ○ Associate’s degree (e.g., A.A., A.S) / Technical or vocational degree
   ○ Bachelor’s Degree (e.g., B.A., B.S.)
   ○ Master’s Degree (e.g., M.A., M.S.)
   ○ Doctoral Degree (e.g., M.D, Ph.D.)
   ○ Prefer not to answer
7. **What is your primary language?**
   - [ ] American Sign Language
   - [ ] Amharic
   - [ ] Arabic
   - [ ] Armenian
   - [ ] Cambodian
   - [ ] Cantonese
   - [ ] English
   - [ ] Farsi
   - [ ] French
   - [ ] Hebrew
   - [ ] Hmong
   - [ ] Ilocano
   - [ ] Italian
   - [ ] Japanese
   - [ ] Korean
   - [ ] Lao
   - [ ] Mandarin
   - [ ] Mien
   - [ ] Polish
   - [ ] Portuguese
   - [ ] Russian
   - [ ] Samoan
   - [ ] Somali
   - [ ] Spanish
   - [ ] Swahili
   - [ ] Tagalog
   - [ ] Thai
   - [ ] Tigrinya
   - [ ] Turkish
   - [ ] Vietnamese
   - [ ] Other Chinese Dialects
   - [ ] Other Non-English
   - [ ] Other Sign Language
   - [ ] Other: __________
   - [ ] Prefer not to answer

8. **What is your military status?**
   - [ ] Never served in the military
   - [ ] Currently active duty
   - [ ] Currently reserve duty or National Guard
   - [ ] Previously served in the US military and received honorable or general discharge
   - [ ] Previously served in the US military and received entry-level separation or other than honorable discharge
   - [ ] Served in another country’s military
   - [ ] Other: __________
   - [ ] Prefer not to answer

9. **What is your race/ethnicity?** Please select all that apply.
   - [ ] African /Black
     - [ ] African American
     - [ ] African (specify): __________
     - [ ] Other African/Black (specify): __________
   - [ ] Asian
     - [ ] Asian Indian/South Asian
     - [ ] Cambodian
     - [ ] Chinese
     - [ ] Filipino
     - [ ] Hmong
     - [ ] Japanese
     - [ ] Korean
     - [ ] Laotian
     - [ ] Mien
     - [ ] Vietnamese
     - [ ] Other Asian (specify): __________
   - [ ] Pacific Islander
     - [ ] Native Hawaiian
     - [ ] Samoan
     - [ ] Other Pacific Islander (specify): __________
   - [ ] American Indian/ Alaskan Native
     - [ ] American Indian (specify): __________
   - [ ] Hispanic/Latino
     - [ ] Caribbean
     - [ ] Central American
     - [ ] Cuban
     - [ ] Dominican
     - [ ] Mexican/Mexican-American/Chicano
     - [ ] Puerto Rican
     - [ ] Salvadoran
     - [ ] South American
     - [ ] Other Hispanic/Latino (specify): __________
   - [ ] White/Caucasian
     - [ ] Chaldean
     - [ ] Eastern European
     - [ ] European
     - [ ] Iraqi
     - [ ] Middle Eastern
     - [ ] Other White/Caucasian (specify): __________
   - [ ] Other (specify): __________
   - [ ] Prefer not to answer

10. **What is your gender identity?** Select one that best describes you.
    - [ ] Male
    - [ ] Female
    - [ ] Transgender male/trans man
    - [ ] Transgender female/trans woman
    - [ ] Genderqueer/gender non-conforming
    - [ ] Questioning/unsure of gender identity
    - [ ] Another gender identity: __________
    - [ ] Prefer not to answer
11. What sex were you assigned on your original birth certificate?
- Male
- Female
- Other: ______________
- Prefer not to answer

12. What is your sexual orientation? Select one that best describes you.
- Heterosexual or straight
- Gay or lesbian
- Bisexual/pansexual/sexually fluid
- Queer
- Questioning/unsure of sexual orientation
- Another sexual orientation: ___________
- Prefer not to answer

13. Do you have any disability? If yes, please select all that apply. (A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.)
- No, I do not have any of these disabilities
- Difficulty seeing
- Difficulty hearing or having speech understood
- Other communication disability: ___________
- Learning disability
- Developmental disability
- Dementia
- Other mental disability not related to mental illness: ______________
- Physical/mobility disability
- Chronic health condition/chronic pain
- Other: _______________________
- Prefer not to answer

14. Have you experienced traumatic events?
- Yes
- No
- Prefer not to answer

If “Yes”, how much do you feel these experiences still bother or affect your life today in anyway?
- Not at all
- Not very much
- To some extent
- A large extent
- Very much
- Prefer not to answer

15. Which statement best describes your current living situation? Select one.
- With one or both biological or adoptive parents
- With adult family member(s) other than parents (long-term, non-foster care)
- In an apartment or house and contributing to rent or mortgage payments
- Foster family home
- Group home
- Residential treatment program
- Homeless, unsheltered (living on the streets, camping outdoors, or living in cars or abandoned buildings)
- Homeless, sheltered (staying in emergency shelters or transitional housing)
- Homeless, doubled-up (staying with friends or family temporarily)
- Other: ___________________________
- Prefer not to answer
URBAN BEATS WAIVERS AND RELEASE

The undersigned participant (or participant’s responsible party) consents to and authorizes URBAN BEATS to:

CONSENT TO PHOTOGRAPH/AUDIO – RECORD

Initial Below

____ photograph (which, as used in this consent means motion picture, still photography in any form, videotapes, or any other mechanical means of recording and reproducing images).

____ audio record

____ I agree that photographs/audio recordings made as a result of this consent will be used only by employees of Urban Beats for:

   Educating, training, publication, public relations, and/or fund raising as specified: ________________

   _______________________________. Except for these limitations: ________________________________
   ________________________________.

____ Waive any right to compensation for use of the photographs/audio recordings;

____ Hold Urban Beats harmless from and against any claim of injury or compensation resulting from the activities authorized by this consent;

____ I understand this consent remains valid unless the adult participant or legal responsible party (parent, guardian, etc.) withdraws his/her consent in writing, but that a new consent will be required for any purpose other than that stated above.

CONSENT TO PHOTOGRAPH/AUDIO/ARTWORK – MEDIA SITES

I have initialed below next to my preferences concerning how pictures of me, my personal writings and artwork will appear on the Urban Beats Media Sites.

____ I am willing to allow my art (poems, writings or any other form of art) that I submit to the Urban Beats Council to be posted on the Urban Beats media sites (including, but not limited to the Urban Beats Twitter, Facebook, Instagram, and website.)

____ I prefer for my art (poems, writings or any other form of art) to be posted anonymously.

____ I am willing to allow pictures to be taken of me at Urban Beats activities, outings, or within the clubhouse to be posted on the Urban Beats media sites (including, but not limited to the Urban Beats Twitter, Facebook, Instagram, and website.).

____ I prefer for my pictures to be posted anonymously.

____ I understand that the website is a public representation of Urban Beats, and that at any time I may request for my writings/pictures to be removed from the media sites.

<table>
<thead>
<tr>
<th>Participant Printed Name</th>
<th>Participant Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Party’s Printed Name (If under 18 years old)</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

6/21/2018
Activity Waiver/Consent Form

I, ______________________ (participant name), am a willing participant in any and all activities/outings that Urban Beats offers.

I release from liability Urban Beats, and any of its employees. This release is for any and all liability for personal injuries, illness, property losses or damages to property, in connection with any activity or accommodations for this event. I agree to not have any drug paraphernalia on me nor be under the influence of any substance while on Urban Beats sponsored outings. I will attend the whole length of the activity. I also acknowledge that during this outing I will not participate in any type of aggressive behavior. Further, by signing this form, I agree to follow all the rules and expectations set forth by the staff Urban Beats.

Health & Fitness Liability Waiver/Informed Consent Form

_____________________________, have enrolled in the health and fitness program offered through URBAN BEATS. I recognize that there may be strenuous physical activity including, but not limited to, muscle strength and endurance training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by Urban Beats. In consideration of my participation in this program, I hereby release Urban Beats and all its employees from any claims, demands, and causes of action as a result of my voluntary participation and enrollment. I agree to not have any drug paraphernalia on me nor be under the influence of any substances while participating at the Urban Beats.

I fully understand that physical injury is possible as a result in my enrollment and subsequent participation in this program and I hereby release Urban Beats and its employees from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat exhaustion, knee injuries, foot injuries, or any other illness or soreness that I may incur, including serious injury.

In case of emergency please contact,

__________________________ at ____________________ who is my ________________.
First and Last Name Phone Number Relationship

__________________________ at ____________________ who is my ________________.
First and Last Name Phone Number Relationship

I HERBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS

__________________________________          _________________________
Participant Printed Name  Participant Signature  Date

__________________________________ _________________________
Responsible Party’s Printed Name  Signature  Date

(If under 18 years old)
URBAN BEATS WELLNESS CHECK-IN

This is not a test! There are no wrong answers. Your responses will be used to improve the Urban Beats program. Your responses and identity will not be released publicly. If any question makes you feel uncomfortable, you may leave it blank.

1. Have you participated in any of the following services or programs, or gone to any of these places in the past month? (Select all that apply by marking an “x” on the box)
   - Peer-Run Clubhouse or ‘drop in’ program (such as Oasis Clubhouse or TAY Academy)
   - Full Service Partnership Program / Assertive Community Treatment Program (such as Catalyst)
   - Outpatient clinic (such as Sharp Mesa Vista, Heartland Center)
   - Inpatient services (such as Alpine)
   - Primary Care clinic (such as your primary care physician or Family Health Centers of San Diego)
   - Drug and/or alcohol services (Detox, rehab at Volunteers of America, Crash or restoration ranch)
   - School counseling
   - Helplines (such as NAMI or 211)
   - Others - please write their names here: ________________________________

   If you checked any of the above, please list your current or recent providers or programs:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   _______________________  _________________________  ______________________  ______________________  ______________________

   □ None

Please complete the following questions about your health and activities.
Select one answer for each question and mark the appropriate circle with your answer.

<table>
<thead>
<tr>
<th>Question</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. In general, would you say your health is:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. In general, how would you rate your mental health, including your mood and your ability to think?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. In general, how would you rate your satisfaction with your social activities and relationships?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised 4/23/2018
For each of the following statements, fill in the answer that is true for you now. Select one answer for each statement and mark the appropriate circle with your answer.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. I have at least one close mutual (give-and-take) relationship.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>6. I am involved in meaningful, productive activities.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>7. I have enough income to meet my needs.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>8. I am using my personal strengths, skills, or talents.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>9. I have goals I’m working to achieve.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>10. I contribute to my community.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>11. I have a sense of belonging.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>12. I feel hopeful about my future.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>13. I treat myself with respect.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>14. I am able to deal with stress (i.e., deal with daily problems).</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>15. I believe I can make positive changes in my life.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

For each of the following statements, fill in the answer that is true for you now. Select one answer for each statement and mark the appropriate circle with your answer.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Professional mental health services can effectively improve mental health.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>17. I would feel comfortable talking to a mental health professional.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>18. I would seek help from my family and friends, before seeking help from a mental health professional.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

For each of the following statements, fill in the answer that is true for you now. Please mark the appropriate circle with your answer.

19. What is your current work status? *(Please mark all that apply)*

- [ ] Full-time work (35 or more hours per week)
- [ ] Part-time work (less than 35 hours per week)
- [ ] Volunteering (unpaid)
- [ ] Paid internship
- [ ] Seeking employment
- [ ] Unpaid internship
- [ ] Not employed
- [ ] Student
- [ ] In a work training program
- [ ] Student
How often did you do the following activities during the past month? Select one answer for each statement and mark the appropriate circle with your answer.

<table>
<thead>
<tr>
<th></th>
<th>5 or more times</th>
<th>3 or 4 times</th>
<th>1 or 2 times</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Talked with someone about possible paid or unpaid work experience.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>21. Volunteered in the community.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>22. Talked with others about their careers and the path they took to get there.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>23. Attended classes or trainings to improve your self-sufficiency/independence.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>24. Asked for help with a job application, resume or informational interview.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>25. Visited a clubhouse or peer support program</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

This is the end of the Wellness Check-In.

Thank you!
INFORMED CONSENT

General Consent
In accordance with existing law, the nature and purpose of the proposed evaluation and services have been discussed and explained to me and I understand the risks involved. I consent to and authorize the following procedures necessary for my health and well-being:

Your services may include some or all of the following:

- Interview with Participant
- Consultation with previous providers (pending consent)
- Assessment
- Case management services
- Review of available records
- Mental Health Services
- Consultation with current care providers
- Medication Management Services

Other____________________________________________________________________________________________

PSYCHOLOGICAL SERVICES
Psychotherapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your mental health worker, have corresponding responsibilities to you. These rights and responsibilities are described in the following section.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Psychotherapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

If you are unhappy with what is happening with your services, we hope you will talk with us so that we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that we refer you to another provider and are free to end services at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of services and about our specific training and experience. You have the right to expect that we will not have social or sexual relationships with clients or with former clients.

☐ You have my permission to contact me up to one year post-discharge for purposes of follow-up. _______________

☐ I permit PCS/CCS to send me courtesy reminder texts to my cell phone on the morning prior to my appointments. I understand that PCS/CCS will not be held responsible for texting charges my carrier may charge me. Please note, if at any time your cell phone number changes, it is your responsibility to notify PCS / CCS of your new phone number.

Text Message Phone Number: ________________

☐ I do not wish to receive texts from PCS/CCS reminding me of my appointments.

_________________________________________  ____________________
Participant’s Signature          Date Signed

_________________________________________  ____________________
Responsible Party’s Signature (if applicable)          Date Signed

_________________________________________  ____________________
Provider’s Signature          Date Signed

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PATHWAYS COMMUNITY SERVICES

AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

YOU HAVE THE RIGHT TO RECEIVE A COMPLETED COPY OF THIS FORM. PHOTOCOPY/FAX COPY MAY BE USED AS ORIGINAL.

NOTE TO CLIENT: A FEE MAY APPLY TO THIS REQUEST FOR RECORDS.

CLIENT(PATIENT) INFORMATION:

1 NAME: ___________________________________________ ___________________________________________
   Last    First    MI

2 AKA: __________________________________________

3 SSN: _________________________________________  4 BIRTHDATE: ____________________________

I, the undersigned, hereby authorize the ■ Disclosure  ■ Exchange  □ Request of the following Protected Health Information (PHI):

8 PHI From:
   Pathways Community Services Urban Beats
   8A Name of Facility Producing Records
   3330 Market St
   8B Street Address/Mailing Address
   San Diego CA 92102
   8C City, State, Zip

 ■ Disclose PHI to:
   Pathways Oasis Clubhouse
   9A Person/Agency
   3330 Market St Suite C  (858) 300-0470
   9B Street Address
   San Diego CA 92102
   9C Phone Number
   9D City, State, Zip

An authorization to disclose PHI is voluntary. Treatment, payment or eligibility for benefits will not be affected if you do not sign this authorization.

Redisclosure of a person’s PHI is prohibited without the specific written authorization of that person or as otherwise permitted by state or federal law.

Information disclosed pursuant to this authorization may be disclosed by the recipient and no longer be protected by California or federal law.

PHI TO BE DISCLOSED: (Please initial all that apply and identify clinic and time period as necessary.)

10 Summary of PHI
11 Mental Health PHI / Psychotherapy Notes
   Clinic where treated and when:
12 Alcohol/Substance Abuse Treatment PHI
   Clinic where treated and when:
   12A Urine Tests
   12B Progress in Treatment
   12C Dates of Attendance
13 Medical Record PHI
   Clinic where treated and when:
   13A California Children’s Services
   13B Pulmonary/TB
   13C Lab/Test Results
   13D STD Treatment
   13E Child Health/Immunization Records
   13F Maternal Health
   13G Dental Care
   13H X-ray of _______________
   13H1 Results
   13H2 Films
   13I Other ______________

15 PURPOSE OF THE DISCLOSURE OF PHI: (e.g., The request of the Individual, continuity of care, attorney access, court case, insurance, disability, etc.)

16 UNLESS OTHERWISE REVOKED IN WRITING, THIS AUTHORIZATION EXPIRES ON:
   ■ Completion of this request (one time disclosure).
   □ Six Months from signature date below.
   □ Expires as specified: One year from date of signature below

You may revoke this authorization in writing at any time by sending a written notice to your care coordinator.

The authorization will stop on the date received, except if action has been taken in reliance on it.

17 TODAY’S DATE: _______________  18 SIGNATURE: _______________

19 PRINTED NAME: ___________________________  20 RELATIONSHIP: ___________________________

COMPLETE ADDRESS: ___________________________________________ ___________________________________________
   Street Address    City    State    Zip Code

21 TELEPHONE #: ( )

NOTE TO CLIENT: A FEE MAY APPLY TO THIS REQUEST FOR RECORDS.