



**UNITY  
CENTER**

**KIDS IN SEARCH OF  
SUCCESS**

**K.I.S.S. PROGRAM**

---







**Client Management Service Plan**

File # \_\_\_\_\_

Date \_\_\_\_\_

Client(s) Name: \_\_\_\_\_

KISS Staff: \_\_\_\_\_

Client Difficulty/Barriers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Objective: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Objective and Strategies to be implemented: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client(s) Participation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Client Session Log

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Staff: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Staff: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Staff: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Staff: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Staff: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---



## Unity Center (K.I.S.S. Program)

Dear Parent/Guardian & Client,

Thank you for contacting K.I.S.S. We are committed and dedicated to helping your student. We know that this packet will take a moment to fill out, but we ask that you read it all and please feel it out. Remember, this program is voluntary by all parties.

When you have completed the information in this folder, we will go over the information and provide you with possible solutions and an action plan for your concerns.

Most often, your current concerns did not materialize overnight. Likewise, this is a process that will require time and sincere commitment and dedication on your part to achieve your goal of helping your student become a success.

If you have any questions during or after a session, feel free to contact us. It is our desire to provide you with the best support available.

Sincerely,

Curtis L. Kimbrough,

Unity Center, Executive Director

---



Client Enrollment Form

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

Time: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Race:  White  Black or African American and White  American Indian/Alaska Native and Black or African American  Asian and White  Other Multiple Race  Chose not to respond

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

How did you hear about our program?

\_\_\_\_\_

Please describe barriers or challenges the student is facing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list two people we may contact in case of emergency, injury, or illness.

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**FOR OFFICE USE ONLY** Completed by: \_\_\_\_\_ (Mentor/Staff)

Recv'd date: \_\_\_\_\_ Admin: \_\_\_\_\_

Electronic upload completed by and date: \_\_\_\_\_

\_\_\_\_\_



### Confidentiality Policy Statement

K.I.S.S. follows strict rules regarding the confidentiality of client records. If we need to share information about you and /or your family with other direct service agencies and professionals, we will ask for your consent in writing. This is completely voluntary. The information and reason for exchanging information will be discussed with you beforehand.

Information from client records is shared between K.I.S.S and others for the purpose of clinical supervision and program evaluation. Clinical supervision involves providing names, client demographic information and other agencies for planning and evaluation purposes. In such cases, K.I.S.S. is careful to ensure that client confidentiality is protected. Such information supplied to those agencies is held strictly confidential and available only to authorized users.

Occasionally, we need to share information with professional staff for training, education, supervision, referral and case management purposes.

I do not want K.I.S.S. to release any of my information to the following agencies:

---

---

---

I have read and understand the statements written above and have had the opportunity to ask questions.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date





### Client Action Plan

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Concerns:    Missing school    Behavior/Attitude    Drug participation    Low self-esteem

Other: \_\_\_\_\_    Other: \_\_\_\_\_

All of the above                  None of the above

#### Action Steps:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date