



(formerly *Filipinos for Affirmative Action*)

310 8th Street, Suite 306, Oakland, CA 94607 • 510/465-9876

31080 Union City Blvd., Suite 104, Union City, CA 94587 • 510/487-8552

[www.filipinos4justice.org](http://www.filipinos4justice.org)

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October 4, 2011

Dear Alvarado Middle School BATA Participant,

Welcome to Building Adults Through Awareness (BATA), a program of Filipino Advocates for Justice. I hope that your school year is off to a good start. I am really looking forward to working with you.

I am always working to improve our program, so I would like a lot of input and participation from you; you will only get what you put into it! I arranged discussions that are for both large and small groups. Various activities, workshops and guest speakers have been planned for all of you. I'll talk more about them in meetings ahead.

Unfortunately, space for this group is limited and there are a lot of students on the waiting list. So, *the first thing you need to do is to complete and return all the necessary paperwork.* Forms must be turned in order to participate in any activities. You may turn them in to our your counselor, Ms. Valladez-Santoyo (A-L) or Ms. Loth (M-Z).

I can meet with you individually so that we can get to know each other better and I can find out your needs or comments. It is important to see me to make an appointment.

I will regularly monitor your academic and attendance progress. If you're not doing well, let me know if I can help. Our rotating weekly meetings will be on Tuesdays. You will receive a pass telling you where and what time our meeting will be... please make sure you sign in every time to keep your attendance records updated.

As your youth counselor, I am here to offer confidential services, unless I believe you or others are in danger. At which time, I have to refer you to a supervisor. I'll try to make myself available to you on and off campus. You can reach me at the Filipino Advocates for Justice office at (510) 487-8552. If I am not there, you may leave a message. I check it regularly. Or you can E-mail me at [ccara@filipinos4justice.org](mailto:ccara@filipinos4justice.org).

Well, I think that about covers it all. One last thing...Keep an OPEN MIND! Be prepared to meet new people, learn new things, visit new places and have FUN! See ya at our next meeting.

Sincerely,

Christopher B. Cara  
Youth Counselor

092809/cbc



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## Building Adults Through Awareness (BATA)

The BATA Program is a self-esteem building project that focuses the students' attention away from drug use, violence and other non-constructive behavior to positive personal development through Filipino culture grounding and positive self-image. Its purpose is to encourage realistic goals and choices through interactive educational workshops, group discussions and recreational activities. Students will be encouraged to voice their own thoughts and feeling about issues that may affect their lives.

Filipino Advocates for Justice is proud to offer BATA at two schools: James Logan High School and Alvarado Middle School in Union City. For more information, please contact the BATA Youth Counselor.

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## Participation Consent Form

Student's Name: \_\_\_\_\_

I, \_\_\_\_\_, hereby give my permission to my child to

Parent/Guardian's Name

participate in Building Adults Through Awareness (BATA), a program of Filipino Advocates for Justice, and receive appropriate services. I understand that such services are confidential. All conditions of services have been explained to my satisfaction. I also give my permission to the program staff to access my child's academic and attendance report to monitor his/her progress. I agree to cooperate with Filipino Advocates for Justice to participate in any activities that may require my attendance.

In case of emergency or an injury, Filipino Advocates for Justice staff has my permission to provide the appropriate medical attention.

I understand that I may revoke this consent agreement at any time by contacting the BATA Youth Counselor.

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_



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## EMERGENCY INFORMATION

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Emergency Contact

Relationship

Allergies and Medications Used

Emergency Phone

Name of Family Physician

Physician's Phone

Health Insurance     Kaiser Permanente     Blue Cross     Medi-Cal     Unknown     No Insurance  
 Other (please specify): \_\_\_\_\_

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## FAMILY INFORMATION

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Father/Guardian's Name

Mother/Guardian's Name

Father's Ethnicity

Mother's Ethnicity

Year Father Arrived in U.S.

Year Mother Arrived in U.S.

Father's Birthplace

Mother's Birthplace

Father's Highest Grade Level

Mother's Highest Grade Level

Total Number of People Living in Household:

Position in Family  
(Oldest, Second Child, etc.)

*People Living with Participant:*

- |   |  |
|---|--|
| <input type="checkbox"/> Natural Mother   | <input type="checkbox"/> Participant's Child/Children      |
| <input type="checkbox"/> Natural Father   | <input type="checkbox"/> Boyfriend/Girlfriend              |
| <input type="checkbox"/> Stepmother       | <input type="checkbox"/> Living in Foster Family Home      |
| <input type="checkbox"/> Stepfather       | <input type="checkbox"/> Living in Community Care Facility |
| <input type="checkbox"/> Grandparent(s)   | <input type="checkbox"/> Living Alone                      |
| <input type="checkbox"/> Uncle/Aunt       | <input type="checkbox"/> Friends                           |
| <input type="checkbox"/> Sisters/Brothers | <input type="checkbox"/> Other: _____                      |

*Annual Household Income:*

- |  |  |
|--|--|
| <input type="checkbox"/> Under \$25,000      | <i>(This information is confidential but necessary for the funders of this program. Your cooperation is appreciated. Thank you.)</i> |
| <input type="checkbox"/> \$25,000 - \$49,999 |  |
| <input type="checkbox"/> \$50,000 - \$74,999 |  |
| <input type="checkbox"/> \$75,000 - \$99,999 |  |
| <input type="checkbox"/> \$100,000 +         |  |

*Risk Factors (check all that apply):*

- |   |  |
|---|--|
| <input type="checkbox"/> Already Abusing Alcohol, Tobacco or Other Drugs (ATOD) | <input type="checkbox"/> Major Health Ailments                 |
| <input type="checkbox"/> Child of Alcohol or Other Drug Abuser                  | <input type="checkbox"/> Physically Disabled or Chronic Pain   |
| <input type="checkbox"/> Cultural/Social Adjustment Difficulty                  | <input type="checkbox"/> Poor Academic Performance             |
| <input type="checkbox"/> Child of Inappropriate Parenting Skills                | <input type="checkbox"/> Post Traumatic Stress Disorder (PTSD) |
| <input type="checkbox"/> Eating Disorder  | <input type="checkbox"/> Recent Death of Family Member         |
| <input type="checkbox"/> Family Conflict  | <input type="checkbox"/> Runaway or Homeless                   |
| <input type="checkbox"/> Severe Emotional Problems                              | <input type="checkbox"/> School Behavioral Problems            |
| <input type="checkbox"/> Family with Severe Emotional Problems                  | <input type="checkbox"/> School Drop-Out                       |
| <input type="checkbox"/> Intergenerational Conflict                             | <input type="checkbox"/> School Truant                         |
| <input type="checkbox"/> Juvenile Offender                                      | <input type="checkbox"/> Suicidal Ideation/Suicidal Attempt    |
| <input type="checkbox"/> Lack of Cultural/Ethnic Identity                       | <input type="checkbox"/> Teen Parent/Teen Pregnancy            |
| <input type="checkbox"/> Learning Disability                                    | <input type="checkbox"/> Violent/Delinquent Behavior           |
| <input type="checkbox"/> Limited English Proficiency                            | <input type="checkbox"/> Victim of Emotional Abuse/Neglect     |
| <input type="checkbox"/> Lives in High-Crime Area                               | <input type="checkbox"/> Victim of Physical Abuse              |
| <input type="checkbox"/> Low Income Family/Economically Disadvantaged           | <input type="checkbox"/> Victim of Sexual Abuse                |
| <input type="checkbox"/> Low Self-Esteem  | <input type="checkbox"/> Other: _____                          |

Has participant ever received counseling services? Why?

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