



United Indian Health Services, Inc.

Potawot Health Village 1600 Weeot Way Arcata, CA 95521 (707) 825-5000 Fax (707) 825-5055

TAG Membership Profile

Instructions: Please fill this application out completely. Please write clearly and sign in **all** signature spaces and initial where specified. If you have questions, contact the front desk of Tribal Public Health at (707) 825- 5070 or Amanda Colegrove at (707) 825-4149 or amanda.colegrove@uihs.org.

Please complete the information below (PRINT)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TAG MEMBER CELL PHONE _____

TAG MEMBER E-MAIL _____

BIRTH DATE _____

SEX/GENDER **FEMALE** **MALE** **NON-BINARY** **OTHER** _____

TRIBAL AFFILIATION _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN CELL PHONE _____

PARENT/GUARDIAN E-MAIL _____

SCHOOL _____

OTHER INFORMATION

SCHOOL PHONE _____

EXTRA-CURRICULAR ACTIVITIES _____



2024 TAG Members with former NBA Player, Nanghaahlaangstangs Damen Bell

United Indian Health Services' Teen Advisory Group, better known as TAG, is comprised of youth between the ages of 12 and 17. Members must reside in Humboldt and Del Norte Counties, attend school and qualify for services at UIHS. TAG members are educated about various health issues and share this information with other youth and surrounding communities. Members provide direction in educational and community events for youth. At this time, TAG is not offered in Hoopa, Weitchpec, or Pecwan, nor is TAG transportation available in these outlying areas.

In order to be a member of TAG, you should be:

- Interested in helping to create healthier communities
- Interested in meeting other American Indian youth and talking about issues that are important to you
- Willing to share the information that you have learned with others

- Willing to participate in TAG trainings and meetings
- Willing to try to make healthy lifestyle choices



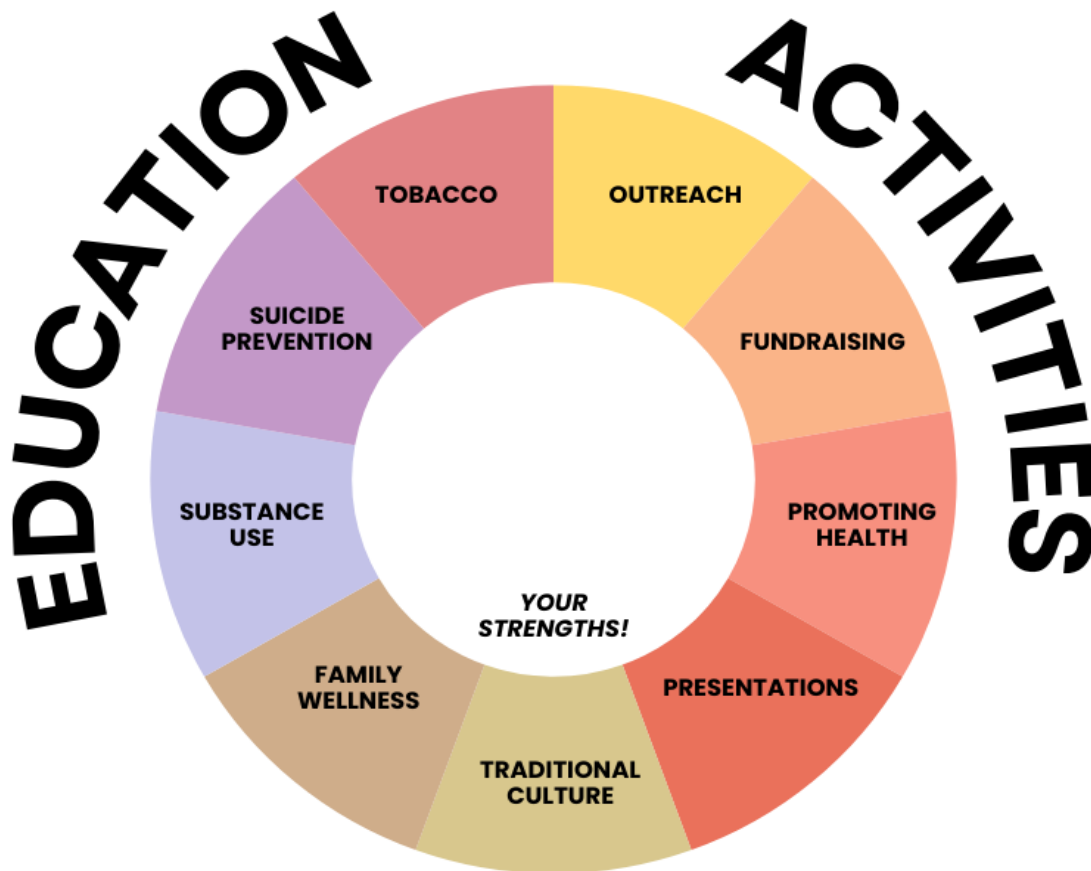
How did you hear about TAG?

Social Media _____

Friends/Family _____

Flyer _____

UIHS Staff _____



Other _____

Please Circle topics that you like below or add any new education and activities in the center.

Please note that we do ask TAG members to “practice what they teach” and try to make healthy lifestyle choices in order to strengthen themselves, their family, their tribe and their community. We have a Behavior Agreement (page 10) of which all TAG members are expected to abide.



TAG Activities

Outreaches



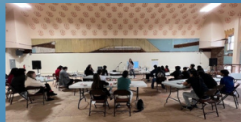
Attending events and sharing out what they've learned in order to show support for the UIHS community.

Family Night



TAG members plan "Family Night" to include healthy theme, highlight the TAG Program and recognize graduates.

Trainings



Learn from Expert Trainers about important physical and mental health topics in ways that can also be shared out with others.

Events



- HAWC Walk
- Out of the Darkness Event & Walk
- Bi-Annual Elders Honoring Luncheon and MORE!

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Confidentiality Statement

I, _____, Teen Advisory Group (TAG) member of United Indian Health Services, Inc. do hereby affirm that I have read the Policy Manual of Confidentiality Information (see below). I understand that while in TAG there may be times that confidential

information may be shared with me, for example, during mental health trainings, sexual health trainings, focus groups, talking circles, interviews, and presentations. I understand that all such information is to be kept confidential and can ONLY be shared with a TAG Advisor. I agree, while I am a member of TAG, to strictly observe the rules set forth in the manual for Confidentiality Information and that all information regarding clients of UIHS which obtain in the course and scope of the TAG program is strictly confidential and will not be shared by me with any third party nor outside of the TAG program, with exception for Mandated Child Abuse/Neglect Reporting, as described herein.

TAG Member *Signature*

Date

UIHS Personnel Policies and Procedures # 6.1.K. ~ CONFIDENTIAL INFORMATION
Employees who have access to confidential or personal information, that includes but is not limited to any client files, personnel files, employee salaries, must not reveal such information to another employee, or to any others outside UIHS, except for professional reasons. Failure to comply may result in immediate dismissal. Computer access codes are to be kept confidential and are for the exclusive use of designated employees.

Mandated Child Abuse/Neglect Reporting

I understand that TAG Advisors are mandated reporters and are required by UIHS Policy (see below) and the law to report any suspected abuse or neglect of any TAG member.

UIHS Policy – Reporting Suspected Abuse and Neglect

California state law outlines the requirements and responsibilities mandated reporters have when reporting suspected abuse/neglect of children, dependent adults, and the elderly, as well as domestic violence. These laws require mandated reporters to report suspected abuse, neglect, and domestic violence whenever, in their professional capacity or within the scope of their employment, they observe or reasonably suspect it. While California law also defines who qualifies as a mandated reporter, it is the policy of UIHS to require any employee who suspects abuse, neglect, or domestic violence to follow the reporting requirements outlined in state law. The only exception allowed is the absence of reporting domestic violence by Behavioral Health Counselors as California law excludes them as “health practitioners who provide medical services for a physical condition”.

(This is only a portion of the policy. The full policy is available upon request.)

TAG Member *Signature*

Date

Parent/Guardian *Signature*

Date

Authorization to Consent to Treatment of Minor

(I) (We) the undersigned, parent(s)/guardian(s) of _____ a minor, do hereby authorize *United Indian Health Services staff* as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of California Family Code § 6910.

(I) (We) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of California Family Code Section 6910 to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective unless revoked in writing and delivered to say agent(s).

DATE

LEGAL GUARDIAN/PARENT SIGNATURE

WITNESS

LEGAL GUARDIAN/PARENT PRINTED NAME

CHILD'S ALLERGIES (if known)

CHRONIC ILLNESS (if known)

DATE OF LAST TETANUS SHOT

CHRONIC MEDICATIONS (if known)

DATE OF BIRTH

OTHER INFORMATION:

TAG Transportation Policy

UIHS provides limited transportation for Teen Advisory Group (TAG) members to attend various meetings and activities. Transportation services are for those members who do not have any other way of getting to TAG meetings or activities. It is very important that a member needing a ride contact a TAG advisor prior to the meeting or activity. Transportation will be provided on a first-come, first-serve basis. This means that those members who call will be given first priority for a ride.

If a member is transported to a TAG meeting or activity, he/she/they must return home in the UIHS van unless prior arrangements have been made with his/her/their parents/guardians and a TAG Advisor.

If a member does not need a ride or cannot come to a meeting, it is his/her/their responsibility to contact a TAG Advisor **at least 24 hours in advance** to cancel the transportation arrangement. This will allow us to fill the empty seat in the UIHS van with another TAG member who needs a ride.

We will enforce the following policy if a member does not call in to cancel a ride in the UIHS van:

1st Missed Transportation Arrangement – A verbal and written warning will be given to the TAG member informing him/her/they that if another transportation arrangement is missed; he/she/they will not be able to receive transportation for future TAG meetings and activities.

2nd Missed Transportation Arrangement – At this time, the member will be informed by letter that transportation to TAG meetings and/or activities will no longer be provided for him/her/they for a period of six months.

If you have any questions, please do not hesitate to contact a TAG Advisor/Coordinator. We will be happy to answer any questions that you may have.

I have read the TAG Transportation Guidelines, and I understand that limited transportation is available on a first come-first served basis. I give permission for UIHS staff members to communicate with and transport my child _____ to and from TAG activities.

Parent/Guardian Signature _____

Print Name _____ Date _____

I have read the TAG Transportation Guidelines, and I understand my responsibility to contact UIHS staff members and that limited transportation is available on a first come-first served basis.

TAG Member Signature _____

Print Name _____ Date _____

TAG Participation Parental Permission Slip

As the parent/guardian of _____, I give her/him/them my permission to participate in the United Indian Health Services, Inc. (UIHS) Teen Advisory Group (TAG). Depending on funding, I understand that my child may learn about the following topics, commercial tobacco, traditional tobacco use, healthy relationships, suicide prevention/intervention/postvention, drugs and alcohol prevention, fitness, nutrition, mental health, self-esteem, etc.

Parent/Guardian Signature _____

Print Name _____ Date _____

TAG Participant Media Release

Photo/Video/Audio/Name Release Form — Minor

I grant permission to use photographic and/or video images and/or audio recordings and/or name of my minor child(ren), without compensation, in print, video, online, and/or any other analog or digital media designed for news, informational or educational purposes related to the United Indian Health Services, Inc. programs and services.

TAG Member Name (print) _____

Parent/Guardian Signature _____

Parent/Guardian Name (print) _____

Date _____

TAG Behavior Agreement

As a member of the UIHS Teen Advisory Group, I understand that it is important to carry myself in a respectful manner. This includes not only how I live my life, but also how I treat others in the community, including fellow TAG members. My behavior reflects upon my family, my tribe, my culture, TAG, UIHS, and myself. I understand that I will be accountable for my behavior, and I will work to act as a positive role model.

I agree to:

1. Attend and try to be on time to trainings and meetings. (initial)_____
2. Demonstrate appropriate behavior, and be considerate of other's thoughts, feelings, and beliefs. This means no interrupting, no rude comments, no side-talking, no inappropriate language or conversation (trash talking). (initial)_____
3. Demonstrate appropriate physical contact. This means no hitting, punching, pushing, wrestling, or other unwanted physical contact. (initial)_____
4. Not have sexual conduct or contact during TAG functions, meetings, events, activities, etc. This means no kissing, inappropriate touching or sexual contact (fluid-swapping, fondling, etc.). This also includes inappropriate sexual conversations, comments, and derogatory remarks. (initial)_____
5. Listen carefully to others; this includes elders, adults, my peers, etc. I will use "I" statements. (initial)_____
6. Keep what others have said to myself, this includes following the UIHS Confidentiality Policy. (*provided here, page 6*) (initial)_____
7. Come to all TAG functions alert and free from drugs and alcohol. (initial)_____
8. Work to act as a positive role model in the community. This means I will be drug, alcohol, and commercial tobacco free. This includes not using prescription drugs that are not prescribed to me and e-cigarettes. I will be law-abiding and respectful to others. (initial)_____
9. Respect property, this includes other's belongings and places we meet and visit. (initial)_____
10. Read, understand and agree to follow the TAG Behavior Policy and Procedures. (*below*) (initial)_____

11. Give positive feedback, share thoughts, concerns, and ideas that are important to me.
(initial)_____
12. Be thankful for the things that I am given as a result of being in TAG. This includes: gifts, food, incentives, stipends, and invitations. (initial)_____
13. Learn more about cultural traditions, which include: respect for others (including presenters and TAG Advisors), respect for elders, taking care of elders, helping when asked, etc.
(initial)_____
14. Work with others to set program goals and activities to promote healthy lifestyles with Native Americans/American Indians, including my peers, family, and community members.
(initial)_____
15. Not be afraid to try new things, be a good role model, and practice what I've learned.
(initial)_____
16. Take care of myself, emotionally, physically, mentally, and spiritually. Ask for space when I need it, ask for help when I need it, and set healthy boundaries. (initial)_____
17. Have faith in the purpose of TAG and to trust in TAG/UIHS for support. Have fun and enjoy my time in TAG and make the best of my time. (initial)_____

TAG Member Name (print) _____

TAG Member Signature _____

Parent/Guardian Signature _____

TAG Behavior Policy and Procedures

This policy sets the guidelines for Teen Advisory Group (TAG) member behavior within the group and in the community.

- I. The Teen Advisory Group Behavior Agreement will be reviewed, signed, and followed by all members.

- II. A UIHS Confidentiality Statement must also be signed by TAG members in order to assure that confidentiality is maintained and followed.

- III. If a TAG member breaks behavior agreements or is suspected of breaking a behavior agreement that **are not** related to substance use (including drugs, alcohol, tobacco, and prescription drugs), illegal behavior, violent/aggressive behavior, inappropriate sexual behavior these steps will be followed:
 - A. First Incident
 - 1. Staff will talk to TAG member and a written incident form will be completed.
 - 2. Parents/Guardians will be contacted.

 - B. Second Incident - Suspension
 - 1. Staff will talk to TAG member with a written incident completed.
 - 2. Parents/Guardians will be contacted.
 - 3. Referral to UIHS Behavioral Health for participation in individual counseling, group counseling or Caring Contact.
 - 4. TAG Member will be suspended for 1- 3 months, depending on severity of violation. Following the suspension, a review will be made with the TAG Member, staff, and parents to discuss membership status. If TAG member is reinstated, they can participate in all TAG activities.
 - 5. Other written arrangements to be agreed upon, as needed.

 - C. Third Incident - Expulsion
 - 1. Staff will talk to TAG member with a written incident completed.
 - 2. Meeting with TAG member, parent/guardian, and staff. If no intention of changing behavior and no participation in UIHS Behavioral Health counseling, then member will be dropped from TAG. Future participation will be conditional upon member following a written agreement.

- IV. If a TAG member breaks one of the contract agreements related to substance use (including alcohol, tobacco, and other drugs), inappropriate sexual behavior, illegal behavior, violent/aggressive behavior, these steps will be followed:
 - A. First Incident - Suspension
 - 1. Staff will talk to TAG member with a written incident completed.
 - 2. Parents/Guardians will be contacted.

3. Referral to UIHS Behavioral Health for participation in individual counseling, group counseling or Caring Contact.
4. TAG Member will be suspended for 3 months. After 3 months a review will be made with the TAG Member, staff, and parents/guardians to discuss membership status. If TAG member is reinstated, the member can participate in all activities. Other written arrangements to be agreed upon, as needed.

B. Second Incident - Expulsion

1. Staff will talk to TAG member with a written incident completed.
2. Meeting with TAG member, parent/guardian, and staff. If no intention of changing behavior and no participation in UIHS Behavioral Health counseling, then member will be dropped from TAG. Future participation will be conditional upon member following a written agreement.