



**BOYS & GIRLS CLUBS
OF JACKSON COUNTY**

Membership 2022

2022 Membership Application

| | | | | | | |
|-----------------------------------|--|--|---|--|---|---|
| Date | | Member Type | <input type="checkbox"/> New Member <input type="checkbox"/> Renewing Member <input type="checkbox"/> Summer Member | | | |
| PRIMARY CONTACT | | | | | | |
| Role in Household | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent | <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister | <input type="checkbox"/> Brother <input type="checkbox"/> Cousin | <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Guardian <input type="checkbox"/> Other Relative | |
| First Name | | | | | | |
| Last Name | | | | | | |
| Suffix | | | | | | |
| Preferred Name | | | | | | |
| Employer | | | | | | |
| Email Address | Can BGCJC send you email updates or Club newsletters? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Phone | | | | | | |
| Mobile Phone | Can BGCJC send you SMS Text messages <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Country | | | | | | |
| Address | | | | | | |
| City | | | | | | |
| State | | | | | | |
| Postal Code | | | | | | |
| Military Status | | | | | | |
| Current / Former Military | <input type="checkbox"/> Yes <input type="checkbox"/> No | Status | <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve/Guard <input type="checkbox"/> Veteran | Branch | <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Marine Corps <input type="checkbox"/> National Guard <input type="checkbox"/> Navy |
| Dept. of Defense ID Number | | Currently Deployed <small>(or deployed within the next 6 months)</small> | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | |
|---|--|
| MEMBER DETAILS | |
| Member Information | |
| Total past years of membership with Boys & Girls Clubs | |
| First Name | |
| Middle Name | |
| Last Name | |
| Suffix | |
| Preferred Name | |
| Address | |
| City | |
| State/ Postal Code | |



**BOYS & GIRLS CLUBS
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| | | | |
|--|---|--|---|
| Primary Club | | | |
| Birthdate | | | |
| | | | |
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Gender Queer | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Female | <input type="checkbox"/> Gender Non-Conforming | <input type="checkbox"/> Choose Not to Answer |
| | <input type="checkbox"/> Trans Male | | |
| | <input type="checkbox"/> Trans Female | | |
| | | | |
| Racial / Ethnic Identity | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> White |
| | <input type="checkbox"/> Asian | <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Bi-racial |
| | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Multi-Racial |
| | | | <input type="checkbox"/> Other |
| | | | <input type="checkbox"/> Choose Not to Answer |
| | | | |
| Foster Care | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | |
| School Lunch | <input type="checkbox"/> Free/Reduced lunch | | |
| | <input type="checkbox"/> Entire School lunch is Free | | |
| | <input type="checkbox"/> Not Eligible | | |
| <i>Please provide verification of free/ reduced lunch.</i> | | | |
| School Information | | | |
| Grade (Spring 2022) | | | |
| School Name | | | |
| Homeroom Teacher | | | |
| School ID Number | | | |
| Allergies | | | |
| Food Allergies | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Soy | <input type="checkbox"/> Eggs |
| | <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Gluten | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Dairy/Lactose | <input type="checkbox"/> Seafood/Shellfish | _____ |
| | | | _____ |
| | | | |
| Environmental Allergies | <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Dust | <input type="checkbox"/> Grass |
| | <input type="checkbox"/> Pollen | <input type="checkbox"/> Mold | <input type="checkbox"/> Other |
| | | | _____ |
| | | | _____ |
| | | | |
| Medical Allergies | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Amoxicillin | |
| | <input type="checkbox"/> Aspirin | <input type="checkbox"/> Other _____ | |
| | | | |
| Other Allergies | <input type="checkbox"/> Latex | <input type="checkbox"/> Lotions | |
| | <input type="checkbox"/> Perfumes/Colognes | <input type="checkbox"/> Other _____ | |
| | | | |
| *Medical Information | | | |



**BOYS & GIRLS CLUBS
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Membership 2022

| | | | |
|-------------------------------------|---|---|---|
| Diagnosed Medical Conditions | <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual impairment | <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Seizures <input type="checkbox"/> Anxiety/Depression <input type="checkbox"/> Oppositional Defiance Disorder | <input type="checkbox"/> Other <hr/> |
| | | | |

Please list any other physical, mental or medical limitations.

| | | | | |
|--|--|--|--|--|
| Does the member use an inhaler? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Does the member use insulin? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the member use an EpiPen? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Does the member self-administer medication? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the member receive additional support in the school/community? | <input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> 504 (accommodation) <input type="checkbox"/> Speech Coach <input type="checkbox"/> Meets with school or private counselor <input type="checkbox"/> Other _____ | | | |

Insurance

| | | | |
|--------------------------|--|--|--|
| Insurance Carrier | | | |
| Group Number | | Member/Policy Number | |
| SSN# | | Please attach a copy of your insurance card and your approved Georgia Gateway medical assistance sheet (if applicable) | |

AUTHORIZED CONTACTS

| Authorized Contact 1 | | Authorized Contact 2 | |
|-----------------------------|--|-----------------------------|--|
| Full Name | | Full Name | |
| Phone | | Phone | |
| Mobile Phone | | Mobile Phone | |
| Work Phone | | Work Phone | |
| Email | | Email | |
| Emergency Contact | <input type="checkbox"/> Yes <input type="checkbox"/> No | Emergency Contact | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Text contact | <input type="checkbox"/> Yes <input type="checkbox"/> No | Text contact | <input type="checkbox"/> Yes <input type="checkbox"/> No |



| | | | | | |
|--|---|--|---|---|--|
| Relationship | <input type="checkbox"/> Caseworker <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Neighbor | <input type="checkbox"/> Other <input type="checkbox"/> Other Relative <input type="checkbox"/> Parent <input type="checkbox"/> Stepdad <input type="checkbox"/> Stepmom | Relationship | <input type="checkbox"/> Caseworker <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Neighbor | <input type="checkbox"/> Other <input type="checkbox"/> Other Relative <input type="checkbox"/> Parent <input type="checkbox"/> Stepdad <input type="checkbox"/> Stepmom |
| NON-AUTHORIZED CONTACTS | | | | | |
| Please list any individuals that are restricted from picking up the member. Please provide any documentation supporting this, if applicable. | | | | | |
| Non-Authorized Contact 1 | | | Non-Authorized Contact 2 | | |
| Full Name | | | Full Name | | |
| Phone | | | Phone | | |
| Relationship | <input type="checkbox"/> Parent / Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Caseworker <input type="checkbox"/> Other | Relationship | <input type="checkbox"/> Parent / Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Caseworker <input type="checkbox"/> Other | | |
| Start Date | | | Start Date | | |
| End Date | | | End Date | | |

| | | | | |
|--|--|--|--|--|
| Household Support | | | | |
| Number of adults in household | | | Number of children in household | |
| Household Composition | | | | |
| <input type="checkbox"/> Single Adult Household <input type="checkbox"/> Two + Adult Household <input type="checkbox"/> Self (emancipated / 18) | Who are the adults living in the household? <i>(Check all that apply)</i> | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parents <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parent(s) | <input type="checkbox"/> Joint Custody <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Other Relative(s) <input type="checkbox"/> Other Adult(s) | |
| Assistance Programs | <input type="checkbox"/> Childcare Assistance <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Social Security | <input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> SSDI (Social Security Disability Insurance) <input type="checkbox"/> WIC (Women, Infants, and Children) <input type="checkbox"/> TANF (Temporary Assistance for Needy | <input type="checkbox"/> Veteran's Compensation <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Other (please explain below) <input type="checkbox"/> Choose Not to Answer <input type="checkbox"/> None *Please attached required forms associated with checked boxes | |



**BOYS & GIRLS CLUBS
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Membership 2022

| | | | |
|---------------------------------------|---|---|--|
| | | Families) | |
| Please describe other income sources: | | | |
| | | | |
| Housing Type | <input type="checkbox"/> Permanent (Own or Rent) <input type="checkbox"/> Public Housing <input type="checkbox"/> Group Home | <input type="checkbox"/> Foster Family <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Homeless | |
| Household Income Range | <input type="checkbox"/> \$0 - 10,000 <input type="checkbox"/> \$10,001 - 15,000 <input type="checkbox"/> \$15,001 - 20,000 <input type="checkbox"/> \$20,001 - 25,000 <input type="checkbox"/> \$25,001 - 30,000 <input type="checkbox"/> \$30,001 - 35,000 <input type="checkbox"/> \$35,001 - 40,000 <input type="checkbox"/> \$40,001 - 45,000 <input type="checkbox"/> \$45,001 - 50,000 <input type="checkbox"/> \$50,001 - 55,000 | <input type="checkbox"/> \$55,001 - 60,000 <input type="checkbox"/> \$60,001 - 65,000 <input type="checkbox"/> \$65,001 - 70,000 <input type="checkbox"/> \$70,001 - 75,000 <input type="checkbox"/> \$75,000 - 80,000 <input type="checkbox"/> \$80,001 - 85,000 <input type="checkbox"/> \$85,001 - 90,000 <input type="checkbox"/> \$90,000 - 95,000 <input type="checkbox"/> \$95,001 - 100,000 <input type="checkbox"/> \$100,001 - 105,000 | <input type="checkbox"/> \$105,001 - 110,000 <input type="checkbox"/> \$110,001 - 115,000 <input type="checkbox"/> \$115,001 - 120,000 <input type="checkbox"/> \$120,001 - 125,000 <input type="checkbox"/> \$125,001 - 130,000 <input type="checkbox"/> \$130,001 - 135,000 <input type="checkbox"/> \$135,001 - 140,000 <input type="checkbox"/> \$140,001 - 145,000 <input type="checkbox"/> \$145,001 - 150,000 <input type="checkbox"/> \$150,001 - 155,000 |
| | | | <input type="checkbox"/> \$155,001 - 160,000 <input type="checkbox"/> \$160,001 - 165,000 <input type="checkbox"/> \$165,001 - 170,000 <input type="checkbox"/> \$170,001 - 175,000 <input type="checkbox"/> \$175,001 - 180,000 <input type="checkbox"/> \$180,001 - 185,000 <input type="checkbox"/> \$185,001 - 190,000 <input type="checkbox"/> \$190,001 - 195,000 <input type="checkbox"/> \$195,001 - 200,000 <input type="checkbox"/> \$200,000+ |

| WAIVERS & RELEASES | |
|--|--|
| Data Collection & Release of School Records | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No initial: _____ | I give my permission to the BGCJC to collect information via online or written surveys, questionnaires, interviews and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these |



| | |
|--|---|
| | <p>analyses may be shared with Club staff, BGCA, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. This release may be revoked at any time by contacting the BGCJC in writing.</p> <p>I grant BGJC permission to obtain school records - i.e. all academic information, report card information, attendance information, and/or tutorial information. I also grant permission to BGCJC Directors to speak with teachers, counselors and other school administrators at my child's school in order to obtain and exchange information as part of services provided by BGCJC. I authorize the Boys & Girls Clubs of Jackson County to access and/or receive copies of my child's academic transcripts, reports cards, and test scores including Georgia Milestones (or other standardized testing).</p> |
| Medical | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No initial: _____ | <p>I give permission to the BGCJC to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.</p> |
| Technology | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No initial: _____ | <p>As a member of the Boys & Girls Club, our child may have access to the internet. While the Boys & Girls Club has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possible your child may access inappropriate sites. The Boys & Girls Club will not be responsible for such unauthorized access. Any inappropriate use of the computer will result in, but not limited to, suspension, membership revocation, or removal from computer access.</p> |
| Transportation | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No initial: _____ | <p>Parents and Club members may be responsible for their own transportation to and from the Club, unless otherwise specified. Club members may be transported in case of emergency or for authorized field trips/ travel.</p> |
| Data Sharing | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No initial: _____ | <p>I give my permission to the BGCJC to share information about the minor child listed on this application with BGCA for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by BGCJC, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. This release may be revoked at any time by contacting the BGCJC in writing.</p> |
| Press / Media | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No initial: _____ | <p>I give my permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by BGCJC, Boys & Girls Clubs of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for the same. I authorize the use of these images without any right of prior review or further approval.</p> |
| Personal items and Membership | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No initial: _____ | <p>I understand that the Boys & Girls Club is not responsible for lost or stolen items. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. BGCJC reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.</p> |



| Member Guardian/ Parental agreement | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No initial: _____ | I understand as the parent/legal guardian/ caretaker I will update the Club director or administrative staff of any changes within this application within 4 weeks of any change (name/ guardianship/ authorize contact/ illness/ medical awareness). As a parent/ legal guardian/ caretaker, I will communicate effectively with staff in cases of emergency and respond as necessary. |

| Liability Release |
|--|
| <p>I understand the BGCJC has an open door policy where members are allowed to come and go as they please. Should a member leave the Club, they will not be granted return access unless approved by the Club Director. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave early. Any member leaving should be signed out by an authorized contact as granted in this document unless otherwise noted.</p> <p>I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Jackson County, Inc (BGCJC) and Boys & Girls Clubs of America (BGCA), their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.</p> <p>I voluntarily submit the registration of my child as a member of the Boys & Girls Clubs of Jackson County. I understand the activities at the Club may include but are not limited to: swimming, sports, fitness, social recreation, etc. I understand and accept the inherent risks of these activities to include, but not limited to, muscle strains, bruises, cuts, head trauma, broken bones, and even death. I hereby affirm that I have granted the above stated permissions to my child to participate in these activities.</p> <p>By signing below, I understand and agree that the terms herein are contractual. I have read, understand, and fully informed myself of the contents of this agreement. I assume responsibility for my child's physical condition and capability to perform during the program.</p> <p><i>Your signature below confirms that all information above is true and accurate.</i></p> |

| | | |
|----------------------------------|--|-------------|
| Parent/Guardian Signature | | Date |
|----------------------------------|--|-------------|

Once completed please send your signed copy to

- Commerce Club- Ms. [Ka-sha Ramsey](mailto:kramsey@bgcjcga.org), kramsey@bgcjcga.org or
- Jim Moran Club- Ms. [Tonya Ravenell](mailto:tonyar@bgcjcga.org) , tonyar@bgcjcga.org

Permission to participate

The Boys & Girls Clubs of Jackson County is focused on academic achievement and development for your child(ren). We believe in complete partnership with local school



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Membership 2022

districts and helping to ensure that our members, your children, have every opportunity to be successful this school year.

In order for us to determine our effectiveness, we will be monitoring two areas: School and Club Achievement. Specifically, we will track attendance, grades, behavior at school, level of participation and behavior at the Club. As a participant in the program, your child will participate in academic assistance activities at the Boys & Girls Clubs.

I grant BGJC permission to obtain school records - i.e. all academic information, report card information, attendance information, and/or educational raw data. I also grant permission to BGCJC Directors to speak with teachers, counselors and other school administrators at my child's school in order to obtain and exchange information as part of services provided by BGCJC. I authorize the Boys & Girls Clubs of Jackson County to access and/or receive copies of my child's academic transcripts, reports cards, and diagnostic/test scores including Georgia Milestones (or other standardized testing).

_____ I give permission to BGCJC and its directors to access the above information for the Academic achievement and development programs.

_____ I do not give permission to BGCJC and its directors to access the above information for the Academic achievement and development programs.

Printed name _____ Parent Signature _____
Date _____

Member name - school - grade



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I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Signature

Date



**Georgia Division of Family and Children Services
Afterschool Care Program
Youth Participation Eligibility Form**

Page 1 of 3 - DFCS Afterschool Care Program Eligibility Form

Boys & Girls Clubs of Jackson County, and the Georgia Division of Family and Children Services (DFCS) are partnering to provide valuable out-of-school programs for youth in Georgia. The information provided on this form will help ensure that eligible youth are benefiting from the partnership. **Please complete this form in its entirety and return it to the identified staff person at the program site. We thank you for your cooperation.**

Form to be completed by Parent/Custodian/Caregiver

Youth Information – This section must be completed in its entirety.

Name of Youth Participant (Last) _____ (First) _____ (MI) _____

Social Security Number _____ - _____ - _____ Gender: _____ Male _____ Female

Date of Birth (mm/dd/yy): ____ / ____ / ____

Is the youth named above in Foster Care within the state of Georgia Yes No

Note: If the youth is in Foster Care but not in the care of Georgia, please provide the state name _____

Section 1

- A. Is the youth applicant a U.S. citizen or qualified alien? Yes No
- B. Is the youth applicant a Georgia resident? Yes No
- C. Does the youth applicant fall into one (1) or more of the three categories below (Answer YES or NO and check all categories below that apply to the youth)?: Yes No
 - ____ Youth applicant is between the age of 5 and 17 years old; **OR**
 - ____ Youth applicant is 18 years old and currently enrolled in school (*high school, GED program or equivalent, or post secondary institution*) and will be enrolled in AND attend school during the upcoming academic year (*Verification of school enrollment includes a letter from the school on official school letterhead*): **OR**
 - ____ Youth applicant is 18 - 19 years old and has a dependent child AND is the custodial parent

If one (1) or more answers to the questions in Section 1 is NO, the youth IS NOT eligible to participate in the DFCS funded services. If the answer to ALL of the questions in Section 1 is YES, please complete the remainder of the form.

Section 2

Does the youth currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide official verification to the afterschool/summer program. See Appendix C for acceptable forms of verification):

| | | Yes | No |
|----|---|--------------------------|--------------------------|
| A. | Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Supplemental Nutrition Assistance Program (SNAP) (<i>also known as Food Stamps</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Medicaid or Social Security Income (SSI) | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Reduced or free lunch program at school – Note: This eligibility is only for single youth eligibility. This is not applicable if the entire school population is awarded free lunch in universal eligibility. | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Peachcare for Kids | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to at least one question in section 2 is YES, the youth is eligible to participate in the program and the parent/custodian/guardian may complete Section 5. Verification for receipt of services checked in Section 2 must be provided and a copy of the verification must be attached to this eligibility form. If the program does not receive verification of items checked in Section 2, the youth will not be able to participate in the program.

If the answer to ALL of the questions in Section 2 is NO, the parent/custodian/guardian MUST complete Section 3, Section 4 and Section 5 for eligibility determination. Verification for items listed in Section 3 and Section 4 must be provided and a copy of the verification must be attached to this eligibility form.

Section 3

If you answered NO to ALL of the questions in Section 2, please review the chart below and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

Family Income Eligibility for the DFCS Afterschool Care Program Income Eligibility Guide

| Number of Persons in Family Unit | Federal Poverty Level * | DFCS Afterschool Care Program Annual Household Income Guidelines ** | DFCS Afterschool Care Program Monthly Household Income Guidelines |
|----------------------------------|-------------------------|---|---|
| 1 | \$12,490.00 | \$37,470.00 | \$3,122.50 |
| 2 | \$16,910.00 | \$50,730.00 | \$4,227.50 |
| 3 | \$21,330.00 | \$63,990.00 | \$5,332.50 |
| 4 | \$25,750.00 | \$77,250.00 | \$6,437.50 |
| 5 | \$30,170.00 | \$90,510.00 | \$7,542.50 |
| 6 | \$34,590.00 | \$103,770.00 | \$8,647.50 |
| 7 | \$39,010.00 | \$117,030.00 | \$9,752.50 |
| 8 | \$43,430.00 | \$130,290.00 | \$10,857.50 |
| Each additional person, add | \$4,420 | Multiply total Federal Poverty Level by 300% | Divide DFCS Afterschool Care Annual Household Income by 12. |

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 84 FR 1167, Page 1167-1168, Document Number: 2019-00621)

** 300 % of the federal poverty level in effect January 11, 2019.

Family Unit Size* _____
 Gross Household Yearly Income \$ _____ Gross Household Monthly Income \$ _____

* See Appendix A for definition of family unit.

Section 4

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

| Household Composition and Income | | | | | |
|--|--------------|--------------------------|---------------|-------------------------------|---------------------|
| <i>Gross Monthly Income is income before taxes and deductions.</i> | | | | | |
| Name (First, Middle, and Last) | Relationship | Date of Birth (MM/DD/YY) | Income Source | Amount (Gross Monthly Income) | How often received? |
| | SELF | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Section 5

Please review and sign Section 5 as notification and signature of verification.

Applicant Notification and Signature

We are asking for your youth's Social Security number because any person applying for or receiving federal benefits must give us his or her Social Security number. Federal law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10) allow us to collect this information.

By signing this application,

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

Parent/Guardian/Caregiver Information – This section must be completed in its entirety.

Name of Parent/Guardian/Caregiver (Last, First, MI) _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Work # _____ Cell# _____

Parent/Caregiver/Guardian Printed Name

Date

Parent/Caregiver/Guardian Signature

Date

Official Use Only Section for DFCS Funded Afterschool/Summer Service Provider:

Total Income: \$ _____ **Per:** Week Every 2 Weeks Twice monthly Monthly **Household Size:** _____

Annual Income Conversion: Weekly x 4.3333, Every 2 Weeks x 2.1666, Twice Monthly x 2, Monthly x 1

Total Converted Annual Income: \$ _____ (Round to the nearest whole number)

By signing below, I certify the information presented within this form was reviewed, verified and confirmed** and meets the DFCS Afterschool Care Program Eligibility rules and guidelines indicated within this form. I also certify this form will be kept in the youth participant's file in a confidential and secured location.

Authorized Program Staff Signature

Title

Date

** See Appendix B for income verification proof sources

APPENDICES

***Appendix A: Family Unit**

The Department of Human Services Temporary Assistance for Needy Families (TANF) definition of family includes the dependent child for whom assistance is requested and certain other individuals living in the home with the child who are required to be included in the family.

The following individuals are considered members of the Family Unit:

- A biological or adoptive parent of the dependent child for whom assistance is requested;
- An eligible minor sibling, (whole, half or adoptive) of the dependent child for whom assistance is requested;
- Other children living in the home who are within the specified degree of relationship to the grantee relative but who are not members of the Family Unit; and
- A non-parent relative who is the caretaker if there is no parent in the home or if the only parent in the home receives SSI.

****Appendix B: Income Proof Sources and Applicable Income Sources**

Income verification must be obtained and a copy must be attached to the youth's income eligibility form.

Examples of earned income verification are:

- Pay stubs or receipts for the most recent four weeks of earnings;
- W-2 Forms;
- Employer's issued, signed and dated documentation;
- Personal income ledger or tablet (e.g. self-employed)
- Quarterly income tax returns;
- Annual income tax returns when presented in January – March quarter;
- Letter/statement from employer;
- Documentation from other DFCS staff such as the eligibility CM; and/or
- Form 809 or itemized statement completed by the employer.

Examples of unearned income verification are:

- Copy of current check with check stubs (within last 4 weeks);
- Award letters or written, signed and dated statement of payer;
- Social Security Records;
- Worker's compensation records;
- Form 139 – Contribution statement;
- Unemployment insurance claim records;
- Georgia Gateway screen information; and/or
- STARS.

See page 2 of Appendix B for applicable income sources.

Applicable Income

Each of the following sources of income is budgeted in determining eligibility:

Earned

- Wages or salary – Gross income of the applicant is used to determine eligibility
- Net Income from Self-Employment
- Employee commission
- Jury Duty
- Rental Income – (regular and ongoing payments – if engaged in management of property for an average of 20 hours or more per week)
- Roomer Income – (regular and ongoing payments)

Unearned

- Military Allotments
- Cash gifts Charitable gift exceeding \$300 received from and organization receiving state or federal funds
- Inheritances
- Insurance Benefits due to Loss of Income – benefits paid from an insurance policy due to loss of income
- Social Security Benefits
- Unemployment Compensation
- Worker's Compensation
- Alimony – (regular and ongoing payments)
- Child Support – (regular and ongoing payments)
- Farm Allotment – payments received from government-sponsored programs, such as Agricultural Stabilization and Conservation Services
- Veteran's Benefits
- Capital Gains
- Interest/Annuity
- Capital Gains/Dividends
- Pension
- Trust Fund
- Disability Payment
- Boarder Income – (regular and ongoing payments)
- Rental Income – (regular and ongoing payments - if engaged in management of property for an average of 20 hours or less per week)
- Deferred compensation through retirement plan

****Appendix C: Acceptable Verification of Benefits or Services**

- **Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and PeachCare:** Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the afterschool care program (Integrated Eligibility System (IES) documentation, Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).
- **Supplemental Security Income (SSI):** Award letter from the Social Security Administration
- **Free or Reduced Lunch:** Award letter identifying free or reduced lunch as established by individual family eligibility. Note: Programs may receive a listing of students receiving free or reduced lunch granted the listing is on official school letterhead with the disclaimer that all free or reduced lunch eligibility is determined by individual family application. Universal, school-wide, city-wide or district-wide free lunch does not qualify as an acceptable point of eligibility for the DFCS Afterschool Care Program.