



Dear Parents & Guardians –

I hope you and your families are doing well! We are so glad you are interested in signing up for programming at the Boys & Girls Clubs of Metro Atlanta this year.

I am writing to share details with you on a few safety-related changes that went into effect in August 2018. The safety and protection of the children we serve is our highest priority and we adopted several policies to better protect your kids and teens.

Traditionally, Boys & Girls Clubs of Metro Atlanta has operated under an Open Door Policy in which members were free to come and go as they wish throughout the day. However, in the interest of our members' safety, we changed this policy and adopted the **Safe Passage Policy**, which has the following components:

- Members must continue to scan in and out each day.
- Members under the age of 13 must be picked up inside the Club by a parent, guardian, or other authorized person. Only contacts on your authorized list will be allowed to pick up members.
- Members who are 13 and older may scan out of the Club and leave unescorted with written permission from a parent or guardian and a signed release of liability.
- Members who are 13 and older may also scan out and escort other members of their family from the Club with a signed release of liability.
- No member, regardless of age, will be allowed to return to the Club once they leave the premises for the day.
- Because we are not a licensed day care facility we will not physically restrain members who insist on leaving without parent or guardian permission, but members who do leave without written permission will face disciplinary actions.
- Uber/Lyft are not allowed to pick up members under the age of 18 at the Club as it is against policies.

Thank you for being part of the Boys & Girls Clubs family and for entrusting us with your children. We look forward to many more years, working alongside you, to help youth get college & career ready, live healthy, and become leaders.

Sincerely,

A handwritten signature in cursive script that reads "Missy Dugan".

Missy Dugan
President & CEO, Boys & Girls Clubs of Metro Atlanta

AFTERSCHOOL REGISTRATION FOR 2019-20 SCHOOL YEAR



ITEMS NEEDED TO REGISTER

Required Documentation

1. Completed **2019-20 membership application**
2. Provide one of the following proof of services if applicable (*see table*)

Amerigroup, CareSource, Peach State or WellCare	Submit a copy of child's card and most recent award letter
TANF, Peachcare for Kids, or SSI	Submit a copy of your most recent award letter
Food Stamps or Medicaid	Submit most recent award letter or print proof of these services at https://gateway.ga.gov

3. Check stubs from the **latest 4 weeks of income**. This must be submitted for every person who contributes to your household income. Proof of income is required for all members.
4. Copy of **birth certificate** if your child is 6 years old
5. Copy of child's **final report card** from this past school year (2018-19)

Required Payment: Based On Sliding Scale Using Annual Household Income (See Membership Fee Guide)

- Payment by Credit Card or Debit Card
OR
- Copy of child's Amerigroup Card and award letter
OR
- Prepaid Credit/Debit Cards from CareSource, Peach State or WellCare

BGCMA **DOES NOT** accept personal checks or cash.

Youth will not be permitted to register without all required items and payment on file.

For more information, please contact your local Boys & Girls Club.





Membership Application

Member's Info Please print & fill out the application completely. BGCMA will NOT accept incomplete applications.

Has your child ever been a member at another club? Name of club:

First Name: <input type="text"/>		Middle Initial: <input type="text"/>	Last Name: <input type="text"/>	
Address: <input type="text"/>			Email Address (Parent): <input type="text"/>	
Zip Code: <input type="text"/>	County: <input type="text"/>	City: <input type="text"/>	Home Phone: <input type="text"/>	
Birthdate: <input type="text"/> / <input type="text"/> / <input type="text"/>	Age: <input type="text"/>	Member's SSN (REQUIRED): <input type="text"/>	Cell Phone (Parent): <input type="text"/>	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	Name of School District: <input type="text"/>	Race/Ethnicity: <input type="checkbox"/> Black or African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Multi-Racial	Club member for: <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 2 or More Years
Grade during 2019-20 School Year: <input type="text"/>		Name of School: <input type="text"/>		
				Total absences from school during 2018-19 School Year (TO BE COMPLETED BY CLUB STAFF USING FINAL REPORT CARD) <input type="text"/>

Household Info (Please Print)

Is Member from a Single Parent Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender of Head of Household: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Member Receives: <input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Lunch <input type="checkbox"/> None
Member Lives With: (Circle one) Both Parents Mother Father Aunt/Uncle Grandparent(s) Foster Care/DFACS Other _____	Military Household: <input type="checkbox"/> No, not military <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy	Live on Base? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language Spoken in Home: <input type="text"/>		

Member's Medical Profile (Please Print)

Does member have any allergies or dietary religious restrictions? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	Does member have any special medical conditions? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Emotional/ Behavior disorder <input type="checkbox"/> Epilepsy/Seizure disorder <input type="checkbox"/> Gastrointestinal disorder <input type="checkbox"/> OTHER _____ _____ _____
<input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Fish/Shellfish <input type="checkbox"/> Milk/Dairy products <input type="checkbox"/> Peanuts/Peanut butter <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Wheat/Gluten <input type="checkbox"/> Drug allergy (Provide name below) <input type="checkbox"/> OTHER _____ _____ _____	Does member take any prescription medication? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the names of those medications: _____ _____ If yes to prescription medication, does member take medication during Boys & Girls Club hours? If yes, parent is required to complete an additional medication form. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician & Phone Number: <input type="text"/>		Insurance Company & Policy #: <input type="text"/>

Creating the Best Club Experience

Boys & Girls Clubs of Metro Atlanta Member Assessment Permission Form



Your child's opinions are important and we want them to have the best experience at the Club! Our Clubs can only get better if we hear from our members. We invite your child to participate in BGCMA's outcome assessments that focus on academic success, healthy lifestyles, character & leadership, and their opinions about this Club. To provide the children of this community with the most effective and fun programs requires us to periodically ask members about their life and their experiences in the club. The information we gather will be used to help Club staff better understand Club members and the programs that will best promote their overall success as students and as successful adults.

By initialing below, you indicate that you are the parent or guardian of the person named in this membership application and that you give your consent to and give authorization for your child to participate in Member Assessments used by the Boys & Girls Clubs of Metro Atlanta, Department of Human Services and their subsidiaries, and affiliates. These assessments may include your household information, your child's grades, demographics and/or survey information:

I give permission for my child to participate in Member Assessments.

I DO NOT give permission for my child to participate in Member Assessments

The assessments will be administered 2-3 times over the school year in supervised groups at the Club. These assessments with Club members include, but are not limited to: confidential surveys on the outcome areas, reading and math assessments, and physical fitness assessments. We also collect demographic information and school report cards through the membership process. We hope you will allow your child to participate. As you consider doing so, we want you to know several things about BGCMA's assessments and about your rights as a parent or guardian:

- Your son/daughter's participation in the assessments is entirely voluntary. You must give your permission for her or him to participate. Your son or daughter must also agree to participate. If you do not give your permission, or if he/she decides not to participate, there will be no penalty or consequences for anyone involved.
- The purpose of the assessments is to satisfy reporting requirements to our community partners, to better understand positive youth development, and to create better programs—the information is not used for any other purpose. There are no right or wrong answers in the outcome surveys (questions are about feelings, opinions, and experiences).
- There are no known discomforts or hazards associated with participation—only assessments & surveys are involved.
- Copies of the assessments are available if you would like to review any of the questions being asked. To do so you must inform the Executive Director of your Club.

All information from the assessments is kept confidential to the full extent allowed by law. The completed electronic surveys will remain secured within our membership database accessible only to BGCMA's Evaluation & Measurement Team. No other children or adult staff at this Club or anywhere else will know what answers your child provides. All the findings will be combined, summarized and reported in group form so that it will be impossible to identify individual people. A summary of the findings will be made available to parents by request.

If you have any questions, please contact the Evaluation & Measurement Team at the *Boys & Girls Clubs of Metro Atlanta*: BGCMA, 1275 Peachtree Street – Suite 500, Atlanta, GA 30309. Telephone (404) 527-7100.

Media Permission Form (Indicate by checkmark OR initial)

RE: Use of Name, Photograph, Video and Identity in Connection with Advertising and/or Promotion of the Organization

I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use by Boys & Girls Clubs of Metro Atlanta, Department of Human Services, and their subsidiaries, affiliates, partners, and advertising agencies ("Companies") of my child's name, photographs, videos, works of art, and identity in various web, digital, and collateral material, as well as miscellaneous print publications and other media outlets, and any personal information that I supply to the Companies, in connection with advertising and promotion of the Companies and/or their products in any media, form or material selected by the Companies, without any right of prior review or further approval, whether such advertising and promotion is to the public, to the trade, or both, and in the corporate releases, newsletters and other communications of the Companies; and I hereby waive, and release and discharge said Companies and all agents, employees and officers of the Companies, including their agencies, partners, media producers and customers from, any claims, liabilities and demands, past, present or future, including any that I do not now know of or anticipate arising in the future, none of which would affect my execution of this release if known to me, and waive all rights with respect to such use of my name, photograph, identity, and personal information including but not limited to publicity, privacy, psychological injury, and libel.

I give my child Media Permission.

I DO NOT give my child Media Permission.

School Data Release Form (Indicate by checkmark OR initial)

The Boys & Girls Clubs of Metro Atlanta (BGCMA) will maintain all member files and records in a confidential and secure manner. In order to better serve members, BGCMA may file a formal data request with your child's school district. If approved, BGCMA will share with the school district the names of members who attend the Clubs in that school district. This data request would grant BGCMA access to members' existing academic data (e.g. grades, school attendance, or standardized testing results). BGCMA would use this data for three purposes: (a) identify members' academic needs; (b) evaluate the effectiveness of BGCMA programming; (c) tailor programming and services to better meet members' academic needs. Please indicate whether you authorize BGCMA to include your child in this school data release.

Note: Files for all programs funded in whole or in part by the Georgia Department of Human Services are available for monitoring and subject to audit by the Georgia Department of Human Services. Communication of member information to persons or agencies other than listed above will require written approval of the member's parent.

I give permission to the BGCMA to request academic information from my child's school district.

I DO NOT give permission to BGCMA to request academic information from my child's school district.

General Travel Permission Form (Indicate by checkmark OR initial)

By signing below, the parent(s) of the youth agree that the Boys & Girls Clubs of Metro Atlanta, the Department of Human Services, nor any of their representatives shall be held liable for any accidents or misfortunes while in route to, or returning from any Boys & Girls Club outings during the After School/Summer Program. This includes outings in which members travel by foot off the Club property with Club staff for normal programming time (i.e. community parks, playgrounds and/or gyms, etc.)

The Boys & Girls Clubs of Metro Atlanta must have this permit signed by the parent(s) before the youth is allowed to travel with the Club during any outings during the After School/Summer Program.

This form only gives permission for youth to travel with the Boys & Girls Clubs of Metro Atlanta. A parent's signature must be on a sign-up sheet for each field trip before the youth will be allowed to attend that field trip or outing. A youth may only attend field trips open to their age group. Some field trips may have limited capacity; these sign-ups will be on a first come, first served basis.

I give my child General Travel Permission.

I DO NOT give my child General Travel Permission.

Parent/Guardian Information (Please Print)

Primary Parent/Guardian

First Name: <input type="text"/>	Last Name: <input type="text"/>	Home Number: <input type="text"/>
Employer: <input type="text"/>	Occupation: <input type="text"/>	Do you receive vouchers from the housing authority in your community or do you live in public housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the name of the housing authority where you receive assistance: <input type="text"/>
Work Number: <input type="text"/>		
Cell Number: <input type="text"/>		

Secondary Parent/Guardian

First Name: <input type="text"/>	Last Name: <input type="text"/>	Home Number: <input type="text"/>
Cell Number: <input type="text"/>	Employer: <input type="text"/>	Occupation: <input type="text"/>
Work Number: <input type="text"/>		

Emergency Contacts and Authorized to pick up member from Club (Please Print)

NOTE: At least 2 contacts who are not the Parent/Guardian are REQUIRED below.

Name and phone #: <input type="text"/>	Name and phone #: <input type="text"/>
Name and phone #: <input type="text"/>	Name and phone #: <input type="text"/>
Name and phone #: <input type="text"/>	Name and phone #: <input type="text"/>

Authorized to leave premises unescorted:

Under 13 years old

___ My child is younger than 13 years old but has my permission to walk/leave the Club with older siblings/friends listed in the authorized pick up.

___ My child is younger than 13 years old but **DOES NOT** has my permission to walk/leave the Club.

13 years old or older

___ My child is 13 years or older and has my permission to check him/herself out of the Club.

___ My child is 13 years or older but **DOES NOT** have my permission to check him/herself out of the Club.

NOTE: If there are any legal situations regarding unauthorized pick-ups/visitations, please provide that information to the Club (i.e. court orders).

Additional Household Info (Please Print)

Number of Persons in Family Unit (# in household): <input type="text"/>	Gross Annual Household Income (before taxes and deductions) \$ <input type="text"/>
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Forms and Waivers

PLEASE READ CAREFULLY & INDICATE CHOICES WITH CHECKMARKS OR INITIALS

<p>NOTICE OF EXEMPTION & PARENT ORIENTATION</p>	<p>TRANSPORTATION: (Checkmarks OR Initials Required)</p>
<p>Bright From The Start Notice of Exemption <input type="checkbox"/> 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.</p> <hr/> <p>Parent Orientation <input type="checkbox"/> I understand that attending Parent Orientation is MANDATORY, and I agree to adhere to and abide by the policies of the Club as stated in the orientation guide. I also agree to further review Club policies with my child, assuming responsibility for their appropriate behavior while in attendance at the Boys & Girls Club. NOTE: The Member/Parent Orientation guide is available per download on our website and/or per request at the front desk of each Club.</p> <p style="text-align: center;">Checkmarks OR Initials Required for both items in this section.</p>	<p>After School Travel: From School & Travel To Home (When space is available on van routes) <input type="checkbox"/> I authorize service from my child's school to the Club for the current school year. I understand that BGCMA reserves the right to remove my child from the van service.</p> <hr/> <p>Field Trips/Special Events/Summer Travel <input type="checkbox"/> I authorize travel with the BGCMA to any field trip or outing that I sign my child up for during the SCHOOL YEAR AND /OR SUMMER PROGRAM. I understand that BGCMA reserves the right to remove my child from the van service.</p> <hr/> <p><input type="checkbox"/> I DO NOT authorize ANY travel with BGCMA. By selecting this option, your child CANNOT PARTICIPATE in ANY offsite trips.</p>
<p style="text-align: center;">MEDICAL: (2 Checkmarks OR Initials Required)</p>	<p style="text-align: center;">HOLD HARMLESS AND LIABILITY RELEASE:</p>
<p>In the event of an emergency, the Club must have written consent to seek medical treatment for your child.</p> <p><u>CHOOSE 2 OPTIONS IN THIS SECTION</u></p> <p><input type="checkbox"/> I authorize administration of basic first aid.</p> <p><input type="checkbox"/> I DO NOT authorize administration of basic first aid.</p> <hr/> <p><input type="checkbox"/> I give BGCMA permission to seek medical treatment for my child. I understand that treatment may include emergency transportation, x-rays or surgery in some circumstances for my child, and I agree to assume responsibility for charges associated with this or any other treatment given to my child.</p> <hr/> <p><input type="checkbox"/> I DO NOT give BGCMA permission to seek medical treatment for my child.</p>	<p>WAIVER AGREEMENT (Checkmark OR Initial Required)</p> <p><input type="checkbox"/> I voluntarily submit my child for registration as a member at BGCMA. Activities at the Club may include, but are not limited to BGCMA SWIM, WEIGHT ROOM and other SPORTS/REC ACTIVITIES, which at my discretion may choose to allow my child to participate in. I will hold harmless BGCMA, Department of Human Services and their subsidiaries/affiliates from any claim by me or my child or any entity on behalf of myself or my child arising out of my child's participation in the program. I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act. I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes. 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 under the program.</p>
<p>I represent that I am the below-named parent/guardian, that I am over the age of 21, that I have read the foregoing and fully understand the contents thereof, that the consideration that I have received for this Agreement, Release and Waiver is fair and equitable, and that I hereby give this Agreement, Release and Waiver of my own free choice. This Agreement, Release and Waiver shall ensure to the benefit of the successors, assigns, licensees and legal representatives of the Companies and shall be binding upon my heirs, executors, assigns and legal representatives. I request that my son/daughter be admitted into membership and I grant permission for my child to participate in current and future programs. I have explained the rules to my son/daughter and agree that BGCMA will not be responsible for any accident to him/her while on the premises of BGCMA or while engaged in any of its activities away from BGCMA. BGCMA participates in the USDA snack program. USDA is an equal opportunity provider and employer. I understand that BGCMA has adopted a Safe Passage Policy that prohibits members from coming and going as they please. I understand that once a child has entered the building, they will not be allowed to leave until a parent/guardian/authorized person arrives to retrieve them. I understand that the Club is not a licensed day care facility and that staff will not physically restrain children who insist on leaving without parent/guardian permission. I have read and agree to abide by the BGCMA policies stated in the Parent Handbook. I understand that failure to abide by the policies in the handbook may result in the removal of my child from the Club programs.</p>	

Print Child's Name: _____ Parent's/Guardian's Signature: _____ Date: _____



**Georgia Division of Family and Children Services
Community Programs Unit
Afterschool Care/Summer Program
Youth Participation Eligibility Form
Updated 10/2018**



Page 1 of 3 - DFCS Afterschool Care/Summer Program Eligibility Form

The Boys & Girls Clubs of Metro Atlanta 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.	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	\$12,140.00	\$36,420.00	\$3,035.00
2	\$16,460.00	\$49,380.00	\$4,115.00
3	\$20,780.00	\$62,340.00	\$5,195.00
4	\$25,100.00	\$75,300.00	\$6,275.00
5	\$29,420.00	\$88,260.00	\$7,355.00
6	\$33,740.00	\$101,320.00	\$8,443.00
7	\$38,060.00	\$114,180.00	\$9,515.00
8	\$42,380.00	\$127,140.00	\$10,595.00
Each additional person, add	\$4,320	\$12,960	\$1,080

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2018 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 83 FR , Page 2642-2644, Document Number: 2018-00814)

** 300 % of the federal poverty level released January 18, 2018.

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 individual that contributes to the household income and provide the applicable proof. See Appendix B for income verification proof sources**

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.