



Member Information Form

For Office Use Only	Start Date	<input type="text"/>	Scholarship Type
	Expiration	<input type="text"/>	<input type="checkbox"/> Hardship
	Amount Paid	<input type="text"/>	<input type="checkbox"/> Staff
	Scholarship Amt	<input type="text"/>	<input type="checkbox"/> DHS Referral
			<input type="checkbox"/> Wellcare/Amerigroup
			<input type="checkbox"/> Other:

Confidential: The following information is necessary for our records and the funding our organization, the Boys & Girls Clubs of North Central Georgia (BGCNCG), receives. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary.

MEMBER INFORMATION

First Name		Middle Name		Last Name		
<input type="text"/>		<input type="text"/>		<input type="text"/>		
Date of Birth	Age	Male	Grade	Member Lives With:	Ethnicity: (Select Up to 2)	Check All That Apply
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	Both Parents	African American	AFDC/TANF
		Female <input type="checkbox"/>		Mother	Asian American	SSI/SSDI
Name of School	<input type="text"/>			Father	Caucasian	Food Stamps
				Grandparent(s)	Hispanic	Public Housing
Name of Person(s) Member Lives With	<input type="text"/>			Foster Care / DFCS	Native American	Foster Care
				Other: _____	Other _____	Homeless
Relation to Member	If Member Before, Name of Previous Boys & Girls Club					General Assistance
<input type="text"/>	<input type="text"/>					Veteran / Military
						DJJ Referral
						Medicaid Provider:

MEDICAL/EMERGENCY

Medical Problems / Allergies	Medications
<input type="text"/>	<input type="text"/>
Insurance Company	Insurance Policy Number
<input type="text"/>	<input type="text"/>

By signing on the reverse, I certify the above information is true to the best of my knowledge. I authorize BGCNCG to contact myself and the listed contacts. I authorize BGCNCG to seek medical attention for my child if (s)he is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. I authorize BGCNCG access to- and may copy my child's academic records and reports in order to assist with their progress.

BRIGHT FROM THE START EXEMPTION: (initial) I acknowledge that I have been informed that this program is not a licensed child care facility, it is not required to be licensed by the GA Department of Early Care and Learning, and this program is exempt from state licensure requirements.



Directions: Please initial your preference within each box. Sign below and return. A copy will go into each member's file. Thank you!

Computers & Internet Access	TRANSPORTATION
<p>My child may access the following while supervised at the Club: <input type="checkbox"/> Internet <input type="checkbox"/> E-mail <input type="checkbox"/> Social Media <input type="checkbox"/> None</p> <p><input type="checkbox"/> My child's work can be published on the Internet. <input type="checkbox"/> My child's work can not be published on the Internet. <input type="checkbox"/> As a user of the Club computer network, my child and I agree to comply with the stated rules and use of the network in a constructive and appropriate manner.</p>	<p><input type="checkbox"/> I authorize travel with the Boys & Girls Clubs of North Central Georgia to any field trip or outing that I, or other parent / guardian, sign my child up for during the 2018 - 2019 school year and/or summer programs. By initialing, I agree that neither the BGCNCG, the Department of Human Services (DHS), nor any of their representatives shall be held liable for any accidents or misfortunes while in route to, or returning from any Club outings.</p> <p>In the event of a medical emergency, I give the BGCNCG permission to transport my member in a personal vehicle if necessary. HOLD HARMLESS AND LIABILITY RELEASE</p> <p><input type="checkbox"/> I voluntarily submit my child for registration as a member in the Boys & Girls Clubs of North Central Georgia (BGCNCG), including all sports activities at the Club. I understand all inherent dangers.</p> <p><input type="checkbox"/> I hereby release, indemnify and hold harmless the Department of Human Services (DHS), DFCS, The Alliance, and BGCNCG from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child.</p> <p><input type="checkbox"/> I hold harmless the above mentioned parties 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, understood, 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>
MEDICAL	
<p>In the event of an emergency, the Club must have written consent to seek medical treatment for your child.</p> <p><input type="checkbox"/> I give the Boys & Girls Clubs of North Central Georgia 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> <p><input type="checkbox"/> I <u>do not</u> give the Boys & Girls Clubs of North Central Georgia permission to seek medical treatment for my child.</p> <p><input type="checkbox"/> I authorize administration of basic first aid, including but not limited to splinter removal, antibiotic cream/spray, band-aids and ice application.</p> <p><input type="checkbox"/> I <u>do not</u> authorize administration of basic first aid.</p>	
PHOTO RELEASE	CONSENT FOR TEENS TO SELF-CHECKOUT & LEAVE THE CLUB
<p><input type="checkbox"/> I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child(ren) by the Georgia DHS and BGCNCG. This release gives the GA DHS and BGCNCG the right to use the above-listed visual material in conjunction with the promoting, teaching, instruction, training, information and education of employees of DHS, BGCNCG or the general public. Further, I hereby release the Georgia DHS and BGCNCG and forever discharge any claim of any nature against them as long as the material is used in compliance with the above stated. I grant this consent as (parent-guardian) a voluntary contribution in the interest of said reasons listed above.</p>	<p><input type="checkbox"/> I give permission for my teenager, to sign him/herself out and to leave the property of the Boys & Girls Club at any time.</p> <p><input type="checkbox"/> I give permission for my teenager, to sign him/herself out and to leave the property of the Boys & Girls Club only after I have been contacted and give parental consent to the staff, each time.</p> <p><input type="checkbox"/> I <u>do not</u> give permission for my teenager, to sign him/herself out and to leave the property of the Boys & Girls Club.</p> <p><input type="checkbox"/> I understand that once my child signs out, the Club is no longer responsible for their safety, well-being, or behavior.</p>
<p><input type="checkbox"/> I have received the Member/Parent Orientation Guide and I agree to adhere to and abide by the policies of the Club as indicated 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.</p>	

I have read and understand all policies and procedures for the Boys & Girls Clubs of North Central Georgia.

Please print Member's Name: _____ Date: _____

Print Parent / Legal Guardian Name: _____ Signature: _____



Family Information Form

Confidential: The following information is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

HEAD OF HOUSEHOLD

First Name	Last Name	Male	Family Size	Annual Household Income
<input type="text"/>	<input type="text"/>	Female	<input type="text"/>	<input type="text"/>
Home Address	City	State	Zip Code	County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone Number	Cellphone Number	Email Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> Employed	Work Number	Employer / Company	Occupation	
<input type="checkbox"/> Not Employed	<input type="text"/>	<input type="text"/>	<input type="text"/>	

OTHER PARENT / GUARDIAN

First Name	Last Name	Male	Authorized to Pickup
<input type="text"/>	<input type="text"/>	Female	Same Address As Above
Home Phone Number	Cellphone Number	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Work Number	Employer	Occupation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

MEDICAL

Family Pediatrician	Pediatrician Phone	Preferred Hospital / Clinic	Hospital / Clinic Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PICK-UP / EMERGENCY CONTACT INFORMATION (other than Parent/Guardian)

First Name	Last Name	Relation to Member(s)	Phone Number	Authorized Pick-Up	Emergency Contact
				Authorized to Pick-Up	Emergency Contact
				Authorized to Pick-Up	Emergency Contact
				Authorized to Pick-Up	Emergency Contact
				Authorized to Pick-Up	Emergency Contact



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

Page 1 of 3 - DFCS Afterschool Care Program Eligibility Form

Boys & Girls Clubs of North Central Georgia 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 – <i>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.</i>	<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	\$37,470.00	\$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	\$39,590.00	\$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. PLEASE MAKE SURE THE NUMBER OF NAMES LISTED BELOW EQUALS THE AMOUNT OF THE FAMILY UNIT SIZE. (Ex: Family Unit Size: 3, Name: Shaquille O'Neal, Denzel Washington, Jennier Lopez).

Household Composition and Income					
Gross Monthly Income is income before taxes and deductions.					
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.