



**BOYS & GIRLS CLUBS
OF ALBANY**

2017-2018 Afterschool Program - Membership Application

Please Print. Incomplete applications will not be accepted.

Club Member Information					
First Name:		Middle Initial:		Last Name:	
Address:				Phone Number:	
State:	City:	Zip Code:	Email Address:		
Social Security Number:		Birthdate: / /		Foster Child: Yes No	Gender: Male Female
Race/Ethnicity: White/Caucasian Black/African American Hispanic/Latino Asian Native American Bi-Racial Multi-Racial Other					
Name of School:			Grade:	Previous Member: Yes No	
Primary Parent/Guardian Information					
First Name:		Middle Initial:		Last Name:	
Address:				Phone Number:	
State:	City:	Zip Code:	Email Address:		
Gender: Male	Female	Military Branch:		Cell Phone Number:	
Employer:				Work Phone Number:	
Secondary Parent/Guardian Information					
First Name:		Middle Initial:		Last Name:	
Address:				Phone Number:	
State:	City:	Zip Code:	Email Address:		
Gender: Male	Female	Military Branch:		Cell Phone Number:	
Employer:				Work Phone Number:	
Household Information					
Single Parent Household? Yes No		Member Lives With: Both Parents Mother Father Other:			
Number of People in Household:		Annual Household Income:		Primary Language:	
Club Member Medical Information					
Reasonable accommodations necessary to ensure a meaningful experience for Child:			Allergies:		
Physician Name:			Physician Phone Number:		
Insurance Company:			Policy Number:		
Amerigroup/Peach State/Well Care ID Number:				Voucher Number:	
Persons Authorized to Pick Up Member					
Name of Contact	Relationship	Phone Number:	Emergency Contact		

By signing below I acknowledge that the information provided above is accurate. I understand the rules of Boys & Girls Clubs of Albany, Inc. I request that my child 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 child and agree that BGC Albany will not be responsible for any accident to him/her while on the premises of BGC Albany or while engaged in any of its activities away from BGC Albany. I do assume all risks and hazards incidental to the conduct of the activities and release responsibility of any person transporting my child to or from any and all activities. I hereby release, absolve, indemnify and hold harmless Boys & Girls Clubs of Albany, Inc. and all its employees, volunteers, donors and sponsors. I understand that the Parent Orientation is mandatory and my child's membership will not be active until I attend. Lastly, I understand that the membership fee is non-refundable.

Parent Name:	Parent Signature:	Date:
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BOYS & GIRLS CLUBS
OF ALBANY

2017-2018 Afterschool Program - Membership Application

Please indicate your choice by initialing one of the following for EACH section.

Club Member Name: _____

Release of School Records

As parent/legal guardian of the aforementioned Club member, I grant Boys & Girls Clubs of Albany, Inc. permission to obtain school records - i.e. all academic information, report card information, attendance information and/or tutorial information. I also grant BGC Albany youth development professionals permission to speak with teachers, counselors and other school administrators at my child's school in order to obtain and exchange information as part of the services provided by BGC Albany. I authorize Boys & Girls Clubs of Albany to access and/or receive copies of my child's academic transcripts, report cards, and test scores including Georgia Milestones.

- _____ I give permission to BGC Albany to receive all academic information from my child's school.
 _____ I **DO NOT** give permission to BGC Albany to receive all academic information from my child's school.

Media Release

As parent/legal guardian of the aforementioned Club member, I hereby irrevocably consent to and authorize the unrestricted use by Boys & Girls Clubs of Albany, Inc., Georgia Department of Human Resources, and their subsidiaries, affiliates and advertising agencies ("Companies") of my child's name, photographs, voice, likeness, works of art and identity in various BGC Albany marketing and collateral materials, as well as miscellaneous print publications, website and social media publications, and other media outlets. I authorize the use of these images without any right of prior review or further approval. I hereby waive, release, and discharge said companies and all agents, employees and other officers of the companies from any claims, liability and demands, past present or future, including any that I do not now know of or anticipate arising in the future. I waive all rights with respect to such use of my name, photography, identity and personal information including but not limited to publicity, privacy, injury and libel.

- _____ I give permission for my child to be included in various media events and grant all media permissions described above.
 _____ I **DO NOT** give permission for my child to be included in various media events or any media permissions described above.

General Travel Consent

As parent/legal guardian of the aforementioned Club member, I hereby grant permission for my child to participate in the activities and programs of Boys & Girls Clubs of Albany, Inc. that necessitate transportation in vehicles. I understand that often local day trips will be unannounced. Out of town trips will be posted in advance. I understand that all trips will be under the supervision of BGC Albany youth development professionals. I hereby release, indemnify and hold harmless Boys & Girls Clubs of Albany, Inc. and the Department of Human Resources from any liability, claim or demand resulting from such participation.

- _____ I give my child general travel permission as described above.
 _____ I **DO NOT** give my child general travel permission.

Emergency Medical Consent

As parent/legal guardian of the aforementioned Club member, in case of accidental injury, and/or medical emergency, I hereby authorize Boys & Girls Clubs of Albany, Inc. to see that the necessary medical treatment is obtained. In this event, I authorize a BGC Albany youth development professional to sign for and authorize the physician of his/her choice to provide emergency care. In case of accidental injury, I agree to assume financial responsibility for cost incurred.

- _____ I give my permission to BGC Albany to seek medical treatment in instances mentioned above and agree to the release of all liabilities.
 _____ I **DO NOT** give my permission to BGC Albany to seek medical treatment for my child.

Computer/Internet Usage Consent

As parent/legal guardian of the aforementioned Club member, I hereby give my permission for my child to participate in the activities and programs of Boys & Girls Clubs of Albany, Inc. that use the internet. I understand that all computer use will be under the supervision of BGC Albany youth development professionals. I understand my child may only go to internet sites that are pre-approved by BGC Albany. Any inappropriate use of the computer will result in suspension and may result in my child's membership to be revoked.

- _____ I give my child permission to use the computers and/or internet in accordance with BGC Albany rules and program expectations.
 _____ I **DO NOT** give my child permission to use the computers and/or internet while at BGC Albany.

Bright from the Start Notice of Exemption

I understand and acknowledge, I acknowledge that I have been informed that this program is not a licensed child care facility. I also understand that 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.

Hold Harmless and Liability Release

I hereby release and agree to indemnify, defend, and hold harmless the Boys & Girls Clubs of Albany, Inc., its affiliates, representatives, agents, employees, and directors from all claims or liability for damages and/or injuries incurred by my child in connection with these services. I voluntarily submit the registration of my child as a member at Boys & Girls Clubs of Albany, Inc. I understand the activities at the Club may include but are not limited to: swimming, sports, fitness and 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. I will hold harmless Boys & Girls Clubs of Albany, Inc. 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 any Boys & Girls Clubs of Albany, Inc. programs, activities or services. I further state that I am the lawful parent/guardian for my child and of lawful age and legally competent to sign this agreement, and that signing this agreement is my own free act and done voluntarily. I also 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.

Parent Name: _____	Parent Signature: _____	Date: _____
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**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

(DFCS funded Agency Name), 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 the 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	\$11,880.00	\$35,640.00	\$2,970
2	\$16,020.00	\$48,060.00	\$4,005
3	\$20,160.00	\$60,480.00	\$5,040
4	\$24,300.00	\$72,900.00	\$6,075
5	\$28,440.00	\$85,320.00	\$7,110
6	\$32,580.00	\$97,740.00	\$8,145
7	\$36,730.00	\$110,190.00	\$9,183
8	\$40,890.00	\$122,670.00	\$10,223
Each additional person, add	\$4,160	\$12,480	\$1,040

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2014 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 80 FR 3236, Page 3236 – 3237, Document Number: 2015-01120)

** 300 % of the federal poverty level. Released January 25, 2016.

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

To be Completed by DFCS Funded Afterschool/Summer Service Provider

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.
- An individual documented as the youth's caregiver. A caregiver is considered a person who provides direct care to the youth. This provision includes foster parents.

****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;
- SUCCESS screen information; and/or
- STARS.

See page 2 of Appendix B for applicable income sources.

Page 2 of 2 - DFCS Afterschool Care Program Eligibility Form Appendix

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, PeachCare** : Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the afterschool care program (COMPASS documentation, SUCCESS 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.



Georgia Division of Family and Children Services
Community Programs Unit
Afterschool Care Program

NON-INCOME DECLARATION FORM

I, Mr. /Mrs. /Ms. _____

Parent and/or guardian of _____

hereby declare that I do not have any income at this time.

I have not received income from any of these sources:

- Wages from employment (Ex: commissions, tips, bonuses, fees etc.)
- Income from a business I own
- Rental income from the place I live or other property I own
- Interest of dividend from assets
- Social Security payments (including SSA or SSI), annuities, insurance policies, retirement funds, pension, or death benefits
- Unemployment or disability payments
- Public Assistance payments (Ex: TANF)
- Child support, alimony or gifts received from persons not living in my household
- Any other source not named above

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.

Signature of Parent/Guardian

Date