



BOYS & GIRLS CLUBS OF NORTH GEORGIA

PICKENS COUNTY

GILMER COUNTY

ADMIN USE ONLY

2024 Summer Program

Date Received: / /
IE Docs? Yes No IE? Yes No
Immunization Record: Y N

Membership Fee Paid: \$ _____

Notes:
BGC Bus/Walk Form: Yes No

Program Option Choice:

(Full) (1st-3) (2nd-3) (Half Day)

Registration Complete? Y N

**Including Forms & Fees*

SUMMER PROGRAM APPLICATION 2024 MEMBERSHIP YEAR

_____ # _____
Club Member Name & Club Number

CLUB INFORMATION

Pickens County

Boys & Girls Club at Roper Park & THE CLUB Youth Center
101 Freedom Way • Jasper, GA 30143 • 706-253-CLUB(2582) ext. 1

Gilmer County

George Link, Jr. Boys & Girls Club
945 Progress Road • Ellijay, GA 30540 • 706-276-CLUB(2582)

Boys & Girls Clubs of North Georgia Regional Office

PO Box 649 • Jasper, GA 30143 • 706-253-CLUB(2582) ext. 2
www.bgcng.org • Facebook: NorthGABoysandGirlsClubs

SUMMER PROGRAM MEMBERSHIP


Valid
June 2024-
July 2024

***Submit your child's Immunization Records and Income Eligibility Documents to complete the application.**

****Submit check stubs from the latest 4 weeks of income and 2023 W2 forms for every person who contributes to your household income. Proof of income is required for all members.**

*****Additional forms to be completed upon registration if utilizing transportation provided by BGCNG and/or if your child receives free or reduced lunch at school.**

******Youth in Foster Care - Guardian must submit DFCS Form #177 with application (receive from case worker)**

Summer Application Page 2 of 10				Circle One Pickens County Roper Park Club Gilmer County George Link, Jr. Club		STAFF USE ONLY SUMMER 2024 DOR: _____ WAITING LIST: _____ Medical/Allergies Alert? Yes No Explain: _____ Foster Care? Yes No Form 177 on File? Yes No Member may leave on own? Yes No		Club # IE? Y N Internet? Y N Cell Phone? Y N Photo? Y N Swim? Y N Benadryl Y N Neosporin Y N	
2024 SEC MEMBERSHIP APPLICATION									
Youth Information Renewal? Yes No Club member for: Less than 1 year 1-2 Years 2 or More Years		First Name: _____ Race/Ethnicity: White/Caucasian Black/African American Hawaiian/Pacific Islander Hispanic/Latino Bi-Racial Multi-Racial Native American Asian Other: _____		MI: _____ Address: _____ City: _____ County/State/Zip: _____		Last Name: _____ Sex Male Female Does your child receive free or reduced lunch at school? No Reduced Free Date of Birth / / T-Shirt Size YS YM YL AS AM AL		What grade for NEXT School Year (Aug 2024 - May 2025) Grade: _____ School: _____	
Parent/Guardian Information		Name: _____ Relationship: _____ Home #: _____ Work #: _____ Mobile #: _____ Employer/Occupation: _____ Email Address: _____		Name: _____ Relationship: _____ Home #: _____ Work #: _____ Mobile #: _____ Employer/Occupation: _____ Email Address: _____		Name: _____ Relationship: _____ Home #: _____ Work #: _____ Mobile #: _____		Other Adults/Family Members Authorized To Sign-Out Your Child - Must Have Proper Identification Name/Relationship: _____ Name/Relationship: _____	
Is your child permitted to leave the BGC premises without a staff member, parent/guardian, or authorized adult? Yes No If yes, please write your printed name here: _____ and the sign here: _____									
As an affiliate of Boys & Girls Clubs of America we have been asked to share Club member registration and program participation information. Names will not be used, only Club membership numbers. Please initial here: _____ This is not an option:)									
Household Information *All information is required and needed for grant reporting purposes and will remain strictly confidential		*Single Parent Household? Yes No *Is this new member a foster child? No Yes (we need DFCS Form #177) *Who does your child live with? Mom Dad Step Parent Grand Parent Other: _____ *Number of Persons in Family Unit (# in household): # *Gross Annual Household Income (before taxes, etc.): \$		Medical Does member have any special medical conditions? Does member have any allergies? Yes No If yes, list here: _____		ADD/ADHD: Yes No Asthma: Yes No Diabetes: Yes No Emotional/Behavior disorder: Yes No Epilepsy / Seizure disorder: Yes No Gastrointestinal disorder: Yes No Other (List below): Yes No		Status: Guard Reserve Active Duty Station: _____	
Is this member a child of Military personnel not living on a Military Base? Yes No If yes, please circle one: Marine Corps Air Force Army Navy Coast Guard National Guard									
*I understand that all fees are non-refundable. This includes membership, summer, transportation and activity fees (if applicable). **For your tax purposes, please save the receipts you receive from us throughout the year. Our Federal Tax ID # is 20-2957153.									
Parent/Guardian Name: _____			Parent/Guardian Signature: _____			Date: _____			

GENERAL SUMMER PROGRAM INFORMATION FOR PARENTS/GUARDIANS

Summer Enrichment Program Schedule, Operation Hours & End-Of-Day Pick Up

See site specific Director for camp dates and hours of operation. *Closed 7/1/23 - 7/5/23 **Daily attendance is not required.

The Club closes at 5:45pm. Youth must be picked up no later than the designated pick-up time. Please do not request special exceptions for your child. A late fee will be imposed if you are late on repeated occasions---we have to pay our staff to stay over. *Repeated late pick-ups can and will result in your child's membership being revoked. Thanks in advance for adhering to this policy.

End of Day Youth Pick-Up: Once you arrive at the Club, please park your vehicle in a designated space before entering the building. We ask this to prevent unnecessary pileups as well as for the safety of Parents, Members, and Staff walking through the parking lot. Also, we ask that you complete your personal cell phone calls before pick-up. We're counting on parents/guardians to review notices and have continual contact with Club Staff. **P/G Initials:** _____

Summer Fees, Deposits and Payment Plans

A non-refundable deposit of \$75 (per child) is due upon registration. All summer payments are due by 6/3/2024 no matter the registration date. **Parent/Guardian Signature:** _____

Lunches, Snacks & Drinks

BGCNG will make every attempt to provide a free lunch and an afternoon snack; however, at the time of this printing this application these two items are not confirmed nor guaranteed. All parents/guardians should plan to provide their child with breakfast (at home) before arriving to the Club and to send in a healthy, non-perishable lunch & snack on a daily basis. All items must be peanut free and please no sodas or sport drinks. Food containers should be clearly labeled with your child's name. **P/G Initials:** _____

Members Needing Special Care

Please inform Club staff if your child needs special assistance to participate in a mid to large group recreation setting. We will make every attempt to accommodate your child; however, we are unable to provide one-on-one supervision and assistance on a continual basis.

Parents/guardians are welcome to come and play! **P/G Initials:** _____

Discipline

I understand that my child must adhere to all Boys & Girls Club rules and directions, both verbal and written. In the event of repeated negative behaviors, I understand that my child's membership can and will be revoked; therefore s/he will no longer be able to participate in Club programs and activities. I understand that my child's summer fees will not be refunded. **P/G Initials:** _____

Medications

BGCNG staff and volunteers are not permitted to administer any medications except for prescribed Epi-Pens and Benadryl.

Please be sure to complete the medical release portion of this membership application. **P/G Initials:** _____

Dress for Active Play & Personal Items

Youth should come to the Club dressed for active play! This includes comfortable clothing and athletic shoes. No flip flops! Personal "play" items and electronics should remain at home (this includes cell phones for youth in elementary school). We are not responsible for lost, stolen, or damaged items, so please do not allow your child to bring them. All book bags, jackets, umbrellas, swimming items, etc. should be clearly labeled. **P/G Initials:** _____

Staff Relationships

No personal relationships are permitted between any BGCNG representatives and youth outside of regular programming at the Club, this includes relationships on social media platforms as well. Club youth and parents/guardians are asked to avoid making any connections. If there is a conflict with this rule, be sure to inform your Club Director. Please do not request staff (teens and adults) to babysit, participate in family outings, etc. School & recreation department sponsored activities are an exception to this rule. We love to support our kids!

P/G Initials: _____

Club Member Name: _____ **Date:** _____

Parent/Guardian Name: _____ **Parent/Guardian Signature:** _____

GENERAL RELEASE AND CONSENT FORMS FOR PARENTS/GUARDIANS

Bright From The Start Exemption Acknowledgement

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. **Parent/Guardian Signature:** _____ **Date:** _____

Photo/Video Release Statement ---Media Permission Form (Indicate by initial)

RE: Use of Name, Photograph, Video and Identity in Connection with Advertising and/or Promotion of the organization
For valuable consideration I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use by Boys & Girls Clubs of North Georgia, DFCS, Department of Human Services and their subsidiaries, affiliates and advertising agencies ("Companies") of my child's name, photographs, videos, works of art and identity in various BGCNG website 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, 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.

General Transportation / Field Trip Consent --- (Indicate by initial)

By signing below, I understand the youth who participate in the Boys & Girls Clubs of North Georgia afterschool/summer program may participate in various field trips funded by the Georgia Department of Human Services, Department of Family and Children Services Afterschool Care Program. In consideration of the youth for the opportunity to participate in field trips, Boys & Girls Clubs of North Georgia hereby releases, indemnify and hold harmless the Georgia Department of Human Services, Department of Family and Children Services from any liability, claim or demand resulting from such participation. Boys & Girls Clubs of North Georgia, Inc. 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. *Note that all field trips will have a separate "field trip specific" form to be completed by the parent/guardian.

I give my child General Travel Permission. I DO NOT give my child General Travel Permission.

Medical Policy, Release & Consent

I authorize Boys & Girls Clubs of North Georgia (BGCNG) to contact me if my child is injured and/or harmed in any way. I also authorize BGCNG to seek medical attention for my child if he or she 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. In consideration of their granting my child the opportunity to participate in the Afterschool/Summer Program, I hereby release, indemnify and hold harmless the Department of Human Resources, DFCS, and Boys & Girls Clubs of North Georgia 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.

I have reviewed and understand the Medical Policy/Release as stated above. Parent/Guardian Signature: _____

Hold Harmless/Liability Waiver Statement

By signing below, the parent(s) of the youth agree that Boys & Girls Clubs of North Georgia Inc., Department of Human Services(DHS), DFCS, 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 Afterschool/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, sports field, swimming, etc.). **P/G Initials:** _____

Open Door Policy

Please keep in mind that Boys & Girls Clubs of North Georgia, Inc. provides an after-school education & recreation experience for your child, not a daycare and/or babysitting service. BGCNG has an "Open-Door Policy" --- It is the parent/guardian's responsibility to inform the staff, and child, that s/he should remain on the Club premises until received by an authorized person. We will strongly encourage the child to stay on BGC property; however, we will not physically restrain a child who insists on leaving the facility. An attempt to contact the parent/ guardian will be made in the event that a Club member decides to leave the premises without permission. If you give your child permission to go to and from the Club at his/her leisure, please note that once a member leaves for the first time, s/he may not re-enter. **BGCNG is not responsible for ANY child that leaves the Club without prior permission from a BGCNG staff member. P/G Initials:** _____

Club Member Name: _____ **Date:** _____

Parent/Guardian Name: _____ **Parent/Guardian Signature:** _____

MEDICAL, INTERNET ACCESS & CELL PHONE POLICIES

Medical

Please note that staff members cannot administer prescription and/or over-the-counter medications unless in an emergency situation. A parent/guardian must make arrangements to administer any and all medications.

Youth **MAY NOT** self-administer **ANY** medications **NOR** have on their person at **ANY** time.

Child's First Name:	MI:	Child's Last Name:
Does your child have health insurance coverage?	Yes No	If yes, list name of insurance provider & policy number:
Does your child have any allergies?	Yes No	If yes, please list them:
*If your child has food allergies, you must send in snacks on a daily/weekly basis (healthy items & no peanut products please)		
Does your child have any other medical conditions (disabilities, infections, viruses, etc.)?	Yes No	If yes, please list them:
Is your child currently taking any medications (prescribed or non-prescribed)?	Yes No	If yes, please list them:
In the event of emergency and first aid is required, may we administer Benadryl and/or Neosporin?	Yes No	If yes, please circle one or both..... then initial in the box. Benadryl Neosporin <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>

***Please be sure to notify Club staff if your emergency contacts need to be updated.**

Parent/Guardian Name: _____ **Parent/Guardian Signature:** _____

Club Sponsored Internet Access

Club members are responsible for their conduct and activities while using Club sponsored internet on all personal & BGC devices.

The following are restricted sites: Any website that asks for user information before accessing the site; All pornography sites to include all sexually suggestive material; Any site with chat or IM capability - regardless of content; All drug websites containing production information; Instant Messaging Sites and Personal Email; Music sites or sites that contain any lyrics; Any and All Social Networking Sites; and Any and All "hate" sites. *Club members who intentionally access these sites will have their internet privileges revoked.

**This includes use of BGCNG WiFi for personal devices, including phones.

I DO / DO NOT give permission for my child to use Club sponsored access to the internet.

Club Member Name: _____ **Club Member Signature:** _____

Parent/Guardian Name: _____ **Parent/Guardian Signature:** _____

Cell Phone Usage for Junior High & High School Members / Special Notice for Elementary & Middle

Elementary & Middle school youth (K-5) should not bring a cell phone to the Club (if s/he has one, it must be left in their personal book bag at all times). Junior High and High School Club members (6th-12th) may use their cell phone, and/or other electronic communication device, during designated times if permission is granted by the parent/guardian and with the following understanding:

- (1) The Club and Staff will not be responsible for conversations my child has, or texts my child sends, while using their device;
- (2) The Club and Staff will not be responsible for any websites my child visits while using their device;
- (3) Club members who create/share/forward anything that is deemed inappropriate, s/he will lose privileges to use the device;
- (4) Unless approved by Club staff, Club members must refrain from taking any videos and participating in any form of live streaming;
- (5) The Club and Staff will not be responsible for damage or loss of a Club member's device;
- (6) The device may only be used during certain times and in specific areas of the Club. Using the device in an undesignated area or time will mean the Club Member loses possession of the phone until the parent/guardian arrives; and
- (7) This is the permission form. To ensure that all parties involved have a full and complete understanding, both the parent/guardian and Club member must print their name and sign to either grant or deny permission.

I DO / DO NOT give permission for my child to use his/her cell phone or other personal device.

Club Member Name: _____ **Club Member Signature:** _____

Parent/Guardian Name: _____ **Parent/Guardian Signature:** _____

MEDICAL POLICY

Boys & Girls Club of North Georgia will use the following guidelines for the medical care and needs of our Club members. For the safety of all children, staff, and volunteers, we ask that parents keep all sick children home.

- Staff members may not administer prescription and/or over the counter medications unless in an emergency situation. A parent/guardian must make arrangements to administer any and all medications. Special authorization forms are available for EpiPens that may be required.
- A current immunization form should be provided and on file at the Club.
- Should a child become sick at the Club, the parent will be called and asked to make arrangements to have the child picked up. We will do our best to isolate them from other children.
- Children are not permitted to carry any medicine on their person, in their backpacks or lunch bags. Asthma inhalers are allowed to be carried by the child, but please inform the staff if you choose to do so. Epi Pens should be provided for a child and maintained at the Club for use during all activities, especially those outdoors.
- If your child has a contagious disease you are required to notify the Club Director. This
 - Strep throat
 - Child must be on an antibiotic for 24 hours before returning and feel well enough to eat, drink, and participate fully in all activities.
 - Head lice
 - Child may return when nits (eggs) can no longer be found by staff.
 - Pink eye
 - A child may return to Club activities after he/she has been on antibiotics for 24 hours or he/she is accompanied by a doctor's note stating a non-contagious condition (such as a blocked tear duct).
 - Undiagnosed rash
 - Ringworm
 - Child may return after one treatment as long as lesions can be covered by clothing or bandage for one day.
- Because a fever may indicate other health concerns a child should be fever-free, without the use of fever-reducing medicine, for twenty-four hours before returning to the Club. Upon return, child must be able to participate in all activities including outdoor recreation.

The staff will take the necessary steps if your child requires emergency care. These steps are:

1. Attempt to contact the parent or guardian.
2. Attempt to contact any emergency contacts you listed on your forms.
3. If we cannot contact you, or in a life-threatening situation, an ambulance will be called, and the child will be transported to the hospital in the company of a staff member.

Members Needing Special Care: Please inform Club staff if your child needs special assistance to participate in a mid to large group recreation setting. We will make every attempt to accommodate your child, however, we are unable to provide one-on-one supervision and assistance on a continual basis.

Parents/guardians are welcome to come and play!

PARENT/GUARDIAN SIGNATURE

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

COMPUTER CENTER AND INTERNET USAGE

****CLUB MEMBERS ARE RESPONSIBLE FOR THEIR CONDUCT AND ACTIVITIES****

Youth must have written parent/guardian permission to use the internet.

Absolutely NO downloads of any kind without prior permission from staff.

Please do not print any materials unless approved by a staff member.

Absolutely NO food, drinks, candy, or gum in the computer centers.

Always remember that you are responsible for what you do online.

Members should not change any of the control panel settings.

Never agree to meet in person with anyone you meet online.

Never give out personal information over the Internet.

USE GOOD JUDGEMENT. THE FOLLOWING ARE RESTRICTED SITES FOR ALL OF THE BGCNG COMPUTERS

Any website that asks for user information before accessing the site.

All pornography sites to include all sexually suggestive material.

Any site with chat or IM capability - regardless of content.

All drug websites containing production information.

Instant Messaging Sites and Personal Email

Music sites or sites that contain any lyrics

Any and All Social Networking Sites

No Facebook, Instagram, Twitter, etc.

Any and All "hate" sites.

**Members who intentionally access these sites will have their internet privileges revoked.*



I DO give permission for my child to use the Internet.

Club Member Name

Club Member Signature

Parent/Guardian Name

Parent/Guardian Signature



I DO NOT give permission for my child to use the Internet.

Club Member Name

Club Member Signature

Parent/Guardian Name

Parent/Guardian Signature

CELL PHONE USAGE

Elementary-age youth should not bring a cell phone to the Club (if she/he has one, it must be left in their personal book bag at all times). If a middle school Club member has a cell phone, it may be used during designated times if permission is granted by the parent/guardian and with the following understanding:

- (1) The Club and Staff will not be responsible for conversations my child has or texts my child sends while using their device. (2) The Club and Staff will not be responsible for any websites my child visits while using their device. (3) Club Kids sharing what is deemed inappropriate video / texting with other Club Kids will result in my child losing the privilege to use the device during Club hours. (4) The Club and Staff will not be responsible for damage or loss of their device. (5) The device may only be used during certain times and in specific areas of the Club to be set aside for their use. Using the phone in an undesignated area or time will mean the Club Member loses possession of the phone until the end of the day. (6) Expectations and rules for cell phone usage will be reviewed with my child by Club Staff so they know their responsibility in being allowed to have this privilege. **This is the permission form.**



I DO give permission for my child to use his/her cell phone.

Club Member Name

Club Member Signature

Parent/Guardian Name

Parent/Guardian Signature



I DO NOT give permission for my child to use his/her cell phone.

Club Member Name

Club Member Signature

Parent/Guardian Name

Parent/Guardian Signature

High School Members - It is your responsibility to use your devices according to your parent/guardian's guidelines.



**Georgia Division of Family and Children Services
Out of School Services
Youth Participation Eligibility Form**

Page 1 of 3 - DFCS Out of School Services Eligibility Form

Boys & Girls Clubs of North 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 out of school services 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.

DFCS Out of School Services Family Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Out of School Services Annual Household Income Guidelines **	DFCS Out of School Services Monthly Household Income Guidelines
1	\$14,580.00	\$43,740.00	\$3,645
2	\$19,720.00	\$59,160.00	\$4,930
3	\$24,860.00	\$74,580.00	\$6,215
4	\$30,000.00	\$90,000.00	\$7,500
5	\$35,140.00	\$105,420.00	\$8,785
6	\$40,280.00	\$120,840.00	\$10,070
7	\$45,420.00	\$136,260.00	\$11,355
8	\$50,560.00	\$151,680.00	\$12,640
Each additional person, add	\$5,140	Multiply total Federal Poverty Level by 300%	Divide DFCS Out of School Services Annual Household Income by 12.

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2023 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 88 FR 3424, Page 3424-3425, Document Number: 2023-00885)

** 300 % of the federal poverty level in effect January 19, 2023.

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?
	<i>SELF</i>				

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 Out of School Services 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 Out of School Services 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 Peach Care:** Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the out of school services 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 DFCS Out of School Services.