



**BOYS & GIRLS CLUBS  
OF LANIER**

**Afterschool Registration for 2018-19 School Year  
Registration Checklist**

\_\_\_\_\_  
Child's Name

to be  
completed  
by Club  
Staff

**Required Documentation**

- 1 Completed 2018-19 membership application
- 2 Provide **one** of the following proof of services, if applicable:

\_\_\_\_\_  
\_\_\_\_\_

<b>TANF</b>	Submit most recent award letter, or print proof of these services at <a href="https://gateway.ga.gov">https://gateway.ga.gov</a>
<b>SNAP, formerly known as Food Stamps</b>	Submit most recent award letter, or print proof of these services at <a href="https://gateway.ga.gov">https://gateway.ga.gov</a>
<b>Medicaid or SSI - Amerigroup, CareSource, Peach State, or WellCare</b>	Submit a copy of child's card and most recent award letter, or print proof of these services at <a href="https://gateway.ga.gov">https://gateway.ga.gov</a>
<b>Free or Reduced Lunch - Note:</b> <i>This is not applicable if the entire school population is awarded free lunch in universal eligibility (i.e. GCSS)</i>	Submit most recent award letter from school district.

- 3 Checks stubs from the **most recent 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 child's birth certificate
- 5 Copy of child's Social Security Card
- 6 Copy of Parent Identification

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Payment**

- 1 Annual \$40 membership fee, or membership voucher (Amerigroup, WellCare, CareSource, Peach Care State)
- 2 \$25 weekly fee, extension sites only.

\_\_\_\_\_  
\_\_\_\_\_

Note: BGCL does **not** accept personal checks or cash. Money order, or automated withdrawal for recurring payments, only.

\_\_\_\_\_  
Parent Name (print)

\_\_\_\_\_  
Parent Signature/Date

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

# Membership Application 2018-2019



**BOYS & GIRLS CLUBS**  
OF LANIER

**Incomplete applications will not be accepted.**

Afterschool Program    Summer    Site Name \_\_\_\_\_

Has your child ever been a member at another Club? If so, name of Club: \_\_\_\_\_

## Member Info (Please Print)

<b>First Name:</b> [ ]	<b>Middle Initial:</b> [ ]	<b>Last Name:</b> [ ]	
<b>Address:</b> [ ]		<b>Email Address for Member:</b> [ ]	
<b>Zip Code:</b> [ ]	<b>County:</b> [ ]	<b>City:</b> [ ]	<b>Home Phone:</b> [ ]
<b>Birthdate:</b> [ ] / [ ] / [ ]	<b>Member's SSN (REQUIRED):</b> [ ] - [ ] - [ ]	<b>Cell Phone (Member):</b> [ ]	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Grade in School:</b> [ ]	<b>Race/Ethnicity:</b> <input type="checkbox"/> Black or African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other _____	<input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Multi-Racial
			<b>Club member for:</b> <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 2 or more years
<b>Name of School:</b> [ ]			

## Household Info (Please Print)

<b>Is Member from a Single Parent Household:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gender of Head of Household:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Check all that apply:</b> <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> School Lunch Program <input type="checkbox"/> Veterans Affairs <input type="checkbox"/> None above apply to my household	<b>Annual Household Income:</b> <input type="checkbox"/> <\$15,000 <input type="checkbox"/> \$15,000 - \$20,000 <input type="checkbox"/> \$20,000 - \$30,000 <input type="checkbox"/> \$30,000 - \$40,000 <input type="checkbox"/> \$40,000 - \$50,000 <input type="checkbox"/> \$50,000 - \$75,000 <input type="checkbox"/> >\$75,000
<b>Member Lives With: (Check One)</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Foster care/DFACS <input type="checkbox"/> Mother <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Father <input type="checkbox"/> Other _____ <input type="checkbox"/> Grandparent(s)			
<b>Primary Language Spoken In Home:</b> [ ]	<b>Member Receives: (Check One)</b> <input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Lunch <input type="checkbox"/> None		

## Member's Medical Concerns (Please Print)

**(If no allergies or medical problems, write NONE in the boxes below)**

<b>Allergies</b> [ ]	<b>Medical Problems/Medicine Needs:</b> [ ]
<b>Physician &amp; Phone Number:</b> [ ]	<b>Medicaid Number:</b> [ ]
<b>Insurance Company &amp; Policy #:</b> [ ]	<b>Can member swim:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please Explain Any Special Needs/Concerns For Member:</b> [ ]	

**Parent Info (Please Print)**

**Primary Parent/Gaurdian**

**First Name**

**Last Name**

**Home Phone:**

**Cell Phone:**

**Email Address:**

**Employer & Work Number:**

**Occupation:**

**Secondary Parent/Gaurdian**

**First Name**

**Last Name**

**Home Phone:**

**Cell Phone:**

**Email Address:**

**Employer & Work Number:**

**Occupation:**

**Emergency Contact Info (Please Print)**

If same as Parent/Gaurdian, write 'Same as Above'.

**Name**

**Phone Number:**

**Pick up Information (Please Print)**

**Person(s) NOT authorized to pick up member**

**Name of person(s) NOT authorized to pick up member:**

**Have you attached legal documentation?**

- Yes  
 No

**NOTE: YOU MUST PROVIDE LEGAL DOCUMENTATION**

**Additional Household Info (Please Print)**

**Number of Persons in Family Unit (# in household)**

**Annual Household Income \$**

I have read the completed application and I understand the rules of the Boys & Girls Clubs of Lanier (BGCL) and request that my son/daughter be admitted into membership. 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 BGCL will not be responsible for any accident to him/her while on the premises of BGCL or while engaged in any of its activities away from BGCL.

\_\_\_\_\_ (Parent/Guardian signature) \_\_\_\_\_ (date)

**Member Assessment Permission Form (Initials Required)**

**RE:** Member to participate in assessments including but not limited to: Surveys for outcomes measurements, schools, household demographics and customized surveys built for specific programs (i.e. SMART Moves, BE GREAT: To Graduate)

For valuable consideration I, the undersigned, hereby irrevocably consent to and give authorization for my child to participate in Member Assessments used by Boys & Girls Clubs of Lanier, Department of Human Services and their subsidiaries, and affiliates. These assessments may include my child's name, my household information, my child's grades, and/or survey information to be used for reporting purposes ONLY.

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

**Media Permission Form (Initials Required)**

**RE:** Use of name, photograph 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 Lanier, Department of Human Services and their subsidiaries, affiliates and advertising agencies ("Companies") of my child's name, photographs, works and art and identity in various BGCL website and collateral material, as well as miscellaneous print publications and other media outlets, and 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 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 and 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 right with respect to such use of my name, photograph, identify, 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 (Initials Required)**

The Boys & Girls Clubs of Lanier will maintain all member files in a confidential manner. Pertinent information (i.e. all academic information, report card information or tutorial information) may be shared professionally with a Boys & Girls Clubs staff member, a Georgia Department of Human Services Case Manager (if applicable), or the school system child attends (i.e. Gainesville City, Hall County, or Forsyth County). 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 parents.

- I give permission to the BGCL to receive all academic information from my child's school.**  
 **I DO NOT give permission to the BGCL to receive all academic information from my child's school.**

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, assign, licensees and legal representatives of the Companies and shall be binding upon my heir, executors, assigns and legal representatives.

**Child's Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Forms & Waivers

PLEASE READ CAREFULLY & INITIAL. CHECK MARKS ARE NOT ACCEPTABLE

<p><b>Computers: (Initials Required)</b>  <u>CHOOSE ONLY ONE IN TOP SECTION</u></p> <p><input type="checkbox"/> My child <b>CAN USE</b> e-mail <b>and</b> the internet while at the Club as outlined in the Rules of Appropriate Use. As a user of the Club computer network, my child and I agree to comply with the stated rules and use the network in a constructive manner.</p> <p><input type="checkbox"/> My child <b>CAN USE</b> the internet <b>ONLY</b> as outlined in the Rules of Appropriate Use. As a user of the Club computer network, my child and I agree to comply with the stated rules and the network in a constructive manner.</p> <hr style="border-top: 1px dashed red;"/> <p><input type="checkbox"/> I would prefer that my child <b>NOT USE</b> e-mail or the internet while at the Club</p>	<p><b>Transportation: (Initials Required)</b>  <b>After School Travel: From School</b>  <i>(When space is available on van routes)</i></p> <p><input type="checkbox"/> I authorize service from my child's school to the Club for the current school year. I understand that BGCL reserves the right to remove my child from the van service.</p> <p><b>Field Trips/Special Events/Summer Travel</b></p> <p><input type="checkbox"/> I authorize travel with BGCL to any field trips or outing <b>that I sign my child up</b> for during the school year and /or summer program. I understand that BGCL reserves the right to remove my child from the van service.</p> <p><input type="checkbox"/> I <b>DO NOT</b> authorize <b>ANY</b> travel with BGCL. By selecting this option, your child <b>CANNOT PARTICIPATE</b> in <b>ANY</b> off site trips.</p>
<p><b>Medical: (Initials Required – 2 locations)</b>  <b>In the event of an emergency, the Club must have written consent to seek medical treatment for your child.</b></p> <p><input type="checkbox"/> I authorize administration of basic first aid</p> <p><input type="checkbox"/> I <b>DO NOT</b> authorize the administration of basic first aid</p> <hr style="border-top: 1px dashed red;"/> <p><input type="checkbox"/> I <b>give BGCL permission</b> 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 <b>DO NOT</b> give BGCL permission to seek medical treatment for my child.</p>	<p><b>Hold Harmless and Liability Release Waiver Agreement: (Initials Required)</b></p> <p><input type="checkbox"/> I voluntarily submit my child for registration as a member at BGCL. Activities at the Club may include, but are not limited to <b>BGCL SWIM, WEIGHT ROOM, and other SPORTS/REC ACTIVITIES, which at my discretion may choose to allow my child to participate in.</b> I will hold harmless BGCL 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 mere recital or simply for information purposes. I have read, understood, and fully informed myself of the contents of the agreement. I assume responsibility for my child's physical condition and capability to perform under the program.</p>
<p><b>Parent Orientation: (Initials Required)</b></p> <p><input type="checkbox"/> I understand that attending Parent Orientation is <b>MANDATORY</b> 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 the appropriate behavior while in attendance at the Boys &amp; Girls Club.</p> <p><b>NOTE:</b> The Member/Parent Orientation guide is available per download on our website and/or at the front desk of each club.</p>	<p><b>TWO Emergency Contacts other than Parent/Guardian</b></p> <p>Name: _____</p> <p>Phone: _____</p> <p>Name: _____</p> <p>Phone: _____</p>

**I have read and understand all policies and procedures.**

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**BOYS & GIRLS CLUBS**  
OF LANIER

## Success Academy Parent Compact 2018-2019



**Program Goal 1:**  
Improve academic performance

**Program Goal 2:**  
Improve classroom behavior

**Program Goal 3:**  
Improve parental involvement in educational and literacy programs

### BGC LANIER SUCCESS ACADEMY

To help build and develop a partnership with parents to help their children achieve high academic standards, the Boys & Girls Clubs of Lanier will:

- Provide a healthy afterschool snack daily.
- Provide daily academic enrichment services to students attending the program including certified tutorials and homework help.
- Provide expanded learning opportunities for college/career readiness.
- Monitor academic progress and report monthly to parents (with parental permission for access to Power School and communication with school day teachers, counselors and other appropriate staff).
- Provide transportation to and from the afterschool program.
- Provide fun learning opportunities for parents/guardians/families that encourage engagement in student's school performance.

### PARENTS

We, as parents, will support our children's learning in the following ways:

- Establish routines to support my child's success in school:
  - monitor attendance
  - homework & reading
  - nutrition
  - Computer and social media usage
  - Appropriate curfews
- Ensure that my child attends school on a regular basis and arrives at school on time.
- Make sure that my child's homework is completed and returned to school on time.
- Stays informed about my child's education and communicate with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding as appropriate.
- *Ensure that your child attends the 21<sup>st</sup> Century Scholar Success Academy program in order to achieve academic success a minimum of 3 days per week.*
- Become actively engaged in my child's learning experience during the school day and afterschool.
- *Attend a minimum of 3 family engagement events held by the 21<sup>st</sup> Century afterschool program.*
- *Allow appointed 21<sup>st</sup> Century staff and tutorial instructors to access and monitor student academic performance using Power School and regular communication with school day teachers, counselors, and other appropriate school staff.*

### STUDENTS

We, as students, will share the responsibility to improve our academic achievement. Specifically, we will:

- Attend school regularly and complete all daily homework and return it to school on time.
- Model Respect, Restraint, and Responsibility and the school code of conduct.
- Be responsible for giving my family members all information sent home from school and afterschool.
- Attend the 21<sup>st</sup> Century program regularly (a minimum of 3 days per week).
- Take an active role and responsibility in my education and college/career readiness through participation in afterschool tutoring and enrichment activities.

Student Name:

Parent Signature:

Date:



**BOYS & GIRLS CLUBS  
OF LANIER**

## **Notice of Exemption**

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

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## **Aviso de excepción**

Yo, \_\_\_\_\_, reconozco que me han informado que este programa no es un Centro de Cuidado de Niños con Licencia. También entiendo que este programa no requiere licencia del Departamento de Atención y Aprendizaje Temprano de Georgia y este programa está exento de los requisitos de licencia estatales.

\_\_\_\_\_  
Firma del padre/guardian

\_\_\_\_\_  
Fecha



**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**

**The Boys & Girls Clubs of Lanier, Inc.**, 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	\$12,140.00	\$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.

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.

**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