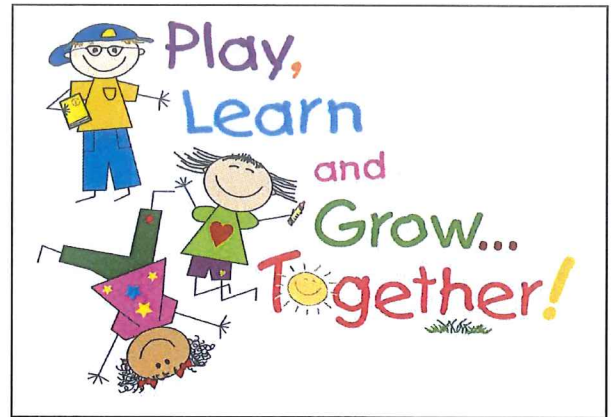


Union County Kids First Healthy Bodies, Healthy Lives Summer Rec Program



Union County in partnership with Herzstein Museum will be offering a Summer Recreation program for the youth of Union County, ages 5-10 (Must be 5 prior to June 12th). Union County Healthcare Assistance is funding the program and because of that there is an application and qualification process. If you qualify, the program is free. If not, it is \$10.00 per week. If you have more than one child it is \$10.00 plus \$5.00 for each additional child per week. This will be Monday thru Friday 8am-5pm. Breakfast and lunch are included. The swimming and all activities are FREE. We want to offer great things for our youth in this community. There will be several projects and fun activities planned for them all summer long.

THE PROGRAM WILL RUN FROM:

JUNE 12th - JULY 28th

8:00 am-5:00 pm

at the

Clayton National Guard Armory

There will also be a Summer Food Program, this will be in conjunction with the Summer Rec Program. Breakfast and Lunch will be provided FREE FOR ANYONE FROM THE AGE OF 1-18 YEARS OF AGE.

Swimming + Outdoor Activities+ Learning Centers
Extension Service Program
Clayton Library Reading Program

Please turn in your application, last 2 paystubs/proof of income for all parents/guardians in the household and medical insurance cards to the Commissioner's Office at the Union County Courthouse. If you have a concern or question do not hesitate to call 575-374-8896. We will help you fill out any paperwork. Victoria Baker, Museum Administrator, can be reached at 575-447-9700.

Please make sure and have your applications in before June 12th

Union County Kids First Healthy Bodies Healthy Lives Summer Recreation Application

1. Child/Nino (List all members of the household at the time of application in Item 3/Liste todos miembros en el articulo 3)

LAST NAME/APPELLIDO _____ FIRST NAME/NOMBRE _____ MIDDLE/SEGUNDO NOMBRE _____

DOB/Fecha de Nacimiento _____ SSN/No. Seguro Social _____

MAILING ADDRESS/Dirección de Correspondencia: _____

City/Ciudad _____ State/Estado _____ Zip Code/Código Postal _____

Parent/ Guardian Information:

Name: _____

Contact Numbers: _____

2. Residency/Residencia

List physical address/ Liste su residencia fisica: _____

Do you/ Que Usted: Rent/ Renta _____ Own/ Dueño _____ Shared rent with other members/ Comparte con otros miembros del hogar _____ Supplied free of charge/ Mantanimiento gratis _____ Homeless/ Sin hogar _____

List prior physical residence if less than (1) year at the current address/ Liste su residencia fisica si menos que (1) año en la residencia ultima: _____

PHYSICAL ADDRESS /RESIDENCIA FISICA _____ CITY /CIUDAD _____ STATE/ESTADO _____

3. List all members in the home/ Liste todos los miembros del hogar

Full Name/Nombre Completo _____ DOB/Fecha de nacim. _____ SSN/Seguro Social _____ Relationship to Child _____

Attach a separate sheet for additional members living within the home/Junta otra pagina para listar todos miembros del hogar

****Provide Proof/ Traiga comprobacion de lo Siguiete:**

4. Income/Ingreso (RECEIVED IN THE PAST 12 MONTHS/ RECIBIDO EN EL ULTIMO AÑO)

(INDICATE AMOUNT RECEIVED)

(INDICAR CANTIDAD RECIBIDO)

Employer: _____ Gross Amt. Received \$ _____

Empleador: _____ Cantidad Recibida \$ _____

Employer: _____ Gross Amt. Received \$ _____

Empleador: _____ Cantidad Recibida \$ _____

Unemployment/ Desempleo \$ _____

Welfare (aka TANF) \$ _____ Food Stamps/ Estampillas de comida \$ _____

SSA/ SSI Benefits/ Beneficios de Seguro Social/ Suplementario \$ _____

VA/ Beneficios Veteranos \$ _____

Pension/Retiro \$ _____

Educational Assistance/ Ayuda de Educación \$ _____

Workmen's Comp/Compensación de Trabajo \$ _____

General Assistance/ Asistencia General \$ _____

Other Income not listed/ Otro ingreso no puesto: \$ _____

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If you are employed this year provide current check stubs verifying type of income earned for all employed. Si usted estuvo empleado en este ano traiga talones de cheque corriente para poder comprobar el tipo de ingreso que entra a la casa para el empleado(s).

Did the parent/ or head of household file a Federal / State Income Tax Return last year? ¿Usted completo formas de impuestos sobre los ingresos al gobierno Federal y del Estado? Yes/ Si _____ No _____ (Earned/ or Unearned Income/ Ingresos Percibidos)

** If you were exempt from filing provide proof. / Si usted esta exonerado traiga preuba.

5. Medical Coverage/ Cubertura medical

Is there any medical coverage for the family? *¿Hay cubrición medica para la familia?* Yes/Si _____ No _____
For the patient? *¿ Para el paciente?* Yes/Si _____ No _____ N/A(No aplica) _____

Name of the Insurance (include copy of card) *¿ Nombre de la clase de seguro? (Incluya una copia de su tarjeta)*

Does the child or any other member of the household have medicaid? *¿Hay cubricion medica para el paciente o otro miembro del hogar de medicaid?* Yes/Si _____ No _____

Verified Statement of qualification for Union County Kids First Healthy Lives Summer Recreation Program/Verificación de Elegibilidad para recibir asistencia por Union County Kids First Healthy Lives Summer Recreation Program.

< That I am the parent or the person having custody of the child who has completed this application and verified statement/ *Yo soy el paciente o la persona en custodia del paciente verificando la declaración de esta aplicación.*

< That I will authorize the contracted provider(s) and the Health Care Administrator to make any inquiry of any person, firm or corporation to provide pertinent financial and residential information as may be requested. I further agree to save and hold harmless any person, firm or corporation, including any financial institution or agency from any liability whatsoever for the release of information relevant to this statement and the investigation of the facts pertinent to this claim/ *Que autorizo que los proveedores médicos y el Administrador de la oficina del Cuidado de Salud pregunte a cualquier persona, firma, corporación o institución financiera o agencia para proveer información pertinente a financiero o residencial como sea solicitado. Además, yo consiento en dejar libre de responsabilidad a cualquier persona, firma, corporación o institución financiera por dar la información relacionada a esta declaración y de la investigación de la verdad pertinente a este reclamo.*

<That I shall hold harmless Union County, its agents, officers, servants and employees from and against any and all claims, demands, liability, damages, expenses, attorney fees, causes of action, suits or judgements arising from or relating any harm or personal injury, including death, that may sustain as a result of participating in the Union County Kids First Healthy Bodies Healthy Lives Summer Recreation Program.

< That I, the parent or person applying on behalf declare the above to be true and correct under penalty that any false statements made knowingly shall constitute a felony/ *Que yo, el paciente o la persona en custodia declaro que toda la información es cierta y de cualquier información falsa provista deliberadamente constituye un delito.*

Signature/Firma: _____ Date/Fecha: _____

FOR OFFICE USE ONLY:

Qualified Indigent: _____

Not Qualified Indigent- will pay \$10.00 per week for first child \$5.00 each additional child: _____