



BOYS & GIRLS CLUBS
OF THE CSRA

MEMBERSHIP APPLICATION

MEMBER INFORMATION

First Name

Middle

Last Name

Birth Date: / /

Male Female

T-Shirt Size:

Grade:

School:

Georgia Testing ID #:

MEMBERSHIP LOCATION

E.W. Hagler

1321 Swanee Quintet Blvd.
Augusta, GA. 30904
706-312-2200

Dogwood Terrace

747 15th Avenue
Augusta, GA. 30901
706-737-3554

W.T. Johnson

1610 Hunter St.
Augusta, GA. 30901
706-821-2866

South Augusta

2463 Golden Camp Rd.
Augusta, GA. 30906
706-869-2532

Washington County

320 Riddleville Rd.
Sandersville, GA. 31082
478-552-7115

Thomson

221 Pecan Avenue
Thomson, GA. 30824
706-595-7477

Lakeside Middle School

527 Blue Ridge Dr.
Evans, GA. 30809
706-825-0537

Riverside Middle School

1095 Furrys Ferry Rd.
Evans, GA. 30809
706-825-0883

PROGRAM TYPE:

After School

Summer Camp

HOUSEHOLD INFORMATION

Household Type:

Two Parent Single Mother Single Father Grandparent

Legal Guardian Foster Care Extended Family If Military, what branch? _____

Household Size (Total # Living in Household):

Head of Household First Name:

Head of Household Last Name:

Relationship to Member:

Male Female

Street Address:

City:

State:

Zip Code:

Email Address:

Cell Phone:

Home Phone:

Other Parent/Guardian First Name:

Other Parent/Guardian Last Name:

Relationship to Member:

Male Female

Street Address:

City:

State:

Zip Code:

Email Address:

Cell Phone:

Home Phone:

Head of Household Employer:

Job Title:

Income:

Under \$15,000 per year \$15,001 - \$20,000 \$20,001 - \$25,000 per year
 \$25,001 - \$30,000 per year \$30,001 - \$40,000 per year Over \$40,000 per year

*Member Ethnicity: ___ African American ___ White ___ Hispanic ___ Asian ___ Multi-Racial

MEMBER MEDICAL INFORMATION

Allergies/Disabilities/Medical Issues:

Medications:

Insurance Company:

Policy #:

Physician Name:

Physician Phone Number:

Preferred Hospital:

Does your child have either of the following? IEP 504 Plan

REFERRING ORGANIZATION

Amerigroup WellCare School DFACS DJJ Foster Care Other _____

EMERGENCY CONTACT

*Primary Emergency Contact Person

First Name:

Last Name:

Relationship to Member:

Authorized to Pick Up Member?

Yes

No

Cell Phone:

Work Phone:

Home Phone:

*Secondary Emergency Contact Person

First Name:

Last Name:

Relationship to Member:

Authorized to Pick Up Member?

Yes

No

Cell Phone:

Work Phone:

Home Phone:

Other Individuals Authorized to Pick Up Member

First Name:

Last Name:

Relationship to Member:

Phone Number:

First Name:

Last Name:

Relationship to Member:

Phone Number:

Transportation Type:

Car Rider

School Bus

Walk/Bike

BGC Bus/Van

CONFIDENTIALITY: Any personal information requested is for Boys & Girls Club records and/or for the entities from which we receive funding. The information you provide will be kept confidential and will be used for aggregated reporting purposes only.

NONDISCRIMINATION POLICY: In accordance with Federal Law and US Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint, write to USDA Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410. Or call 800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

A NOTE ABOUT GTID NUMBERS...

What is your child's GTID number?

A Georgia Testing ID Number is assigned to a student when he/she enters public school. This number is used only in public education and links all services that are associated with your child and his/her educational performance.

Where can you find your child's GTID number?

You may be able to find your child's GTID on his/her report card. If the number is not on his or her report card you will be able to get this number from the front office of your child's school.

Why do we need your child's GTID number?

As part of our STARS program, we monitor academic achievement closely and are required by the Georgia Department of Education to collect these numbers.

Student Name:	
Student's GTID Number:	
Student's Teacher:	
Student's Grade:	

We greatly appreciate your cooperation in providing your child's GTID number!



BOYS & GIRLS CLUBS
OF THE CSRA

2016-2017

Dear Parents and Guardians,

Boys & Girls Clubs of the CSRA's Students Tapping Academic Resources for Success (STARS) Program is beginning another successful year! STARS provides Club members with additional academic resources to succeed in school. The program will take place at the Boys & Girls Club site which your child attends and will be offered to grades 1st-8th in Richmond and McDuffie Counties, grades 2nd-9th in Washington County, and grades 6th-8th in Columbia County.

The STARS Program includes:

- Tutoring from a Certified Teacher in small groups for math, reading, and science.
- Enrichment activities in music, dance, art, technology and more.
- Lessons that promote good character and life skills.
- Sports, fitness, and the development of healthy habits.

To accept a scholarship to this program and allow your child to participate in STARS, please complete the registration form below.

YES! My child accepts this scholarship to participate in the STARS Program and I understand that:

- Classes will be held Monday–Friday at each Club between 2:00 pm and 7:00 pm during the school year and between 9:00 am and 2:00 pm during the summer.
- Regular attendance in the STARS Program will contribute to my child's academic success.
- If my child misses STARS for three days in a row without contacting the Unit Director, he/she may be dropped from the STARS portion of the after school program.
- As a parent, I will need to attend a **minimum of one** family event per month.

PLEASE PRINT CLEARLY:

Student's Name: _____

Student Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Signature

Date

***To refuse the scholarship and waive permission for participation in this program please check the box and sign below.**

My child does not accept this scholarship and will not participate in STARS

Parent/Guardian Signature

Date

E.W. Hagler Club
at Collins Elementary
1321 Swanee Quintet Blvd.
Augusta, GA. 30904
706-312-2200

Dogwood Terrace Club
747 15th Avenue
Augusta, GA. 30901
706-737-3554

Thomson Club
221 Pecan Avenue
Thomson, GA. 30824
706-595-7477

W.T. Johnson Club
1610 Hunter St.
Augusta, GA. 30901
706-821-2866

South Augusta Club
at Henry Brigham Center
2463 Golden Camp Rd.
Augusta, GA. 30906
706-869-2532

Washington County Club
320 Riddleville Rd.
Sandersville, GA. 31082
478-552-7115

Lakeside Middle School
527 Blue Ridge Dr.
Evans, GA. 30809
706-504-4071

Riverside Middle School
1095 Furrys Ferry Rd.
Evans, GA. 30809
706-504-4071





CONSENT & PARTICIPATION

Member Name:	
Parent/Legal Guardian Name:	
Parent/Legal Guardian Initials	Participation Waiver: I, the parent of the above named child hereby give my approval to his/her participation in all activities. I understand and acknowledge that the Boys & Girls Clubs of the CSRA does not carry health or accident insurance on the above referenced child and I will be solely liable for any costs arising from any injury sustained by the child while engaged in activities or in transport to or from activities. I understand that there are risks associated with engaging in activities sponsored by the Boys & Girls Clubs of the CSRA and in transporting the child to and from such activities and I hereby assume all risks and hazards incidental to the child's participation in and transportation to and from activities. I do hereby waive, release, absolve, and indemnify and agree to hold harmless the Boys & Girls Clubs of the CSRA, in, its directors, organizers, supervisors, employees, participants, volunteers, and other persons assisting or overseeing such activities and/or engaging in the transportation of my/our child to or from activities from any claim arising out the injury or death of my/our child. I further waive the right to a jury trial in connection with action concerning the foregoing.
Parent/Legal Guardian Initials	Homework Agreement: I understand that although the Boys & Girls Club will provide time and space for homework while encouraging my child to use his/her time wisely, the Boys & Girls Club staff will NOT be responsible for homework completion and accuracy or for checking agendas or assignments. I agree to review my child's assignments and assume responsibility for their completion.
Parent/Legal Guardian Initials	Consent to Share Information: I authorize the Boys & Girls Clubs of the CSRA and cooperating organizations and agencies to exchange information related to the above named child. This information will be kept to provide medical, educational, and welfare management services in confidential by the receiving organization or agency. The information exchanged will be used in the best interest of the student. I understand that personal records are protected by various Federal and State laws and cannot be disclosed without this, my written consent, unless otherwise authorized. To further clarify, as parent/guardian of the above named child, I give written consent for my child's school to share all pertinent student records with the Boys & Girls Clubs of the CSRA including, but not limited to, report card grades and standardized test scores. I also authorize the staff of the Boys & Girls Clubs of the CSRA to discuss any educational concerns about my child with his/her school professional.
Parent/Legal Guardian Initials	Outcome Measurement Consent: I give my permission to the Boys & Girls Clubs of the CSRA to survey and interview my child, to find out what his/her behaviors, skills, and attitudes are in regards to issues such as health risks and habits, self-esteem, respect for diversity, education and educational resources, positive relationships, career choices, and connections to the community, as well as his/her experiences at the Club. I understand that the purpose of these surveys and interviews is to help find out how well the Club is meeting my child's needs and to identify areas which may call for further attention. I also understand that this information will remain private, and that only the management staff and assigned research assistants at the Boys & Girls Clubs will be able to look at his/her responses. I understand that my child's responses will be automatically grouped together with the responses of other Boys & Girls Club members for any public presentation of the findings, and that my child will never be individually linked to his/her responses. I understand that I can receive a copy of this signed Consent Form, and that upon written request I may arrange to discuss the findings with the Executive and/or Program Director at the Club.
Parent/Legal Guardian Initials	Emergency Health Treatment Authorization: In the event I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Boys & Girls Clubs of the CSRA to hospitalize, secure proper treatment for, and to order injections and/or surgery for my child named above. In addition, I hereby give permission to the physician selected by The Boys & Girls Clubs of the CSRA staff to order x-rays, routine tests, and treatment for the health of my child. I shall assume full responsibility for payment of any such attention, care, and services. I hereby release, indemnify and hold harmless the Boys & Girls Clubs of the CSRA, the Georgia Department of Human Services, as well as any officer, director, employee, or agent of the Club 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 at the time of entering my child in Boys & Girls Clubs of the CSRA programs.
Parent/Legal Guardian Initials	Photo Permission: I hereby give my permission to have photographs taken of my child as a Boys & Girls Clubs of the CSRA member. I am aware that any pictures taken may be used in marketing materials, such as annual reports, postcards, flyers, magazines articles, on the internet, social media and other published material for the benefit of the Boys & Girls of the CSRA.
Parent/Legal Guardian Initials	Abstinence/Prevention Program Participation Permission (TEENS ONLY): I give my permission for the above named child to participate in Boys & Girls Clubs of the CSRA healthy lifestyles programs and risk taking behavior resistance classes including but not limited to those addressing sexual behavior, drugs and alcohol, gang involvement, and conflict resolution for teens. These programs prepare students to make decisions and to care for and respect themselves. The sessions will be conducted during normal operating hours at the Boys & Girls Clubs of the CSRA.
I, _____, the parent/legal guardian of the above named child agree, understand, and consent to the information as stated above.	
Parent/Legal Parent/Legal Guardian Signature: _____ Date: _____	



**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?
	<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

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.

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



CONSENT TO SHARE INFORMATION FORM

As parent/guardian of _____ I, _____
(CHILD'S FIRST & LAST NAME) (PARENT/GUARDIAN NAME)

give written consent to _____ School to share with the Boys & Girls
(CHILD'S SCHOOL)

Clubs of the CSRA the above named student's records including, but not limited to, report card grades, Georgia Test Identification number (GTID), and standardized test scores. I also authorize Boys & Girls Clubs of the CSRA staff members to discuss academic progress and/or issues concerning my child with his/her school professionals.

Additionally, I authorize Boys & Girls Clubs of the CSRA and cooperating organizations and agencies to exchange information related to my child with the understanding that this information will be kept to provide educational, medical, and welfare management services in confidentiality by the receiving organization or agency and the information exchanged will only be used in the best interest of the student. I understand that personal records are protected by various Federal and State laws and cannot be disclosed unless otherwise authorized without this, my written consent.

(PARENT/GUARDIAN SIGNATURE)

(DATE)