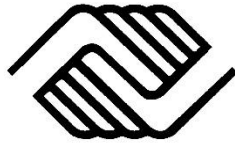


New _____
Renew _____



BOYS & GIRLS CLUBS
INDIANA ALLIANCE



Indiana Kids
Intake Assessment Form 2018 - 2019

Club/Unit Name: _____

Child's First Name	Middle Initial	Last Name	Suffix (Ex: Jr.)
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Child's Home Address	City	State	Zip
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Home Telephone Number	Parent's Email Address
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_____ Gender (Please check one): Male Female
Date of Birth _____ Current Age _____

Are you interested in receiving email messages/alerts/updates? Yes No

Race African American Asian American Indian/Alaskan
 Caucasian Native Hawaiian/Pacific Island
 Multi-Racial Other, please specify: _____

Ethnicity (Please check one): Hispanic/Latino Non-Hispanic/Latino

Member lives with _____ Two Parents (2 biological parents, parent and step-parent or domestic partners)
(please check one): Mother Only Aunt/Uncle Guardian
(do not include Father Only Grandparents
Siblings) Other, please specify: _____

Education Information:

Child's Grade on October 1, 2018 (please circle): 1 2 3 4 5 6 7 8 9 10 11 12

Name of School Child Attends: _____

Is your child enrolled in 21st Century Scholars? Yes No
Does your child struggle or have problems in Reading/English? Yes No
Does your child struggle or have problems in Math? Yes No
Did your child take ISTEP last year? Yes No
If yes, did your child pass ISTEP? Yes No
Is your child enrolled in Special Education? Yes No

Has your child been diagnosed with any of the following:
 Attention Deficit/Hyperactivity (ADHD) or Attention Deficit (ADD)
 Learning Disability Other Disabilities, please specify: _____

Do you have any current concerns regarding your child (behavior, education, social, etc)? Explain: _____

Child's Name (first and last): _____

Eligibility Determination:

Do you or your child participate in any of the following? Please check all that apply.

_____ TANF (Temporary Aid for Needy Families)	<u># of Family Members</u>	<u>Annual Income</u>
_____ Food Stamps	1	\$30,350
_____ Medicaid/Hoosier Healthwise	2	\$41,150
_____ Free Lunch Program	3	\$51,950
_____ Reduced Lunch Program	4	\$62,750
_____ Reside in Public Housing (HUD or Section 8)	5	\$73,550
_____ Provisional School/Community Eligibility	6	\$84,350
_____ Income Eligibility – less than 250% - see chart	7	\$95,150
_____ None of the Above	8	\$105,950

I authorize that the above information is accurate to the best of my knowledge. In addition, by signing below, I agree that Boys & Girls Clubs can share my child's information with ServeIndiana, Indiana Department of Workforce Development and Indiana Family Social Services Administration. **By signing this form, I grant the school my student attends permission to disclose to the Boys & Girls Club the following information. I also grant permission to the Boys & Girls Club to re-disclose the following information to the re-disclosure parties.**

1. **Records Disclosure:** Registration Information/Demographic Data, Assessment Data, Survey Data
2. **Disclosure Parties:** Boys & Girls Club
3. **Boys & Girls Club Re-disclosure Parties:**
 - a. Indiana Department of Education
 - b. IDOE contracted statewide evaluator
 - c. United States Department of Education
 - d. Indiana Youth Institute
 - e. IYI Contracted statewide evaluator
 - f. Corporation for National and Community Service
4. **Purpose of Each Disclosure:** Collect data to calculate the impact Indiana Kids, 21st CCLC and AmeriCorps has on student performance, activity levels, and knowledge of program specific content.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the Boys & Girls Clubs and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization. This authorization, to receive services from the Boys & Girls Club and to exchange confidential information, shall remain in effect for the period of my student's enrollment in the Boys & Girls Club, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the Boys & Girls Club has already acted in reliance upon this consent. Written revocations shall be sent to: Lana Taylor, State Alliance Director, Indiana Alliance of Boys & Girls Clubs, 973 N Shadeland Avenue, Box 296, Indianapolis, IN 46219, Phone: (317) 356-2308 and Fax: (317) 356-2320, Email: ltaylor@indianabgc.org. I understand the Boys & Girls Club program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

I have read this authorization before signing and I fully understand the contents, meaning, and impact of this release.

Student Name: (Please Print) _____

Parent/Guardian Name: (Please Print) _____

Signature of Parent/Guardian: _____ Date: _____

Relationship to Student: _____

Staff Signature

Staff Printed Name

Date