

Received Date: _____

Received By: _____

GREAT FUTURES START **HERE.**



2024-2025 Membership Application

Please print & fill out application completely. Incomplete applications will not be accepted.

Member Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Gender: Male _____ Female _____ Age: _____ Date of Birth: ____ / ____ / ____

Primary Parent/Guardian Name: _____ Phone #: _____

Race: African American White Hispanic Asian Pacific Islander A. Indian

Ethnicity: Hispanic/Latino Not Hispanic/Latino

ESOL (English as a 2nd Language) Student: _____ Yes _____ No Special Needs Student: _____ Yes _____ No

School Information: Circle One.

CPS CES CMS CHS CCA

Other: _____

Grade Level (2024-2025 School Year):

T-Shirt Size: YS YM YL AS AM AL AXL

A2XL

Medical Information: (if no allergies or medical problems, write NONE on the lines below)

Allergies: _____ Medical Problems/Needs: _____

Insurance: Private Medicaid Provider: _____

Medications: _____

Household Info:

Member lives with: (Circle one)

Both Parents Mother Father Aunt/Uncle Grandparent(s) Foster Care/DFACS Other_____

Current Single Parent: (Circle one) Yes or No

Number of People in the Household: _____

Military Household: (Circle one) Yes or No If yes, do you live on base: (Circle one) **Yes or No**

FOR OFFICE USE ONLY:

Membership #: _____ **Entry Date:** _____ **New Member: YES or NO**

Fee Level: DE (Income Eligible) Verification of Income Required – Proof: Yes No

DI (Income Ineligible) Verification of Income is not required.

Parent Info (Please Print)

Primary Parent/Guardian Name: _____ Relationship to Child: _____

Primary Number: (____)_____-_____ Secondary Number: (____)_____-_____

Employment: _____ Work Number: (____)_____-_____

Secondary Parent/Guardian Name: _____ Relationship to Child: _____
Primary Number: (____)_____-_____ Secondary Number: (____)_____-_____
Employment: _____ Work Number: (____)_____-_____

Emergency Contact Info (Please Print)
Other than Parent/Guardian Listed Above
Name: _____ Phone Number: (____)_____-_____
Relationship to child: _____

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of the Greater Cook County Area, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action from any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Member Assessment Permission Form (Indicate by checkmark OR initial)
RE: Member to participate in assessments including but not limited to: Surveys for outcome measurements, schools, household demographics, and customized surveys built for specific programs (i.e. SMART Moves).
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 the Greater Cook County Area, 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.

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, assigns, licenses and legal representative of the Companies and shall be binding upon my heirs, executors, assigns and legal representatives.

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

Media Permission Form (Indicate by checkmark OR initial)

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 the Greater Cook County Area, Department of Human Services and their subsidiaries, affiliates and advertising agencies ("Companies") of my child's name, photographs, works of art and identity in various BGC 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 for 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, newsletter 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.

School Data Release Form (Indicate by checkmark OR initial)

The Boys & Girls Clubs of the Greater Cook County Area will maintain all member files in a confidential manner. Pertinent information (i.e. all academic information, report card information or tutorial information) may be sheared 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. Cook County Schools). 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 parent.

I give permission to the BGC to receive all academic information from my child's school.

I DO NOT give permission to BGC to receive all academic information from my child's school.

Tech Lab Permission Form

The computer systems are the property of the Boys & Girls Club of the Greater Cook County Area. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Any or all uses of a computer and all files on the computer may be intercepted, monitors, recorded, copies, audited, inspected and disclosed to authorized personnel, as well as authorized officials of other agencies. By using a computer, the user consents to the above mentioned. Unauthorized or improper use of a computer may result in administrative disciplinary action and civil and criminal penalties. By using a computer, you indicate your awareness of and consent to these terms and conditions of use. If you do not agree to the conditions stated in this warning log, do not use the computers!

Child's name (PRINT): _____

As a parent/guardian, I have read, discussed and explained the Computer User Policy to my child. I grant permission for the member named above to access the Tech Lab's computers. I understand that if he/she fails to follow the Computer User Policy, Computer and Internet access may be withdrawn and I shall be informed of this and any further appropriate action will be taken.

I am aware that no personal information will be made public and that the Club will maintain strict confidentiality for personal information.

CHOOSE ONLY ONE OPTION IN THIS SECTION (Checkmark OR Initials)

My child **CAN USE the internet** 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.

I would prefer that my child **NOT USE** e-mail or the internet while at the Club.

Parent/Guardian Initial: _____



BOYS & GIRLS CLUB

Forms and Waivers

PLEASE READ CAREFULLY & INDICATE CHOICES WITH CHECKMARKS OR INTIALS

Medical: (2 Checkmarks OR Initials Required)
 In the event of an emergency, the Club must have written consent to seek medical treatment for your child.

CHOOSE 2 OPTIONS IN THIS SECTION

I authorize administration of basic first aid.

I **DO NOT** authorize the administration of basic first aid.

I give BGC permission 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.

I **DO NOT** give BGC permission to seek medical treatment for my child.

HOLD HARMLESS AND LIABILITY RELEASE:

Waiver Agreement (Checkmark OR Initial Required):

I voluntarily submit my child for registration as a member at BGC. Activities at the Club may include, but are not limited to BGC Sports/Rec activities, **which at my discretion may choose to allow my child to participate in.** I will hold harmless BGC and the Department of Human Services from any claim by me or my child or any entity on behalf or 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 a mere recital or simply for information purposes. I have read, understood, and fully informed myself of the contents of this agreement. I assume responsibility for my child's physical condition and capability to perform under the program.

Code of Conduct

As a member of the Boys and Girls Club of the Greater Cook County Area, INC., I promise to:

Always be fair and honest. Always be respectful to club staff. Always say good things about others. Always use appropriate language. Always dress and wear my clothes appropriately. Always remove my hat while inside. Always listen when staff is giving instructions and during programs. Always check in when I arrive at the club. Always be respectful to other members and their property. Always show respect to the club facility and equipment. Always resolve disagreements in a positive way. Not bring, eat or chew sunflower seeds and/or gum. Always keep my hands to myself and inform the staff when I am having a problem.

The use of or possession of illegal drugs and alcohol are prohibited while at the Boys & Girls Club or while engaged in any event/activity associated with the Cook County Boys and Girls Club.

The possession of weapons include, but not limited to, guns, knives, razors, box cutters, etc. while at the Boys and Girls Club or while engaged in any event/activity associated with the Cook County Boys and Girls Club is prohibited.

I have read and understand the code of conduct and will agree to follow all rules.

Signature of Child/Youth: _____

C.

Parent's/Guardian's Signature: _____ Date: _____



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

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

Boys & Girls Club of the Greater Cook County Area 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.

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 Out of School Services Program Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Out of School Services Program Annual Household Income Guidelines **	DFCS Out of School Services Program Monthly Household Income Guidelines
1	\$15,060.00	\$45,180.00	\$3,765
2	\$20,440.00	\$61,320.00	\$5,110
3	\$25,820.00	\$77,460.00	\$6,455
4	\$31,200.00	\$93,600.00	\$7,800
5	\$36,580.00	\$109,740.00	\$9,145
6	\$41,960.00	\$125,880.00	\$10,490
7	\$47,340.00	\$142,020.00	\$11,835
8	\$52,720.00	\$158,160.00	\$13,180
Each additional person, add	\$5,380	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) 2024 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: FR Vol. 89 No. 11, Page 2961-2963, Document Number: 2024-00796) * 300 % of the federal poverty level in effect January 17, 2024.

Family Unit Size* _____
 Gross Household Yearly Income \$ _____ Gross Household Monthly Income \$ _____

* See Appendix A for definition of family unit.

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				

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█
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

School Services Program Eligibility Form

Official Use Only Section for DFCS Out of School Services/Summer Service Provi

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 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**

Page 1 of 2 - DFCS Out of School Services Program Eligibility Form Appendix

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;
- Employers 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.

Page 2 of 2 - DFCS Out of School Services Program Eligibility Form Appendix

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 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 the DFCS Afterschool Care Program.

Notice of Exemption

I, _____, **acknowledge that I have been informed that this program is not a licensed childcare 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 Signature

Date

Parent/Guardian Declaratory Statement

I, (print name) _____, certify that all the information given in this form is

correct and true to the best of my knowledge. I understand that providing false information may result in my child not being able to participate in the afterschool care program.

Parent/Guardian Signature

Date

The following is REQUIRED to complete this application:

- Completed Application** (Incomplete applications will NOT be accepted.)
- Social Security Number on Page 5.**
- Medicaid/Foodstamp Verification** is the first option.

***Gateway.ga.gov or Letter received in the mail (NO Foodstamp or Medicaid CARDS)**

- **Log into Gateway.ga.gov**

- Under **Case Information**, click **Click here to view your notices**. Search your notices from the past 12 months and you should find a notice that has your child or children names, dates of eligibility, and approved.

OR

- **Log into Gateway.ga.gov**

- Under **My Benefits**, by the APPROVED status, click **Click here to view the details**, Click the link in the Information column beside your child's name and ELIGIBLE status. This printout should contain your child's name, dates of eligibility, and status.

***If you check yes to any of the benefits listed on page 5, you do not have to fill out page 6 or turn in any check stubs.**

- If you DO NOT receive benefits from DFCS you must turn in your **Last 30 Days of Check stubs** of all family members who work that are listed on Pg. 6

***The Number in Household must match up on Page 1 and Page 6**

***Paid Weekly = 4 Stubs/Paid Bi-Weekly = 2 Stubs/Paid Monthly = 1 Stub**

- If you do not receive any benefits, please follow the directions on page 5 of the application.