

Assigned Membership # - _____

GREAT FUTURES START HERE.

Card Made & Issued - _____

2022



MARGUERITE NEEL WILLIAMS
BOYS & GIRLS CLUBS
OF SOUTHWEST GEORGIA

Is this youth a Foster Child?	
Yes _____	No _____

- A copy of a Birth Certificate is needed for all 6 year olds as a means to verify age.
- A valid ID is needed for all 17 and 18 year olds as a means to verify age.
- **Annual Membership Fee \$60.00**
(inclusive of \$10 Annual Membership Fee and \$50 Program Activity Fee)

Name: _____ Age: _____ Birthday: ____ - ____ - ____ Gender: ____ Male ____ Female
(Child/Youth)

Address: _____ City: _____ State: ____ Zip: _____

Home Phone #: (____) ____ - ____ Emergency Phone #: (____) ____ - ____ Cell Phone #: (____) ____ - ____

Parent/Guardian Email Address: _____

Race/Nationality: _____ Name of School: _____ Grade: _____

Mother's Name: _____ Mother's Employer: _____

Mother's Work Phone #: (____) ____ - ____ ext. #: ____ Father's Name: _____

Father's Employer: _____ Father's Work Phone #: (____) ____ - ____ ext. #: ____

Name Of Guardian: (if different from mother or father) _____ Relationship To Guardian: _____

Number of Brothers/Step Brothers: ____ Number of Sisters/Step Sisters: ____

Please Indicate Any Medical Problems and/or Allergies: _____

Please Indicate Any Medication Presently Taking: _____

Do You Have Health/Medical Insurance?: ____Y ____N Insurance Provider?: _____

Do You Receive Free Or Reduced School Lunch?: ____Y ____N

Do You Live In A Public Housing Property?: ____Y ____N

Have You Ever Been A Member Of This Boys & Girls Club?: ____Y ____N

Individuals Not Authorized To Pick-Up Your Child(ren)?: _____

Please Indicate The Name Of The Church That Your Family Attends: _____

Name of Pastor: _____ Address: _____

Note - Although the age of the member might change during the course of the year, the assigned membership category and number will not change once assigned.

Authorization To Release School Records

I, _____, as parent/guardian of the child named above, hereby authorize the
(Name of Parent/Guardian)

Administration and/or Teachers at the school in which my child is enrolled to release to the authorized individuals of MNW Boys & Girls Clubs of Southwest Georgia limited school records to include **Grades, Test Scores, copies of Report Cards/Progress Reports and Attendance Information and School Suspension(s)**. It is understood that Marguerite Neel Williams Boys & Girls Clubs of Southwest Georgia or any of its representatives will not release this information to a third party. Furthermore, it is understood that once obtained, this information will be kept in strict confidence and will be used only to assess academic strengths and weaknesses and eligibility for the program in order to provide assistance where needed at the Boys & Girls Club.

Parent/Guardian Signature: _____ Date: _____

we no longer accept personal checks. All payments must be made by cash or money order.

I, _____, as parent/guardian of the child in which this membership application is being
(Name of Parent/Guardian)

completed for, hereby give my child permission to join the MNW Boys & Girls Clubs as a member. I also give my child permission to participate in all programs offered at and sponsored by MNW Boys & Girls Clubs including programs and activities that will take place away from the immediate Boys & Girls Clubs facilities. I understand that MNW Boys & Girls Clubs has an "open door" policy, which means children are free to leave MNW Boys & Girls Clubs at any time. I agree that MNW Boys & Girls Clubs will not be responsible for the welfare of my child once he/she leaves MNW Boys & Girls Clubs premises. I, individually and on behalf of my child, agree to hold harmless, protect, indemnify, release and discharge MNW Boys & Girls Clubs and the Georgia Department of Human Services from all claims, demands, actions, causes of action, damages or liability associated with all MNW Boys & Girls Clubs activities, and I, individually and on behalf of my child, agree not to sue, make a claim against or prosecute MNW Boys & Girls Clubs or the Georgia Department of Human Services in any fashion as a result of injury to me or to my child (or the consequences of any injury to me or to my child). I further acknowledge and agree, individually and on behalf of my child, that the terms of this release apply whether any act or omission to act which results in injury or death to me or my child occurred as a result of the conduct on the part of MNW Boys & Girls Clubs and/or the Georgia Department of Human Services, the conduct of a third party, my conduct or the conduct of my child. I, individually and on behalf of my child, expressly waive any claim for injury or damages which I and/or my child may have against MNW Boys & Girls Clubs and/or the Georgia Department of Human Services, whether because of negligence or otherwise, which arises by reason of any MNW Boys & Girls Clubs activities organized by MNW Boys & Girls Clubs or by reason of any act or omission to act on the part of any employee of MNW Boys & Girls Clubs.

As the parent/guardian, I agree that MNW Boys & Girls Clubs will not be responsible for any accident to my child while on MNW Boys & Girls Clubs premises or while engaged in any of its activities away from MNW Boys & Girls Clubs.

I understand that my child must meet the behavioral expectations as stated under the Code of Conduct Section of this application. I also understand that violations of the stated behavioral code, including rules and regulations not mentioned on this membership application, can result in suspension or expulsion of my child from MNW Boys & Girls Clubs. Additionally, I understand that MNW Boys & Girls Clubs reserves the right to search my child's personal property such as book bag, pockets and clothing if they (authorized staff) suspect the possession of illegal items such as drugs and/or weapons of any type.

I give permission for my child's picture, motion pictures, or any other graphic depiction or likeness, either live or video tape, to be used by Boys & Girls Club and/or its agents to include the Georgia Department of Human Services and/or the media in promotion of Boys & Girls Clubs and/or the Georgia Department of Human Services and its activities.

I also understand that the Club is not, nor claims to be, a licensed Day Care Center.

Parent/Guardian Signature: _____ Date: _____

Registration for the Summer Program is on-going. We encourage you to start the Summer Registration process as soon as possible. Obtaining this membership does not reserve or guarantee a slot for your child during the Summer Program. An additional, one time, Program fee (\$50 - active members and \$100 - summer and/or non-active members) is required in order to reserve a slot for your child to participate in the Summer Program. Slots are limited and are filled on a first come, first served basis. Payment of fees is the only way to reserve slots. Furthermore, upon registering your child for the Summer Program, a parent/guardian must attend a one-hour Summer Program Orientation prior to your child participating in the Summer Program. Parent Orientation will take place during the last week in May. **Once Membership Application is processed, Membership Fees are nonrefundable.** Restrictions will apply to refunds for paid Summer Program Fees.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

MEMBERSHIP PAYMENT Payment Received: \$ _____ Balance (if any): \$ _____

Method of Payment: (check one) _____ Cash _____ Check/# _____ _____ Scholarship _____ Work _____ Other

Receipt #: _____ for membership payment Date: _____ Initials of Staff: _____

SUMMER PROGRAM FEES Payment Received: \$ _____ Balance (if any): \$ _____

Method of Payment: (check one) : _____ Cash _____ Check/# _____ _____ Scholarship _____ Work _____ Other

Receipt #: _____ for Summer Program Fees (if separate, if not, write receipt # twice) Date: _____ Initials of Staff: _____

Verify each item (by initialing) that the following information has been accurately completed and received:

- | | |
|---|---|
| ___ Age verified (applies only to 6, 17 & 18 year olds) | ___ Membership Application checked for completion & signatures |
| ___ Outcome Measurements Consent Form | ___ DHS Documentation – Including Income Eligibility Page (4 pages) |
| ___ Emergency Authorization | ___ Orientation Date scheduled – (Summer Program Registration only) |
| ___ Code Of Conduct | ___ Income Eligibility Statements (Kids Café) |

GREAT FUTURES START HERE.



MARGUERITE NEEL WILLIAMS
BOYS & GIRLS CLUBS
OF SOUTHWEST GEORGIA

Thomasville Youth Center, Thomasville Teen Center and Jackie Robinson Boys & Girls Club Units

2022 EMERGENCY MEDICAL AUTHORIZATION

Should _____ suffer from an injury or illness while in the care of Boys & Girls Club
(Child's Name)

and the Club personnel is unable to contact me/us immediately, it shall be authorized to secure such emergency medical attention, services and care for the child as may be deemed necessary by Club personnel. I/we shall assume full responsibility for payment for any such attention, care and services. I hereby release, indemnify and hold harmless Boys & Girls Club, 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 Club program.

I/we agree to keep Boys & Girls Club informed of changes in telephone numbers, etc. where I/we can be reached.

Boys & Girls Club agrees to keep me/us informed of any incidents requiring professional medical attention involving my/our child.

Child's Doctor or other primary source of health care is: _____

Address of Health Care Provider: _____ Phone Number: _____

List any & all known medical conditions (i.e. diabetes, asthma, drug, insect or food allergies and any restrictions on activities, etc.) _____

Child's date of birth: _____ Parent/Guardian Home Phone Number: _____

Parent/Guardian Work Phone Number: _____ (Ext.) _____ or _____ (Ext.) _____

In case of emergency, after attempting the above phone numbers, please contact:

Name: _____ Phone Number: _____ (Ext.) _____

Child's relationship to contact person: _____

Does child have any physical problems, dietary restrictions, mental health disorders, mental retardation or developmental disabilities, which would limit the child's participation in Boys & Girls Club program and activities? YES ___ NO ___

If yes, please explain: _____

Current prescribed medications: _____

Are any special procedures required in caring for your child? YES ___ NO ___

If yes, please specify and indicate the necessary steps to be taken in detail. If additional space is needed, please use the back of this sheet.

Signed: _____
(Parent/Guardian)

Date: _____

GREAT FUTURES START HERE.



**MARGUERITE NEEL WILLIAMS
BOYS & GIRLS CLUBS
OF SOUTHWEST GEORGIA**

Thomasville Youth Center, Thomasville Teen Center and Jackie Robinson Boys & Girls Club Units

CODE OF CONDUCT

As A Member Of Marguerite Neel Williams Boys & Girls Clubs, Inc. which includes the Thomasville Youth Center, "The Club" Teen Center and Jackie Robinson Boys & Girls Club of Cairo-Grady County, I Promise To:

- ✓ Always Play Fair And Be 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/Wave Cap While Inside (Guys)
 - ✓ Always Listen When Staff Are Talking & During Programs
 - ✓ Always Bring My Membership Card When I Come To The Club
 - ✓ Always Sign-in Each Day 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 Boys & Girls Club or while engaged in any event/activity associated with MNW Boys & Girls Club organization.

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

Signature Of Child/Youth: _____

(Signature Indicates That The Code Of Conduct Has Been Read And Is Completely Understood.)

GREAT FUTURES START HERE.



**MARGUERITE NEEL WILLIAMS
BOYS & GIRLS CLUBS
OF SOUTHWEST GEORGIA**

Thomasville Youth Center, Thomasville Teen Center and Jackie Robinson Boys & Girls Club Units

OUTCOME MEASUREMENT CONSENT FORM

I, _____, give my permission to Marguerite Neel Williams Boys & Girls Clubs to
(Parent/Guardian)

survey and interview my child, _____, to find out what his/her behaviors, skills
(Child's Name)

and attitudes are in regards to issues such as health risks and habits, positive self-esteem, respect for diversity, education and educational resources, positive relationships, career choices, and connection to community, as well as his/her experiences at Boys & Girls Club. I understand that the purpose of these surveys and interviews is to help find out how well Boys & Girls Clubs are 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 representing Boys & Girls Clubs organization 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. In addition, I understand that I can take back my permission at any time, and that my permission automatically stops at the end of this one-year membership period.

Finally, 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 Unit Director at Boys & Girls Club.

Signature: _____
(Parent/Guardian)

Date: _____

Continue On Back ⇨

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MARGUERITE NEEL WILLIAMS
BOYS & GIRLS CLUBS
OF SOUTHWEST GEORGIA

Thomasville Youth Center, Thomasville Teen Center and Jackie Robinson Boys & Girls Club Units

SURVEY CONSENT FORM

Purpose: Outcome Measurement Survey

Location: *(Please place a check beside the Unit your child/teen attends)*

_____ MNW Boys & Girls Clubs – Thomasville Youth Center

_____ MNW Boys & Girls Clubs - 'The Club' Teen Center

_____ Jackie Robinson Boys & Girls Club of Cairo-Grady County

I, being the parent/guardian of _____, do hereby consent that my child can
(Child's Name)

participate in a survey coordinated by Marguerite Neel Williams Boys & Girls Clubs, its assigns or successors, to look at how well Boys & Girls Club organization is meeting the needs of the community's youth. Data will be collected through the use of a survey. Furthermore, I hereby consent that all data collected is the property of Marguerite Neel Williams Boys & Girls Clubs organization. Reports, articles and training shall be designed using this data. All data is collected in an anonymous manner. All information is private and confidential. Your child's name will not appear on the data collection instruments or in later published reports. Your child's decision to participate is strictly voluntary and he/she may stop participating at any time. Participation will not affect his/her membership in any way. If you sign this form, you will have agreed to allow your child to participate in this research project. If you have any questions, please contact the Executive Director at Boys & Girls Club.

Youth Member Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Address: _____

Phone: _____

City: _____

State: _____

Zip: _____

GREAT FUTURES START HERE.



**MARGUERITE NEEL WILLIAMS
BOYS & GIRLS CLUBS
OF SOUTHWEST GEORGIA**

Thomasville Youth Center, Thomasville Teen Center and Jackie Robinson Boys & Girls Club Units

PERMISSION TO TRAVEL & FIELD TRIP DECLARATION FORM

I, _____, give my permission for my child, _____,

to travel with Marguerite Neel Williams Boys & Girls Club organization in the Club Vehicle (bus/van) from my child's school to the Unit at which my child is a member (Cairo or Thomasville Units). I understand that my child who participates in Marguerite Neel Williams Boys & Girls Clubs of Southwest Georgia's Afterschool/Summer program may also participate in various fieldtrips throughout the membership year (**January 1, 2022 – December 31, 2022**).

As parent or guardian of the above named child, I approve of his/her joining in various activities/field trips of Marguerite Neel Williams Boys & Girls Clubs' Cairo & Thomasville Units, and agree not to hold Marguerite Neel Williams Boys & Girls Clubs, its Board of Directors, Officers, Staff, or Volunteers responsible and/or liable, and hereby release them from liability for losses of any personal property and for any injuries or accidents suffered by my child at the Boys & Girls Club facilities or in connection with his membership or participation in this Boys & Girls Club activity, unless such injuries or accidents result directly from negligence or willful act of an employee of Marguerite Neel Williams Boys & Girls Clubs, acting within the scope of his employment.

In consideration of the youth for the opportunity to participate in field trips, I, along with Marguerite Neel Williams Boys & Girls Clubs hereby release, indemnify and hold harmless the Department of Human Services from any liability, claim or demand resulting from such participation.

In the event I cannot be reached in an emergency, I hereby give permission to the Physician selected by Boys & Girls Club to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as name above.

Please list any medical conditions we should be aware of:

Printed Legal Name of Parent / Guardian

Date

Signature of Authorized Staff

Date

GREAT FUTURES START HERE.



**MARGUERITE NEEL WILLIAMS
BOYS & GIRLS CLUBS
OF SOUTHWEST GEORGIA**

Thomasville Youth Center, Thomasville Teen Center and Jackie Robinson Boys & Girls Club Units

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 Signature

Date



**Georgia Division of Family and Children Services
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 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 – 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.	<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	\$12,880.00	\$38,640.00	\$3,220
2	\$17,120.00	\$51,360.00	\$4,280
3	\$21,960.00	\$65,880.00	\$5,490
4	\$26,500.00	\$79,500.00	\$6,625
5	\$31,040.00	\$93,120.00	\$7,760
6	\$35,580.00	\$106,740.00	\$8,895
7	\$40,120.00	\$120,360.00	\$10,030
8	\$44,660.00	\$133,980.00	\$11,165
Each additional person, add	\$4,540	Multiply total Federal Poverty Level by 300%	Divide DFCS Afterschool Care Annual Household Income by 12.

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2021 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 86 FR 7732, Page 7732-7734, Document Number: 2021-01969)

** 300 % of the federal poverty level in effect January 13, 2021.

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.

