



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

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(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)	☐	☐
B.	Supplemental Nutrition Assistance Program (SNAP) (also known as Food Stamps)	☐	☐
C.	Medicaid or Social Security Income (SSI)	☐	☐
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.	☐	☐
E.	Peachcare for Kids	☐	☐

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 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, 2041.

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

Official Use Only Section for DFCS Out of School Services/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 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**



BOYS & GIRLS CLUBS
OF VALDOSTA

GREAT FUTURES START HERE!

Hold Harmless Agreement

I voluntarily submit my child for registration as a member at Boys & Girls Club of Valdosta (BGCV). Activities at the Club may include, but are not limited to BGCV SWIM, and other SPORTS/REC ACTIVITIES, which at my discretion may choose to allow my child to participate in. I will hold harmless BGCV from any claim by me or my child or any entity on behalf of 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, understand, 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.

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, licensees and legal representatives of the Companies and shall be binding upon my heirs, executors, assigns and legal representatives. I have read the completed application and I understand the policies and procedures of the Boys and Girls Clubs of Valdosta I request that my son/daughter be admitted into membership and I grant permission for my child to participate in current and future programs. I have explained the rules to my son/daughter and agree that BGCV will not be responsible for any accident to him/her while on the premises of BGCV or while engaged in any of its activities away from BGCV.

Parent/Guardian Printed Name

Parent/Guardian Signature