



**BOYS & GIRLS CLUBS**  
OF NORTHWEST GEORGIA

## RENEWAL MEMBERSHIP APPLICATION

All applications must be hand-delivered to the membership clerk or Unit Director **at the Club you want your child to attend** between 1 p.m. and 6 p.m., Monday through Friday. **Please call the Club prior to dropping off your application to ensure the membership clerk or Unit Director is available.** Club leadership and phone numbers can be found below. The membership clerk at that Club can assist you with any questions or concerns that you may have.

For more information please visit [www.bgcnwga.org](http://www.bgcnwga.org) or **contact your Boys & Girls Club** or the Boys & Girls Clubs of Northwest Georgia administrative office:

**Boys & Girls Clubs of Northwest Georgia**  
**Administrative Office**  
211 East Main Street  
Rome, GA 30161  
Phone: (706) 234-8591  
Fax: (706) 234-1640

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## CLUB LOCATIONS

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For questions about this application, please contact the Boys & Girls Club you want your child to attend between 1 p.m. and 6 p.m., Monday through Friday. Completed applications must be **hand-delivered to the membership clerk or Unit Director at the Club your child attends.**

**South Rome Club & Teen Center**

Boys & Girls Club  
211 East Main Street  
Rome, GA 30161  
Youth Line: 706-234-4565  
Teen Line: 706-234-4863  
Director: Mr. Eric Turner

**West Rome Club**

Boys & Girls Club  
100 Gadson Street  
Rome, GA 30165  
706-234-0594  
Director: Mrs. Yashinda Wright

**Cedartown Club**

Boys & Girls Club  
321 East Queen Street  
Cedartown, GA 30125  
770-749-0869  
Director: Mrs. April Sams



**BOYS & GIRLS CLUBS  
OF NORTHWEST GEORGIA**

## RENEWAL MEMBERSHIP APPLICATION

Club Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname: \_\_\_\_\_

Gender:  M  F Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Student ID (found on report card): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Parent/Guardian E-mail: \_\_\_\_\_

Would you like to receive our bi-monthly e-newsletter to stay informed about Club activities?  YES  NO

**School Information:**

Current Teacher: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Free or Reduced Lunch: \_\_\_\_\_

**Medical Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Permission for Treatment by Doctor/Hospital:  Yes  No Medicaid:  Yes  No

Does your family have health and/or accident insurance:  Yes  No

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Date Health Info Received: \_\_\_\_\_

Serious Health Problems:  Yes  No If Yes, explain: \_\_\_\_\_

Medications:  Yes  No If Yes, explain: \_\_\_\_\_

Date Medical Info Received: \_\_\_\_\_

<b>Shots:</b>	<b>Hepatitis</b>	<b>MMR</b>	<b>HIB</b>	<b>Polio</b>	<b>DTP Shot</b>	<b>Chicken Pox</b>
1 <sup>st</sup> Shot	_____	_____	_____	_____	_____	_____
2 <sup>nd</sup> Shot	_____	_____	_____	_____	_____	_____
3 <sup>rd</sup> Shot	_____	_____	_____	_____	_____	_____
4 <sup>th</sup> Shot	_____	_____	_____	_____	_____	_____
5 <sup>th</sup> Shot	_____	_____	_____	_____	_____	_____

**General:**  
 Birth City: \_\_\_\_\_ Birth State/Country: \_\_\_\_\_

**YOU MUST INCLUDE A COPY OF THE MEMBER'S BIRTH CERTIFICATE WITH THIS APPLICATION.**

COPY OF BIRTH CERTIFICATE INCLUDED:  YES  NO

## MEMBERSHIP APPLICATION – CONTACT & PICK-UP LIST

### Boys & Girls Clubs of Northwest Georgia

Member's Name: \_\_\_\_\_

<p><b>PRIMARY CONTACT</b></p> <p>Relationship to Member: _____</p> <p>Parent/Guardian: _____ Emergency: _____</p> <p>Person Authorized to Pickup Member: _____</p> <p>Name: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>	<p>Relationship to Member: _____</p> <p>Parent/Guardian: _____ Emergency: _____</p> <p>Person Authorized to Pickup Member: _____</p> <p>Name: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>
<p>Relationship to Member: _____</p> <p>Parent/Guardian: _____ Emergency: _____</p> <p>Person Authorized to Pickup Member: _____</p> <p>Name: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>	<p>Relationship to Member: _____</p> <p>Parent/Guardian: _____ Emergency: _____</p> <p>Person Authorized to Pickup Member: _____</p> <p>Name: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>
<p>Relationship to Member: _____</p> <p>Parent/Guardian: _____ Emergency: _____</p> <p>Person Authorized to Pickup Member: _____</p> <p>Name: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>	<p>Relationship to Member: _____</p> <p>Parent/Guardian: _____ Emergency: _____</p> <p>Person Authorized to Pickup Member: _____</p> <p>Name: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>

**Household:***NOTE: This information is collected for Grant writing purposes ONLY*Member lives with:  Mom  Step Mom  Dad  Step Dad  Grandparent  Other: \_\_\_\_\_

Housing Development: \_\_\_\_\_

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Number of people in Household: \_\_\_\_\_

Is there a Member of the Household 65 years old or Older:  Yes  NoIs there a disabled Member of the Household:  Yes  NoCurrent Head of Household:  Female  MaleCurrent Single Parent:  Yes  No**Physical:**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color/Features: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Does the child belong to other groups:** Boys Scouts or Girl Scouts  School Club  YMCA or YWCA  Church Group Other: \_\_\_\_\_Reason(s) for joining:  Fun  Learning  Sports  Other: \_\_\_\_\_**Disclaimer:**

I \_\_\_\_\_ do hereby give my son/daughter \_\_\_\_\_ permission to attend and participate in activities sponsored by the Boys & Girls Clubs of Northwest Georgia. I hereby release the Boys & Girls Club, its Directors, employees, associates, and contributors from liability from any injury, loss, or theft incurred by my son/daughter while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my son/daughter by a qualified licensed physician in the event of an accident. My signature indicates that I completely understand the above statement.

Parent/Guardian's Signature: \_\_\_\_\_ Member's Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Membership #: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Status: \_\_\_\_\_

Type: \_\_\_\_\_ New/Renewal Member: \_\_\_\_\_ Processed by: \_\_\_\_\_



**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**

The Boys & Girls Clubs of Northwest Georgia 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	\$12,060.00	\$36,180.00	\$3,015.00
2	\$16,240.00	\$48,720.00	\$4,060.00
3	\$20,420.00	\$61,260.00	\$5,105.00
4	\$24,600.00	\$73,800.00	\$6,150.00
5	\$28,780.00	\$86,340.00	\$7,195.00
6	\$32,960.00	\$98,880.00	\$8,240.00
7	\$37,140.00	\$111,420.00	\$9,285.00
8	\$41,320.00	\$123,960.00	\$10,330.00
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) 2017 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 82 FR 8613, Page 8831 – 8832, Document Number: 2017-02090)  
 \*\* 300 % of the federal poverty level. Released January 31, 2017.

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

**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.



**BOYS & GIRLS CLUBS**  
**OF NORTHWEST GEORGIA**

## **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.

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Parent Signature

Date