



PARTICIPATION, RELEASE, AND CONSENT FORM

Permission To Participate

I, the undersigned, consent to my child's participation in the **Youth Excellence Program** sponsored by **Family Support Circle**. I agree to hold harmless **Family Support Circle** against any liability, loss, or expense incurred or suffered in consequence of any action or actions, suit of suits, in law or equity, which may be brought by any person or persons in connection with, or with reference to, the administration, planning, preparation, development, conduct, and execution of the program. I understand that my child will participate in the **Youth Excellence Program** from 20____ to 20____ with advanced notice; these times and dates may be adjusted.

Release of Information/Records

I, the undersigned, consent to the **Family Support Circle, Inc.** to access my child's school records. I agree to allow my child's school to release their school records, including grades, attendance, and discipline, to **Family Support Circle, Inc.** I understand that my child will complete a confidential survey about their attitudes and opinions during an evaluation. I understand that the information obtained will be statistically analyzed and that my child's name will be withheld for confidentiality. I understand that this information and the survey will be part of a more extensive evaluation, and only the program staff will have access to this confidential information.

Medical Consent

I understand that some risks are inherent in the activities included in the program. Still, I willingly assume these risks to allow my child to participate. If I cannot be reached in an emergency, I permit any care or treatment by a physician, surgeon, hospital, nurse, doctor's assistant, or medical care facility that may be required.

PARENT/GUARDIAN: Does the participant have any medical problems, including allergies, that we should know of?

Transportation:

I fully understand that program staff may transport my child in the county of leased vehicle to and from various activities and hereby release and hold harmless **Family Support Circle, Inc.** against any liability, loss, or expense incurred or suffered in consequence of any action or actions, suit or suits, in law or equity, which may be brought by any person or persons in connection with, or with reference to, the administration, planning, preparation, development, conduct, and execution of the **Youth Excellence Program**.

Photograph:

I fully understand that photographs of my child's work will be displayed in the school/community, and my child might be in contact with the press. Also, it may be necessary for program staff to photograph or videotape program youth to advertise the Program or for other purposes. I permit program staff to photograph or videotape my child.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION AND AGREE TO ASSUME ALL RISKS.

Name of Participant

Date

Signature Parent/Guardian

Print Name



AFTERSCHOOL AND SUMMER ENRICHMENT PARENTS/LEGAL GUARDIANS WAIVER CONSENT & ACKNOWLEDGEMENT

PHOTO/VIDEO DISCLAIMER: BY REGISTERING MY CHILD (DREN) FOR AND ATTENDING THE SUMMER ENRICHMENT/AFTERSCHOOL ENRICHMENT PROGRAM, I AGREE THAT MY CHILD (DREN) IMAGE, VIDEO AND VOICE RECORDING MAY BE USED AT ANY TIME, WITHOUT FURTHER NOTIFICATION, FOR PRINTED MATERIALS, WEB SITES, SOCIAL MEDIA, LIVE-STREAMING, WEBCASTS, AND OTHER MARKETING AND EDUCATIONAL PURPOSES. *

BY REGISTERING MY CHILD (DREN) FOR THE SUMMER ENRICHMENT/AFTERSCHOOL ENRICHMENT PROGRAM, I, _____ (PARENT OF PARTICIPANT) _____ (PARENT'S NAME) VOLUNTARILY ASSUME ANY RISKS AND RELEASE FAMILY SUPPORT CIRCLE INC (INCLUDING ITS AFFILIATES, OFFICERS, EMPLOYEES, AND VOLUNTEERS) FROM ANY ILLNESS OR INJURY ARISING FROM OR IN ANY WAY RELATED TO THE SUMMER ENRICHMENT/AFTERSCHOOL ENRICHMENT PROGRAM. I AGREE TO INDEMNIFY AND HOLD FAMILY SUPPORT CIRCLE INC HARMLESS FROM ANY LOSS, LIABILITY, DAMAGES, OR COSTS THAT MAY OCCUR, WHETHER CAUSED BY NEGLIGENCE, ACTIVE OR PASSIVE, OR OTHERWISE, CONCERNING MY CHILD (DREN) PARTICIPATION IN THE EVENT. EVENTS ARE SUBJECT TO ALL LOCAL AND STATE PUBLIC HEALTH GUIDELINES AND RULES.

CHILD'S NAME

DATE

PARENT'S SIGNATURE

PRINT PARENT'S NAME



Youth Excellence Program Eligibility Form

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 _____ Non-Binary

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.



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 FSC Afterschool Care Program Income Eligibility Guide

Household Size	Extremely Low Income (30%)	Very Low Income (50%)	60% AMI (HOME)	Low Income (80%)
1	\$21,500	\$35,750	\$42,900	\$57,200
2	\$24,550	\$40,850	\$49,020	\$65,350
3	\$27,600	\$45,950	\$55,140	\$73,500
4	\$30,650	\$51,050	\$61,260	\$81,650
5	\$33,150	\$55,150	\$66,180	\$88,200
6	\$35,600	\$59,250	\$71,100	\$94,750
7	\$38,050	\$63,350	\$76,020	\$101,250
8	\$40,500	\$67,400	\$80,880	\$107,800

FY2023 Fair Market Rates

Household Size	FMR
Efficiency	\$1,345
1 Bedroom	\$1,375
2 Bedroom	\$1,553
3 Bedroom	\$1,890
4 Bedroom	\$2,308
5 Bedroom	
6 Bedroom	

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 lives with you, and the other parent of the child(ren) if they live 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				



Eligibility Form



Section 5: Please review and sign Section 5 as notification and signature of verification.

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



Eligibility Form

APPENDICES

Appendix A: Family Unit

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.

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;
- 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.



Eligibility Form

Appendix B

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
- **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.
- **Supplemental Security Income (SSI)**: Award letter from the Social Security Administration



Appendix C

Acceptable Verification of Benefits or Services

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 FSC Youth Excellence Program.



FINANCIAL AID APPLICATION

Greetings! Thank you for your interest in Family Support Circle, Inc.'s summer camp/after-school program! Our mission is to be accessible to youth of all financial backgrounds. Our ability to give financial aid is critical to ensuring the organization's success. Applying for financial aid will neither increase nor decrease your chances of getting into a program. We encourage you to ask for assistance only if needed and pay what you can.

Directions: Fill out this form, one for each camper/student you are applying to. Sign and send in the form with your program application. You may be contacted for a follow-up phone interview.

Name of parent/guardian filling out this form

Name of participant/student.

1. For which session of Summer enrichment are you applying for financial aid?

- Session #1 June 3, 2024 – June 21, 2024
- Session #2 June 27, 2024 - July 19, 2024

AFTERSCHOOL ENRICHMENT PROGRAM 2024 - 2025

- After School Session #1 August 12, 2024 - December 13, 2024
- After School Session #2 January 6, 2025 – May 16, 2025

2. How much can you pay for your child's tuition? _____

3. Do you participate in the free lunch program at your school?

Yes _____ No, we don't qualify _____ No, my school doesn't have that program _____

4. What is your family's annual income? _____

5. How many dependents are in your family? _____

6. Are you a single-income family? Yes _____ No _____

7. Does the child for whom you are applying receive child support? Yes _____ No _____

8. Other information we should know? (Optional, 100 words or less):

I verify that all the information I have provided in this document is accurate to the best of my knowledge.

X _____

Your signature

Date



**[PLEASE INCLUDE THIS PAGE IN YOUR APPLICATION]
(IF APPLICABLE)**

FOR OFFICE USE ONLY

\$ Application Fee (select one)	Program Application (select one)	Financial Aid Application (select one if applicable)
<input type="checkbox"/> Paid via the online application	<input type="checkbox"/> Submitted online on / /	<input type="checkbox"/> Submitted online on / /
<input type="checkbox"/> Included with this sheet	<input type="checkbox"/> Included with this sheet	<input type="checkbox"/> Included with this sheet
<input type="checkbox"/> Mailed separately on __/__/__	<input type="checkbox"/> Mailed separately on / /	<input type="checkbox"/> Mailed separately on / /

[PLEASE ATTACH THIS PAGE TO YOUR APPLICATION]