



# P.H.I.T



## (Physical Health Initial Tasks)

This Fall 2020 session combines our Kid PHIT and MY PHIT programs and will NOT be physically held at the WRAC due to unavailable transportation.

Proper nutrition and physical activity is so important for keeping ourselves healthy. In this program, we will be touching on the basics of healthy nutrition, giving some insight on enjoyable physical activities that can be done at home, presenting exercises for mental wellness during this crazy time, and sharing ideas for family fun! Each week a box will be assembled containing a recipe and all ingredients needed for a simple, healthy snack, a newsletter full of important and fun information, and maybe a couple of extras here and there!! **Boxes will be ready for pickup at the WRAC any time Tuesday through Thursday of each week.** Homes with multiple participants will be given one box with enough supplies for each participant.

**Registration Deadline: Friday, October 23rd**

**Drop off form at the WRAC front desk / Mail in registration & payment to the WRAC (limited space available)**

**Questions? Please call the WRAC at 332-4451 and speak with Jocelyn or send questions to [jocelyndoddridge@wraconfwray.org](mailto:jocelyndoddridge@wraconfwray.org).**

### Mail-In PHIT Registration Form

Participant's Name: \_\_\_\_\_  
Participant's Grade Level: \_\_\_\_\_  
Participant's Birthday: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**\$15 per participant**  
**Kindergarten—Grade 8**  
Weeks of Oct. 26th—Dec. 7th (6 weeks)  
*No Boxes the week of Thanksgiving.*  
**Limited class space available**  
**Mail completed form with payment to:**  
**WRAC**  
**P. O. Box 447**  
**Wray, Co. 80758**

Food Allergies and/or Health Concerns: \_\_\_\_\_

**Photo Release:** By signing this registration, I grant consent for my minor's photograph to be taken with participating in this program, to use and publish photographs in all forms of media including, but not limited to, newsletters, Facebook, and website use. I hereby waive any right I may have to review, inspect, edit, or approve such publication, and I release the WRAC from any claims I may have against it for use of such photographs.

**Waiver Statement:** I hereby release and absolve the Wray Rehabilitation & Activities Center, their employees, volunteers, and other participants involved in the program from liability and/or claims of damages arising from the injury received by the participants involved, whether due to remission of said parties, or other participants, or otherwise.

Parent Signature \_\_\_\_\_

Wray Rehabilitation & Activities Center, Inc.  
Kid P.H.I.T.  
Proof of TANF Eligibility

**To the Parent(s) or Guardian(s):**

Wray Rehabilitation & Activities Center is a 501(c)(3), non-profit organization. We are not affiliated with Yuma County Department of Human Services, but do receive program funding, specifically for the Kid P.H.I.T. program. Individuals, organizations and other donations help us to fund this program.

To meet funding requirements, it is necessary to provide a report on the program that includes the number of participants and the number of participants that are TANF eligible. All information gathered for this eligibility requirement is kept confidential and used solely for funding purposes.

Please complete the following information that is mandated for us to have on file for each Kid P.H.I.T. participant.

Thank you, in advance for taking the time to help us meet our funding requirements.

Sincerely,

*Wray Rehabilitation & Activities Center, Inc.*

**Head of household's relationship to child:** \_\_\_\_\_

**Are you a citizen or qualified alien of the United States of America?**  Yes  No

**Annual household income:** above \$75,000 \_\_\_\_\_ or below \$75,000 \_\_\_\_\_

**Specified Need:** Afterschool/Summer Activity. Nutritional Wellness Education

**Child's Name:** \_\_\_\_\_

**Parent's (Guardian's) Signature** \_\_\_\_\_

Wray Rehabilitation & Activities Center, Inc.  
Kid P.H.I.T.  
Prueba de Elegibilidad TANF

A la(s) padre(s) o tutor(s):

Wray Rehabilitation & Activities Center es una organización 501 (c)(3), una organización sin fines de lucro. No estamos afiliados a Yuma Departamento de Servicios Humanos del Condado, pero no reciben financiación del programa, específicamente para los Niños P. H. I. T. programa. Los individuos, las organizaciones y otras donaciones nos ayudan a financiar este programa.

A fin de satisfacer necesidades de financiación, es necesario proporcionar un informe sobre el programa que incluye el número de participantes y el número de participantes que son elegibles para el TANF. Toda la información obtenida de este requisito es confidencial y se utiliza exclusivamente para fines de financiación.

Por favor, complete la siguiente información que tiene el mandato para que podamos tener en el archivo de cada Kid P.H.I.T. participante.  
Gracias de antemano por tomarse el tiempo para ayudarnos a cumplir nuestras necesidades de financiación.

Sinceramente,

*Wray Rehabilitation & Activities Center, Inc.*

Cabeza de familia de los niños la relación: \_\_\_\_\_

¿Es usted un ciudadano o extranjero calificado de los Estados Unidos de América?  Yes  No

Los ingresos familiares anuales: Por encima de los \$75,000 \_\_\_\_\_ o \$75,000 por debajo \_\_\_\_\_

Necesidad especificada: Actividades/verano extraescolares. Educación bienestar nutricional

Nombre del niño: \_\_\_\_\_

De los Padres (Guardian's) Firma: \_\_\_\_\_

Wray Rehabilitation & Activities Center  
DHS Program Area 3 Mentoring Participation Form

To the Parent(s) or Guardian(s):

Wray Rehabilitation & Activities Center is a 501(c)3 non-profit organization. We are not affiliated with the Yuma County Department of Human Services but do receive program funding specifically for the MY PHIT program. *In order to keep program fees low for you, funding is crucial.* To meet CORE Funding requirements, attendance records must be submitted. We are paid each time your child attends the program. Attendance is tracked by DHS using your child's social security number. All information on this form is kept confidential and used solely for funding purposes. Again, your child's social security number is used for attendance *ONLY*.

Please complete the following information that is mandated for us to have on file for each MY PHIT participant.

Thank you in advance for taking the time to help us meet our funding requirements.

Name of Program Participant: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Participant's Social Security Number: \_\_\_\_\_

All Household Parent/Guardian's Name(s): \_\_\_\_\_

Relationship(s) to Participant: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Filled Out by MY PHIT Staff:**

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY BY SIGNING THIS FORM, THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Wray Rehabilitation & Activities Center  
Formulario de Participación de Mentoría del Área de Programa 3 del DHS

A la(s) padre(s) o tutor(s):

Wray Rehabilitation & Activities Center es una organización 501(c)3 una organización sin fines de lucro. No estamos afiliados a Yuma Departamento de Servicios Humanos del Condado, pero no reciben financiación del programa, específicamente para los MY PHIT programa. Para cumplir con los requisitos de financiación CORE, deben presentarse los registros de asistencia. Nos pagan cada vez que su hijo asiste al programa. La asistencia es rastreada por el DHS usando el número de seguro social de su hijo. Toda la información en este formulario se mantiene confidencial y se utiliza únicamente con fines de financiación. De nuevo, el número de seguro social de su hijo se usa SOLO para asistencia.

Por favor, complete la siguiente información que tiene el mandato para que podamos tener en el archive de cada MY PHIT participante.

Gracias de antemano por tomarse el tiempo para ayudarnos a cumplir nuestras necesidades de financiación.

Nombre del participante del programa: \_\_\_\_\_

Fecha de nacimiento del participante : \_\_\_\_\_

Numero de seguro social del participante: \_\_\_\_\_

Nombre(s) del jefe de familia: \_\_\_\_\_

Relación (s) con el participante: \_\_\_\_\_

Firma de padre/tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

***Para ser completado por MY PHIT Staff:***

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY BY SIGNING THIS FORM, THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date