



Boys & Girls Clubs of Dumplin Valley Membership Application

Family Contact Information

Head of Household _____ Relationship to Child: _____

Business Phone _____ Cell Phone _____

Place of Employment: _____ Occupation: _____

Email Address: _____ Preferred language spoken at Home: _____

Additional Guardian: _____ Relationship to Child: _____

Business Phone _____ Cell Phone _____

Place of Employment: _____ Occupation: _____

Email Address: _____

With whom does the member live? Mom Step-Mom Dad Step-Dad Grandparent Foster Parent Other

Foster care case worker full name _____ Phone # _____

Does your child/children receive: (please check one) Free lunch at school Reduced Price Lunch Full Price

Do you receive Families First or TANF? _____ Yes _____ No If Yes, Recertification date? _____ TANF# _____

PERSON AUTHORIZED TO ACT FOR PARENT IN AN EMERGENCY: (Not Listed Above)

Name: _____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Place of Employment: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____ Relationship to Child: _____

Child may be released to this person: YES NO



Medical Information

Primary Care Doctor: _____ Phone Number: _____

Do you have medical insurance? Yes No

If yes, please list insurance company: _____

Name of Policyholder: _____ Policy #: _____

Are there any allergies, health conditions or medication we should be aware of? Yes No

If yes please specify: _____

List Medications taking: _____

If your child has any known physical, mental, or social difficulties or other information which may affect participation and/or for which special accommodations are needed, please attach a physician's statement which identifies the condition and gives the Physician's special instructions for your child's care.

Child Abuse Regulations:

The Boys & Girls Club of Dumplin Valley is required by law to report to the Department of Children's Services any suspected child abuse of our members. All suspected child abuse will be reported immediately.

Transportation Plan:

Every enrolled child must have a Transportation Plan on file. Please list those people to whom your child may be released

Transportation Authorization:

Please Check:

_____ My child may be released only to me unless prior arrangements have been made with the Facility or Program Director.

_____ My child may be released to the following:

Name: _____ Relation: _____ Cell/Work/Home: _____ / _____ / _____

Name: _____ Relation: _____ Cell/Work/Home: _____ / _____ / _____

Name: _____ Relation: _____ Cell/Work/Home: _____ / _____ / _____

My child **cannot** be released to the following people:

Name: _____

Legal documentation must be provided if the person listed above is a parent.



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Acknowledgements:

_____ I certify that I give my child permission to join the Boys & Girls Club of Dumplin Valley and appear in pictures, videos, images and likenesses of Boys & Girls Club activities to be used for publicity purposes.

_____ I understand that the Boys & Girls Clubs of Dumplin Valley has an open door policy and that once a fee is paid or a contract signed they may attend as little or as much as they wish during the designated timeframe. Once they are signed in, children are not permitted to leave Boys & Girls Club property without written permission of legal parent or guardian, Parents must come into the building to sign members out of activities unless the Club is provided with written documentation giving permission for their child to sign themselves out.

_____ I further understand that the Club will fully supervise members in all activities but cannot physically restrain a child who is attempting to leave the property against the will of a Club staff member. The Club will not be responsible for a child choosing to disregard staff and leave the Boys & Girls Club premises without permission, however in this situation, parents and/or appropriate authorities will be notified immediately.

_____ I understand and agree that my child must be picked up by closing time or a late fee may be charged by Club staff. A fee of \$5.00 will be charged if the parent is more than 10 minutes late for pick up. An additional fee of \$5.00 will be added every 15 minutes for up to one hour. After one hour the Club will be forced to contact local Police for assistance. All late fees must be paid before members can return to the Club programs.

_____ A \$25 service fee will be charged for all returned checks. Delinquent payment of dues may result in suspension of Club membership until payment is current.

_____ As parent or guardian of the above child, I approve his/her joining the Boys & Girls Clubs of Dumplin Valley and agree not to hold the Boys & Girls Clubs of Dumplin Valley, its Board of Directors, Officers, Staff, or Volunteers responsible and/or liable, and hereby RELEASE them from liability or losses of any personal property and or any injuries or accidents suffered by my child at the Boys & Girls Club facilities or in connection with membership or participation in any Boys & Girls Club activities.

_____ In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Boys & Girls Club staff member in charge of the activity to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child/children as named above. The expenses for all actions will be borne by the parent or guardian.

I understand and agree to abide by all statements and procedures contained herein.

Signature of Parent/Legal Guardian _____ Date: _____

I have received, read and had an opportunity to discuss with a staff member a summary of membership requirements, a parent letter regarding child abuse and the Parent's Information Booklet and I have had a pre-placement visit.

Yes No Signature: _____ Date: _____



RELEASE OF INFORMATION

The Boys & Girls Clubs of Dumplin Valley maintain all member files in a confidential manner. Pertinent information may be shared professionally with Boys & Girls Club staff, the Tennessee Department of Human Services, juvenile court system, and the child's school system. Files for all programs funded in whole or in part by the State of Tennessee or the federal government are available for monitoring and subject to audit by the governing agencies.

Thereby authorize the Boys & Girls Clubs of Dumplin Valley to **release to and receive from** the people and agencies listed above, including Cocke county Schools, Jefferson County Schools, any information or materials that may contribute to the education and wellbeing of my child. Please include any educational information pertaining to my child, report cards, homework assignments, attendance records, and behavior issues. I understand that any release of information to persons or agencies other than those mentioned above will require my written approval.

Thereby authorize the Boys & Girls Clubs of Dumplin Valley to **release to and receive from** the people and agencies listed above, including Jefferson County Schools, any information or materials contributing to qualifications for the Federal/State Child Nutrition Service, USDA. I understand that any release of information to persons or agencies other than those mentioned above will require my written approval.

Student Information

Name: _____ Grade: _____ DOB: _____

Parent/Guardian Signature: _____ Date: _____

Note: Jefferson County Schools complies with the provisions of the Family Education Rights and Privacy Act (FERPA) as to records security and confidentiality. This release is effective up to and including one (1) year from date of signature.

Families First

There is an informative meeting concerning the qualifications for Families First every Thursday at 1pm at the DHS office (address listed below).

Applying for Services

Tennesseans may apply for Families First benefits at their local Department of Human Services county office. Applications are available in English, Spanish, Arabic, and Somalia. Applicants may also apply online or check potential eligibility. [Click here \(Disabled\)](#) to apply online. After the online application has been submitted, the applicant will receive an appointment for an interview.

L.C. Weaver Building

1050 S. Hwy. 92

Dandridge, TN 37725-4736

Phone: (865) 397-9401

Fax: (865) 397-1373

Field management director 1- Patricia Hodge

Services: Food Stamp; Families First; Child Care Certificate; Medicaid; and TennCare.

Families First Highlights and Services

Child only cases- This is a special category of exemptions. When a child lives with a relative who is not their parent, the adult may choose to be excluded from the case. When the parent(s) collect SSI, they are also excluded from the case.

Work, training, and personal responsibility-These are the guiding principles of the program. Adult family members must work or engage in training and educational activity for up to 30 hours a week. A personal responsibility plan is developed for each individual which details how they will work toward self-sufficiency. The plan also requires that children stay in school, get regular health checks, and are current on their immunizations.

Non-compliance with Personal Responsibility Plan-Participants must comply with the plan that they developed with DHS. Failure to comply without good cause could affect the participant's eligibility to access program services and cash benefits.

Personal Responsibility Plan

When an individual qualifies for the Families First Program, one of the first things he/she will be asked to do is develop a Personal Responsibility Plan (PRP) with the help of their caseworker.

As part of the PRP, the participant must:

- Make sure their children receive immunization shots and health checks.
- Make sure their children attend school, including kindergarten, regularly.
- Cooperate with child support requirements.
- Agree to work or attend a work preparation activity, if not exempt.



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Annual Fee Agreement Form

(To be completed with enrollment or if there is a change in income. Make sure there is not a balance on the account of renewing members)

Step 1: Ask for number in household & income level

Number in Household: _____ Income Amount: _____

Type of Income Verification: Tax return 4 paystubs

Step 2: Determine if family is free, reduced or not eligible.

Reduced

Household Size	185%				
	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$23,828	\$1,986	\$993	\$917	\$459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Each add'l fam mem add	+	+	+	+	+
	\$8,399	\$700	\$350	\$324	\$162

Free

Household Size	130%				
	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
Contiguous States, D.C., Guam and Territories					
1	\$16,744	\$1,396	\$698	\$644	\$322
2	22,646	1,888	944	871	436
3	28,548	2,379	1,190	1,098	549
4	34,450	2,871	1,436	1,325	663
5	40,352	3,363	1,682	1,552	776
6	46,254	3,855	1,928	1,779	890
7	52,156	4,347	2,174	2,006	1,003
8	58,058	4,839	2,420	2,233	1,117
Each add'l fam mem add	+	+	+	+	+
	\$5,902	\$492	\$246	\$227	\$114

What is the fee level? Circle below.

Free

Reduced

Not Eligible



Step 3: Cocks County Club Sites have an annual fee of \$100 per child. Please see the chart below for family fees for multiple children.

<i>School Based & Housing Development Sites</i>	
# of Children (Ages 5-12)	Cost
One (1)	\$100
Two (2)	\$200
Three (3)	\$250
Cost above is for the year Each additional child is free	

Step 4: Determine the annual and monthly payment amount and input it below:

Household Annual Fee: _____ **Household Monthly Fee for 10 months** _____

I agree to pay the total amount due each year. I understand that I can make 10 monthly payments of \$10 per month or I can pay the \$100 in full. I understand that the annual fee is charged no matter how many days, weeks, months that services are used. With the annual fee, members can attend anytime for 1 year from the date of membership and then they will have to renew their membership and pay the annual fee again at that point in time if they wish to continue their membership.

Caregiver Signature

Date

Club Staff Signature

Date

Club Staff: Provide a copy to the caregiver and retain a copy in Club member file. Keep for auditing.