

2023-24 MEMBERSHIP APPLICATION

Boys & Girls Club of Weslaco Inc.

Unit Name: _____ Membership #: _____ Entry Date: ____ / ____ / 2023
Registered By: _____ Birth Certificate Verified By: _____ New or Renewal
Receipt # _____ Amount Paid \$ _____ CASH OR CARD

Legal Name: _____ Nickname: _____

Gender: ___M___F Ethnicity: _____ DOB: _____ Age: ___ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address _____

Mothers Name: _____ Father Name: _____

Phone work : _____ cell: _____ Phone work: _____ Cell: _____

Place of employment: _____ Place of employment _____

Emergency Contact: _____ Relationship: _____ Phone: _____

School Information: School: _____ Grade: _____

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: _____

Serious Health Problems: ☐ Yes ☐ No If Yes, explain: _____ Does your child have Asthma? ☐ Yes ☐ No

Medications: ☐ Yes ☐ No If Yes, explain: _____

General:

Birth Certificate on File: ☐ Yes ☐ No Birth City: _____ Birth State/Country: _____

Household:

NOTE: This information is collected for Grant writing purposes ONLY

Current Head of Household: ☐ Female ☐ Male Current Single Parent: ☐ Yes ☐ No

Member lives with: ☐ Mom ☐ Step Mom ☐ Dad ☐ Step Dad ☐ Grandparent ☐ Other: _____

Household Size	Extremely low Income	Very Low Income	Low Income	Over Income
1 Person	Under \$12,800	\$12,800 to \$21,350	\$21,350 to \$34,100	Over \$34,100
2 Persons	Under \$14,600	\$14,600 to \$24,400	\$24,400 to \$39,000	Over \$39,000
3 Persons	Under \$16,450	\$16,450 to \$27,450	\$27,450 to \$43,850	Over \$43,800
4 Persons	Under \$18,250	\$18,250 to \$30,450	\$30,450 to \$48,700	Over \$48,000
5 Persons	Under \$19,750	\$19,750 to \$32,900	\$32,900 to \$52,600	Over \$52,600
6 Persons	Under \$21,200	\$21,200 to \$35,350	\$35,350 to \$56,500	Over \$56,500
7 Persons	Under \$22,600	\$22,650 to \$37,800	\$37,800 to \$60,400	Over \$60,400
8 Persons	Under \$24,100	\$24,100 to \$40,200	\$40,200 to \$64,300	Over \$64,300

Persons Authorized to pick up your Child:

1. _____ 2. _____
3. _____ 4. _____

GREAT FUTURES START HERE.



BOYS & GIRLS CLUB
OF WESTLAGO INC.

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Please be sure to sign and date this form

Name: _____
Last First MI

Phone: _____
Home: _____ Cell: _____

Home Email Address: _____

Address: _____
Street City State Zip Code

Primary Emergency Contact Name : _____
Relationship: _____ Last First

Phone: _____
Home: _____ Cell: _____ Work: _____

Secondary Emergency Contact Name: _____
Relationship: _____ Last First

Phone: _____
Home: _____ Cell: _____ Work: _____

Preferred Local Hospital: _____

Insurance Information:

Company: _____ Policy #: _____

Comments (include any special medical or personal information you would want an emergency care provider to know – or special contact information)

Signature: _____ Date: _____

Demographics Form

Date: ____/____/____

Club Site: _____

Member Name: _____ Member ID: _____

Age: _____ Gender: M F Date of Birth: _____ Grade: _____

Parent/Guardian: _____ Language Preference: _____

Address: _____

Phone (Home): _____ Cell/Work: _____ other: _____

With which racial or ethnic category do you identify?

- ☐Caucasian ☐American Indian ☐African American ☐Asian Pacific Islander
☐Latino/Hispanic ☐Multiple Race ☐Other: _____

Faith/ Denomination: _____

Special Classification: ☐Deaf/Hard of Hearing ☐Homeless ☐Immigrant/Refugee/Asylum
☐Seeker ☐LGBTQ ☐Veterans ☐Disabled ☐Limited English Proficiency ☐Foster Care

HOUSEHOLD INCOME INFORMATION:

- ☐Less than \$10,000 ☐\$10,001 to \$20,000 ☐\$20,001 to \$30,000 ☐\$30,001 to \$40,000
☐\$40,001 to \$50,000 ☐\$50,001 to \$62,999 ☐Greater than \$63,000

Which of the following do you currently receive?

- ☐Food Stamps ☐TANF ☐Medicaid ☐Head Start/ Early Head Start

HOUSEHOLD INFORMATION:

Head of Household? ☐Mom ☐Dad **Total Number in household:** _____

Does the child live with:

- ☐One Parent ☐Both Parents ☐Guardian ☐Foster Family ☐Other

Number of Household that are: Under 18 _____ Handicapped _____ Over 65+ _____

List Names and ages of all people living in household:

Name	Age	Relationship		Name	Age	Relationship

Family Housing:

- ☐Renting ☐Own ☐Temp ☐Public Housing ☐Other: _____

PROGRAM CLASSIFICATION:

- ☐VOCA-Crime Victim Services _____ (Type)
☐Y&FSS-Other

**Youth & Family Support Services
at Boys & Girls Club**

Club Site: Boys & Girls Club
Weslaco, Inc.

Parental/Legal Guardian Consent Form

I, _____, agree for my child _____ to be provided services by a mental health professional from the Boys and Girls club. I further understand that the sessions are confidential; however, the following exceptions exists and shall require the disclosure of information obtained from my child:

- (a) if the specialist determines that my child is a danger to himself/herself or to someone else,
- (b) if my child discloses abuse, neglect, or exploitation of himself/herself, a child, an elderly person, or disabled person,
- (c) if my child discloses that he/she will commit an illegal act, and/or if records are subpoenaed by a judge, counseling records will have to be disclosed pursuant to the subpoena.

Furthermore, I hereby authorize the Boys & Girls Club to access all the appropriate records pertinent to my child's case:

School _____
Mental Health _____
Legal _____
Other _____

By signing below, I am indicating that I have read and understood this statement, or that any questions I had about this statement were answered to my satisfaction.

Parent/Legal Guardian Signature

Date

Staff Signature/Title

Date

CDBG PROGRAM APPLICATION
Entitlement Community of: _____
Income Eligibility Certification Form

Precinct 1

Qualified Documents Application

Participants of the Federally-funded Community Development Block Program (CDBG) must disclose personal information for reporting and eligibility purposes. Please print legibly and answer all questions completely.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Please use this form only if you receive any items from ① to ④ below:

Qualification Documents	Mark Yes or No	Obtain Source Documentation	Who gets copy?
① TANF (Temporary Assistance for Needy Families)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Award Letter must be provided and not be older than 6 months of date of this application.	Agency & UCP
② Medicaid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Award Letter must be provided and not be older than 6 months of date of this application.	Agency & UCP
③ SNAP (Food Stamps)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Award Letter must be provided and not be older than 6 months of date of this application.	Agency & UCP
④ Reside in Housing Authority	Yes <input type="checkbox"/> No <input type="checkbox"/>	A Utility Bill indicating address or a letter from the Housing Authority indicating resident	Agency & UCP
Which Housing Authority? _____			

A. Does applicant live in the city limits? Yes ☐ If Yes, what city? _____ No ☐

B. Applicant Information

Applicant: _____
 Address: _____
 City: _____ TX Zip Code _____
 Telephone # _____ Other Contact # _____

C. Household Members

List names of persons in your household, Date of Birth and indicate if members are Disabled.

#	Last Name	First Name	Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

D. Characteristics

1 Hispanic Yes ☐ No ☐

2 Race (check one)

☐ White

☐ Asian

☐ Native Hawaiian/Other Pacific Islander

☐ Asian & White

☐ American Indian/Alaskan Native & Black

☐ Black / African American

☐ American Indian / Alaskan Native

☐ American Indian / Alaskan Native & White

☐ Black / African American & White

☐ Other Multi-Racial

3 Number of Persons Benefiting from Services: _____

E. Certification of Applicant

Please complete Step 1 (Household size) and Step 2 (Income Level)

Step 1

Household Size
(Mark X)

Step 2 HUD Income Limits as of Effective Date:

July 1, 2022

Mark X to indicate your income level in your size of household

	Extremely Low Income (30%)	Very Low Income (50%)	Low Income (80%)	Over Income
<input type="checkbox"/> 1 Person	<input type="checkbox"/> Under \$14,350	<input type="checkbox"/> \$14,350 to \$23,850	<input type="checkbox"/> \$23,850 to \$38,150	<input type="checkbox"/> Over \$38,150
<input type="checkbox"/> 2 Persons	<input type="checkbox"/> Under \$16,400	<input type="checkbox"/> \$16,400 to \$27,250	<input type="checkbox"/> \$27,250 to \$43,600	<input type="checkbox"/> Over \$43,600
<input type="checkbox"/> 3 Persons	<input type="checkbox"/> Under \$18,450	<input type="checkbox"/> \$18,450 to \$30,650	<input type="checkbox"/> \$30,650 to \$49,050	<input type="checkbox"/> Over \$49,050
<input type="checkbox"/> 4 Persons	<input type="checkbox"/> Under \$20,450	<input type="checkbox"/> \$20,450 to \$34,050	<input type="checkbox"/> \$34,050 to \$54,450	<input type="checkbox"/> Over \$54,450
<input type="checkbox"/> 5 Persons	<input type="checkbox"/> Under \$22,100	<input type="checkbox"/> \$22,100 to \$36,800	<input type="checkbox"/> \$36,800 to \$58,850	<input type="checkbox"/> Over \$58,850
<input type="checkbox"/> 6 Persons	<input type="checkbox"/> Under \$23,750	<input type="checkbox"/> \$23,750 to \$39,500	<input type="checkbox"/> \$39,500 to \$63,200	<input type="checkbox"/> Over \$63,200
<input type="checkbox"/> 7 Persons	<input type="checkbox"/> Under \$25,400	<input type="checkbox"/> \$25,400 to \$42,250	<input type="checkbox"/> \$42,250 to \$67,550	<input type="checkbox"/> Over \$67,550
<input type="checkbox"/> 8 Persons	<input type="checkbox"/> Under \$27,000	<input type="checkbox"/> \$27,000 to \$44,950	<input type="checkbox"/> \$44,950 to \$71,900	<input type="checkbox"/> Over \$71,900

I, _____ (Print Name)

- _____, hereby acknowledge that:
- (1) Eligibility for assistance under this CDBG-funded program is based upon having a presumption or qualifying household income;
 - (2) The information furnished to the Agency providing the services and Grantee is current as of the date signed.
 - (3) This information may be subject to further verification by the Grantee/and/or the U.S. Department of Housing & Urban Development (HUD) and HUD-Office of Inspector General (HUD-OIG);
 - (4) I authorize such verification; and
 - (5) Falsification of the information provided may subject me to prosecution under applicable state and federal laws.

Signature _____

Date _____

F. Certification of Agency

Applicant is: ☐ Yes, Eligible ☐ No, Not Eligible

Did Applicant submit the required qualified documents? Yes ☐ No ☐

I, _____ (Print Name) _____ hereby acknowledge that I have received this application and acknowledge that I received the necessary documentation in order to provide services under the CDBG Program.

Signature _____

Date _____

Agency: _____

Telephone # _____