



BOYS & GIRLS CLUBS
OF GREATER CINCINNATI

600 Dalton Avenue Cincinnati, OH 45203
513-421-8909
www.bgcg.org

Membership Application

The Positive Place For Kids

Club Name: _____

Date: _____

Member Information

Name: _____

Name of Person with whom Member lives: _____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____

Demographics

*** The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary. ***

Gender Birth Date: _____ Age: _____

Male Female Family Totals : # Sisters/Stepsisters _____ #Brothers/Stepbrothers _____ Total in Household _____

<u>Ethnicity</u>	<u>Household Income</u>	<u>Member Lives With</u>	<u>Household Type and Family Setting</u>
<input type="checkbox"/> Black	<input type="checkbox"/> \$0-\$4,999	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Both Parents
<input type="checkbox"/> White	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> Mother	<input type="checkbox"/> Single Parent Family
<input type="checkbox"/> Hispanic	<input type="checkbox"/> \$10,000-\$12,499	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparents
<input type="checkbox"/> Asian	<input type="checkbox"/> \$12,500-\$14,999	<input type="checkbox"/> Guardian	<input type="checkbox"/> Extended Family
<input type="checkbox"/> Native American	<input type="checkbox"/> \$15,000-\$17,499	<input type="checkbox"/> Other	
<input type="checkbox"/> Appalachian	<input type="checkbox"/> \$17,500-\$19,999	School: _____	
<input type="checkbox"/> Multi Racial	<input type="checkbox"/> \$20,000-\$24,999	Grade: _____	
	<input type="checkbox"/> \$25,000-\$29,999		
	<input type="checkbox"/> \$30,000-\$34,999		
	<input type="checkbox"/> \$35,000-\$39,999		
	<input type="checkbox"/> \$40,000 or more		

Parent/Guardian Information

Father's Name: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Mother's Name: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Guardian's Name: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell: _____

FOR OFFICE USE ONLY

KidTrax ID _____ Membership Fees Paid: \$ _____ Scholarship

<u>Member Status</u>	<u>Food Program</u>	<u>Employment Code</u>	<u>Data Entry</u>
<input type="checkbox"/> New	<input type="checkbox"/> Free	Mother _____	Date Entered _____
<input type="checkbox"/> Renew	<input type="checkbox"/> Paid	Father _____	Staff Name _____
	<input type="checkbox"/> Reduced	Other _____	Receipt Number _____
	<input type="checkbox"/> Too Old		



Member Name _____ KidTrax ID _____

BOYS & GIRLS CLUBS
OF GREATER CINCINNATI

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Medical Information

Asthma	<input type="checkbox"/> no	<input type="checkbox"/> yes	
Allergies	<input type="checkbox"/> no	<input type="checkbox"/> yes	Please specify _____
Physical Restrictions	<input type="checkbox"/> no	<input type="checkbox"/> yes	Please specify _____
Medications	<input type="checkbox"/> no	<input type="checkbox"/> yes	Please specify _____
Medical Conditions	<input type="checkbox"/> no	<input type="checkbox"/> yes	Please specify _____

Other Issues: _____

Doctor's Name: _____ Phone: _____

Hospital/Clinic: _____ Phone: _____

Health Insurance Name/Policy Number: _____

How did you learn about the Boys & Girls Club?

Friend or Club Member Family School TV/Radio/Newspaper Court Social Worker Other: _____

Authorization

I hereby grant permission to my child to become a Member of the Boys & Girls Clubs of Greater Cincinnati.

In the event that neither I nor the persons listed above can be reached in an emergency, I authorize the attending physician to administer proper and necessary treatment for the safety of my child.

I authorize the organization to use photographs of my child and/or survey my child either through interviews or questionnaires for publicity purposes or data collection.

I understand that the Boys & Girls Clubs of Greater Cincinnati is not a licensed childcare facility or a custodial care service.

Signature of Parent/Guardian _____ Date _____

Dental Authorization (for Ohio residents only)

I hereby request that the **Crest Smile Shoppe** and the **Cincinnati Health Department** provide my child dental services. I give clinic staff permission to perform all examinations, tests and treatments as needed for my child's dental care. I also understand that my child will receive these clinical services as performed by qualified staff regardless of gender unless otherwise requested. Clinic chaperone will be provided only upon request. I understand that there will be a charge for clinical services.

Signature of Parent/Guardian _____ Date _____

In accordance with Federal law and U.S. Dept of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD), USDA is an equal opportunity provider and employer.

Technology Use Policy

Parent or Guardian

**This section must be signed by a parent or guardian
for all Members under the age of 18.**

I have read the Boys & Girls Clubs of Greater Cincinnati Technology Use Policy.

I hereby release the Boys & Girls Clubs of Greater Cincinnati, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the Boys & Girls Clubs of Greater Cincinnati Internet and Technology Systems, including, but not limited to claims that may arise from the unauthorized use of the Internet and Technology Systems to purchase products or services.

I understand that access to the Boys & Girls Clubs of Greater Cincinnati Network and the Internet is designed for educational purposes and that the Boys & Girls Clubs of Greater Cincinnati has taken available precautions to educate students on appropriate educational materials. However, it is understood that, no matter how much supervision and monitoring the Club can utilize, there will always be the possibility of my child coming into contact with inappropriate material, and I will not hold the Boys & Girls Clubs of Greater Cincinnati responsible for materials acquired on the Network.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the Boys & Girls Clubs of Greater Cincinnati Technology Use Policy. I will emphasize the importance of following the rules for personal safety.

_____ I give permission for my child to utilize the Boys & Girls Clubs of Greater Cincinnati Technology Program, including, but not limited to Computer Lab computers, printers, computer software, Internet access, network access, database access, and audio-visual equipment and to issue an account for my child and certify that the information contained in this form is correct.

_____ No, I do not wish to give permission for my child to use the Clubs' Technology Programs.

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name of Parent/Guardian: _____

Printed Name of Member : _____

Parent/Guardian Email Address: _____

Member Technology Use Policy

Computer Use

Do...

- Understand that all regular Club rules apply to computer use, too.
- Use the Club's computers for educational purposes.
- Use the network to learn about computers and technology.
- Use the computers to play games provided for you by the Club.
- Use the Internet to search for appropriate information.
- Use the Club's computers to type papers and do projects for school.
- Use the computers and the Internet to learn about future careers.
- Tell a Staff Member if you receive a message that is inappropriate or makes you feel uncomfortable.
- Tell a Staff Member if someone you meet or talk to on-line asks to meet you in person

Do not...

- Post personal information about yourself or anyone else (including full name, address, phone number, school name or address, Club name or address, parent's name(s)...).
- Offer, provide, or purchase products or services over the Internet.
- Agree to meet someone in person you have met on-line.
- Use the computer to discuss or plan any illegal activities.
- Share your password with anyone, or try to learn someone else's.
- Use any password other than your own.
- Change settings of any kind on the computers.
- Install/download software of any kind on any Club computer.
- Use obscene (cuss or bad words) or disrespectful language.
- Send anyone messages after they've asked you to stop.
- Say things about others that are un-true or might hurt them in any way.
- Take the ideas or writings of others and claim them to be yours.
- Use the computer to look at material that is obscene or that encourages violence or discrimination.
- Copy or distribute any material, including songs and music, found on the internet or on any copyright CD/DVD.

I understand upon violation of any of these rules, I could be permanently suspended from the club. I agree to follow and I understand these rules:

Name: _____ Signature: _____ Date: _____

Member Email Address: _____

**CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED PRICE MEALS – 2009-2010**

– 2009 - 2010 INSTRUCTIONS: To apply for free and reduced price meals, read the Household Letter/instructions on backside. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving Food Assistance or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4* is to be completed for foster children.
* Asterisks indicate information that must be completed. Form must be updated annually and is valid for only 12 months including the month signed.

PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER			PART 2 – LIST EACH CHILD’S FOOD ASSISTANCE OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 10 OR 12 DIGITS. DO NOT USE SWIPE CARD NUMBER.
CHILD(REN) NAME	AGE	BIRTH DATE*	Circle type of benefit FOOD ASSISTANCE OR OWF
1.			CASE NUMBER:
2.			CASE NUMBER:
3.			CASE NUMBER:
4.			CASE NUMBER:

PART 3 – HOUSEHOLD SIZE AND HOUSEHOLD INCOME: If Part 2 is completed skip to Part 5.
Income Conversion: Weekly x 52, Bi-weekly (every 2 weeks) X26, Semi-monthly (twice a month) X24, Monthly X12.

*LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	*Gross MONTHLY Earnings (before deductibles)		*MONTHLY Welfare Payments, Child Support, Alimony	*MONTHLY Pensions, Retirement, Social Security	*ANY OTHER MONTHLY Income
	Job 1	Job 2			
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$

PART 4 – FOSTER CHILD: (check if yes) List foster child’s monthly personal use income. Enter “0” if none. \$

PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal statutes.

* SIGNATURE OF ADULT HOUSEHOLD MEMBER	* DATE	* SOCIAL SECURITY NUMBER (SSN) Required only for Part 3 Write “None” if adult signer doesn’t have a SSN.
Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

PART 6: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race or ethnicity of your child(ren).

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other

Please mark one of the following ethnic entities: Hispanic or Latino Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act (NSLA) requires that, unless your child’s Food Assistance or OWF case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application or shared with other persons directly connected with the administration or enforcement of the program under the NSLA or Child Nutrition Act of 1966 to determine program eligibility. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Assistance or welfare office to determine current certification for receipt of Food Assistances or OWF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal action if incorrect information is reported.

State Distribution: Week of 6/22/09

-----FOR CENTER USE ONLY-----

Zero Income Temporary Free Approval Until: _____ Must be reviewed again in 45 days.	Total from Part 3, if applicable: Total Household Size _____ Total Monthly Income \$ _____	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid <input type="checkbox"/> Food Assistances/OWF <input type="checkbox"/> Foster Child <input type="checkbox"/> Household Size & Income Reason: <input type="checkbox"/> Income Too High <input type="checkbox"/> Invalid <input type="checkbox"/> Incomplete
--	--	---

Signature of Center Official	Today’s Date	Effective Date (No earlier than first of current month)	Expiration Date
------------------------------	--------------	--	-----------------

HOUSEHOLD LETTER

Dear Parent or Guardian:

Please help us comply with the requirements of the United States Department of Agriculture's Child and Adult Care Food Program (CACFP) administered through the Ohio Department of Education by completing the attached Income Eligibility Application for free and reduced price meals. All information will be treated with strict confidentiality. The CACFP allows our center to receive reimbursement for meals served to eligible children in our program. The completion of the Income Eligibility Application is optional. Complete the application on the reverse side using the instructions below for your type of household. An application must contain complete information to be considered for free or reduced price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for Food Assistance or Ohio Works First (OWF). Once properly approved for free or reduced price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). We have included information about free medical benefits through Ohio's Healthy Start & Healthy Families programs.

PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART

- Print the name of the child(ren) enrolled at the child care center. Children from the same household (except foster children) may be listed on the same application.
- List their age and birthday.

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCES OR OWF: COMPLETE THIS PART AND PART 5 – If a child is a member of a Food Assistance or OWF household, the child is automatically eligible to receive free CACFP benefits subject to application completion.

- Circle the type of benefit receiving.
- List a current Food Assistance or OWF case number for each child. This will be a 10 or 12-digit number.
- Sign the application in PART 5. An adult household member must sign.

SKIP PART 3 – Do not list names of household members or income if you list a Food Assistance or OWF case number for each child.

PART 3 – ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 5

- Write the names of all household members including yourself and the child(ren) that attends the child care center, whether they receive income or not. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. Attach another piece of paper if you need more space to list all household members.
- Income is any money received on a recurring basis, including gross earned income. Write the amount of income each household member received the previous month, before taxes or anything else is taken out, in the appropriate column. If any amount during the previous month was more or less than usual, write that person's usual monthly income. To calculate household income paid on different schedules, use these income conversions: Weekly X52, Bi-weekly X26, Semi-monthly X24 and Monthly X12. Examples of household sources of income may include: Earnings from work such as wages, salaries, tips, strike benefits, unemployment compensation, worker's compensation, net income from self-owned business or farm; welfare, public assistance, child support payments, and alimony; pensions, retirement income, social security, veteran's payments, or supplemental security income; other income such as disability benefits, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, net royalties/annuities, net rental income, or other income.
- An adult household member must sign the application and give his/her social security number (SS#) or indicate that they do not have a SS# in PART 5.**

PART 4 – HOUSEHOLDS WITH A FOSTER CHILD: COMPLETE THIS PART AND PART 5 – In certain cases, foster children are eligible for free or reduced price meals regardless of the income of the household with whom they reside. If you are completing the application for a foster child living with you, complete the application as a family of one since a foster child is the legal responsibility of a welfare agency or court. Complete a separate application for each foster child.

- List the foster child's monthly "personal use" income. Write "0" if the foster child does not receive "personal use" income.
 - An adult member of the foster home or case worker must sign the application in PART 5.
 - A social security number is not needed for the foster child's application.
- "Personal use" income is: (1) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (2) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.

PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART

- All applications must have the signature of an adult household member.
- An application that lists monthly income must have the social security number of the adult who signs. If the adult does not have a social security number, write "none" or something else to show that the adult does not have a social security number. If you listed a Food Assistance or OWF number for each child or if you are applying for a foster child, a social security number is not needed.

PART 6 – RACIAL/ETHNIC IDENTITY – OPTIONAL

You are not required to answer this question to be eligible to get free or reduced price meals. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

HEALTHY START AND HEALTHY FAMILIES

Families with children eligible for free or reduced price meals may be eligible for FREE health care coverage through Ohio's Healthy Start & Healthy Families programs. These programs include coverage for doctor visits, immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse and more. Please call **1-800-324-8680** for more information or to request an application. Information can also be found on the web at <http://jfs.ohio.gov/OHP/bcps/FactSheets/hshf.pdf> "Note: If you have an Ohio Medicaid Card, you are already getting these services.

NON-DISCRIMINATION STATEMENT: "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, gender, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 800-795-3272 or 202-720-6382 (voice and TTY). USDA is an equal opportunity provider and employer.

REDUCED INCOME ELIGIBILITY GUIDELINES

Guidelines to be effective from July 1, 2009 through June 30, 2010

Households with incomes less than or equal to the reduced price values below are eligible for free meal benefits.

HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317



2009-2010 TANF Eligibility Form

Child's full name (print clearly)

Boys & Girls Club Organization & Unit

Address

City

State

Zip

Eligibility is met by completing ONE of the following sections:

- a. Answer YES to participation in at least one of the listed programs AND have Club staff sign WITH parent or legal guardian signature, OR answer YES to participation in at least one of the listed programs AND have Club staff sign WITH backup documentation containing parent or legal guardian's signature (i.e. Food Form).
 - b. Verification from a school or county office, verifying participant is eligible for one of the listed programs like a School Food Program. Attach back-up documentation AND have Club staff sign.
 - c. Have parent or legal guardian complete income information, and answer YES to qualifying income question, AND have Club staff sign WITH a parent or legal guardian signature.
- a.** Do you and/or your family receive OR are you and/or your family eligible for the following forms of public assistance?

Please check box indicating YES and proceed to **d**, unless a health card needs to be seen.

	Y		Y
Free or Reduced Food Program	<input type="checkbox"/>	Ohio Works First	<input type="checkbox"/>
WIC	<input type="checkbox"/>	Child Care Vouchers	<input type="checkbox"/>
Medicaid *View card & sign below	<input type="checkbox"/>	PRC	<input type="checkbox"/>
Healthy Families/Healthy Children *View card & sign below	<input type="checkbox"/>	HEAP	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	Reside in Public Housing (HUD, Family Development)	<input type="checkbox"/>

*I did view a current Health Card _____
Signature & Date

If not listed above, what public assistance does your family receive?

Other: _____

- b.** TANF eligibility was determined through _____ Public School records.

Attach back-up documentation and proceed to **d**.

c. Qualifying Income

What is your household yearly gross income? _____

Number of people in household by age:

Age 60+ _____ Age 19-59 _____ Age birth – 18 _____ Total: _____

Is your household income at or below the income listed for the number of people in your household?

YES _____ If yes, proceed to **d.** **NO** _____

This table shows a yearly gross income of 200% of poverty level, necessary for TANF eligibility.

Family Size	Annual	Monthly
1	21,660.00	1,805.00
2	29,140.00	2,428.00
3	36,620.00	3,052.00
4	44,100.00	3,675.00
5	51,580.00	4,298.00
6	59,060.00	4,922.00
7	66,540.00	5,545.00
8	74,020.00	6,168.00

FOR EACH ADDITIONAL FAMILY MEMBER ADD \$7,480 PER YEAR

d. Signatory

By signing this form, I verify that the individual listed above is a United States citizen.

I authorize that the above information is accurate to the best of my knowledge.

Parent/Guardian Signature

Date

Boys & Girls Clubs Employee

Date