

# girls inc.

of Greater Atlanta

## AFTERSCHOOL PROGRAM

K-8TH GRADE APPLICATION

2023 / 2024



02

# APPLICATION

## General Afterschool Information

Address:  
Girls Inc. of Greater Atlanta  
461 Manget St  
Marietta, GA 30060

Telephone:  
770-422-0999

Office Hours:  
9:00 AM to 5:00 PM

Afterschool Hours:  
2:00 PM to 6:00 PM



At Girls Inc. we strive to inspire girls to be strong, smart, and bold with programming that focuses on a healthy lifestyle, academic achievement, and life-skills. Our programs teach girls to manage money, develop healthy relationships, deal with peer pressure, become leaders, be physically active, and develop a love of science and math. Girls Inc. creates a space that is pro-girl, a physically and emotionally safe environment where a girl can build her strengths and set positive goals. Exposing them to new experiences and possibilities for their futures like going to college, exploring professional careers, entrepreneurship and community service and advocacy.

# Registration Requirements

All of the following items are required in order for your registration to be complete. We apologize for any inconvenience the additional documentation requests. It is required due to our government funding, which enables us to keep your costs low.

**Complete Application Packet for each participant**

**\$50 Processing Fee**

**\$168.00 Tuition Fee per month**

**Report Card (last or previous quarter report card)**

**Proof of Residency for primary Parent/Guardian (ex: Photo ID or check stub with proper Address, utility bill or mortgage/rent which lists address)**

**Copies of photo IDs for all household members over The age of 18**

**Copies of Social Security card for all household members over The age of 6**

**Proof of all household income for persons over The age of 18 (ex: 8 current and consecutive check stubs, signed letter from employer on company letterhead, TANF records, food stamps, free and reduced lunch verification, alimony/child support, unemployment & disability income, armed forces income, pension/retirement income paid monthly 2 check stubs, paid semi-monthly 4 check stubs, paid bi-weekly 6 check stubs and paid weekly 8 check stubs)**

**If there is no income in The household, complete a notarized Self Certification of No Income and complete DFCS Non-Income Declaration form. If you are self-employed, complete a notarized Self-Certification of Self Employment form. All forms are attached.**

Registration materials can be dropped off in the locked mailbox in front of Girls Inc., by fax 770-499-2386, or by email to Vanessa Mackey at [vmackey@girlsincatl.org](mailto:vmackey@girlsincatl.org) or Cathy Anderson at [canderson@girlsincatt.org](mailto:canderson@girlsincatt.org). Questions specifically regarding application materials can also be directed to Vanessa Mackey or Cathy Anderson at the above email addresses.

**Your registration is not complete and your space will not be held until we have received your completed application packet, tuition fees and ALL supporting documentation. Please fill out application completely.**

You may pay your tuition fees through PayPal on our website at [www.girlsincatl.org](http://www.girlsincatl.org) or Cash App (\$girlsincatl).

## Programming Schedule

At Girls Inc. your girl will participate in a wide variety of activities daily and week. While schedules will vary, most days include three activities: informal time, program time, and homework / tutoring time. The typical daily schedule is below.

- Informal time is down time for girls, to relax from the school day, promote healthy habits of physical activity, and let girls build their social and emotional skills through free play.
- Programming time is when girls participate in hands-on Girls Inc curriculum designed to supplement and enrich what girls are learning during the school day and help them be strong, smart, and bold! These programs will vary by age group and semester but will include Literacy, STEM (Science, Technology, Engineering, and Math), Economic Literacy, Social Emotional Learning (SEL), and Sporting Chance.
- Homework / tutoring time the girls will focus on completing their homework for the day or participate in tutoring in Math & Reading. Facilitators and volunteers will be available to assist girls with homework tutoring.

In addition, each Friday we have “Fun Friday” often with special guests and fun education activities such as crafts or games. We also provide early dismissal programming and full day programming on some days when schools are closed. Please check the program calendar for dates and times.

## Daily Schedule

- 2:45-3:00 – Cobb Girls Arrive at Center
- 3:30-4:30 – Marietta Girls Arrive at Center
- 3:00-4:00 – Snack/Informal Time
- 4:00-5:00 – Girls Inc. Programming
- 5:00-6:00 – Homework/Tutoring

## Girls Inc. Afterschool Program Calendar 2023 - 2024

### First Semester

#### August

<b>Monday, Aug 7th</b>	<b>First Day of Afterschool Program</b>
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Monday, Aug 22nd	Cobb County Early Dismissal - Center opens at 12:30 PM
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#### September

Monday, Sept 4th	CENTER CLOSED - Labor Day - all schools closed
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Monday, Sept 25th - Friday, September 29th	CENTER OPEN 8:00 AM - 6:00 PM - Fall Break - All Schools Cobb & Marietta Closed
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#### October

Monday, Oct 16th - Friday Oct 20th	Marietta City Schools Early Dismissal - Center opens at 12:30 PM
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#### November

Tuesday, Nov 7th	CENTER OPEN 8:00 AM - 6:00 PM - All Schools Cobb & Marietta Closed
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Monday, Nov 20th - Friday, Nov 24th	CENTER CLOSED - Thanksgiving - All Cobb & Marietta Schools Closed (Staff Report)
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#### December

Thursday, Dec. 14th - Friday, Dec 15th	Cobb County Schools Early Release - Center opens at 12:30 PM
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Friday, Dec 15th	Marietta City Schools & IAS Early Dismissal - Center opens at 12:30 PM
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Monday, Dec 18th - Friday, Dec 29th	CENTER CLOSED - Winter Holidays - All Schools Closed
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### Second Semester

#### January

Monday, January 1st	CENTER CLOSED - Winter Holidays - All Schools Closed
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Tuesday, January 2nd - Friday, January 5th	CENTER CLOSED-Professional Development (Staff Report)
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Monday, Jan 15th	CENTER CLOSED - MLK Jr. Day - All Schools Closed
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#### March

Monday, Mar 6th	Cobb County Schools Early Release - Center opens at 12:30 PM
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#### April

Monday, Apr 1st - Friday, Apr 5th	CENTER CLOSED - Spring Break - All Schools Closed
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#### May

Friday, May 17th	LAST DAY of Afterschool Programming
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# Afterschool Transportation

All Marietta City Elementary Schools will drop girls off at our center for the afterschool program on the school bus. Girls Inc. will pick up girls from local Cobb County and Charter Elementary Schools. Parents are responsible for arranging drop off with the schools transportation office. The program is open to all girls in K-8th grade at the schools listed below. Girls who are homeschooled or at a school outside our service area can be dropped off at the center for afterschool programming.

The following list is subject to change due to the number of girls registered for our Afterschool Program. We cannot pick up at a school if there are not enough girls from that school registered – i.e., we cannot pick up at a school for only one girl even if it is a school listed below.

## Marietta City School

(School buses will drop girls off at the center)

A.L. Burruss Elementary	Sawyer Road Elementary
Dunleith Elementary	West Side Elementary
Hickory Hills Elementary	Marietta Center for Advanced Academics (MCAA)
Lockheed Elementary	Marietta Performance Learning Center
Park Street Elementary	Marietta Middle School
	Marietta Sixth Grade Academy

## Charter & Cobb County Schools

(Girls Inc. will pick up & bring to the center)

Brumby Elementary School	East Valley Elementary School
Fair Oaks Elementary School	International Academy of Smyrna
Powers Ferry Elementary School	Sedalia Park Elementary School
Green Acres Elementary	

# Payment Policies

**Tuition Fee:** The tuition fee is \$168 per month.

**Tuition Responsibilities:** There will be no tuition refunds if a participant does not attend due to illness, transportation issues, or other unforeseen circumstances. Refunds will also not be issued if the participant is dismissed due to behavior. **The participant will not be allowed to attend if registration is not completed in full.**

**Payment Option:** You may pay your tuition fees through PayPal on our website at [www.girlsincatl.org](http://www.girlsincatl.org) or Cash App (\$girlsincatl) or by calling Jennifer Walker at 678-686-1740 ext. 215 to take payment via phone. No cash or checks will be accepted in person.

*\*Please make sure you include your child’s name when making payments.*

**Late Pick-up:** Girls Inc. After-School closes at 6:00 PM. Late pickup fees begin to accrue at 6:05 PM, after which you will be assessed a fee of \$1.00 for every minute you are late. Late pickup fees are due within one week of when they are incurred. In the event of consistent late pick-ups, or extremely late pick-ups Girls Inc. reserves the right to increase fees or even dismiss participants from the program.

# Scholarships

Scholarships are available based on need and assessed by family income and size. Once you have completed your application, our staff will contact you within 3 business days to inform you of your scholarship. You may submit your application without the tuition fee if you first need to know your scholarship rate before committing to registering, however no space will be held for your child until the tuition fee is paid.

Below are the federal low-income guidelines that are utilized by our funders to determine funding eligibility.

**This is for your information only and does not affect your participation in this program.**

### CDBG MAXIMUM HOUSEHOLD INCOME LIMITS

Household Size	Extremely Low	Very Low-Income 50%	Low Income 80%
01	\$20,250	\$33,750	\$54,000
02	\$23,150	\$38,600	\$61,700
03	\$26,050	\$43,400	\$69,400
04	\$28,900	\$48,200	\$77,100
05	\$31,250	\$52,100	\$83,300
06	\$33,550	\$55,950	\$89,450
07	\$35,850	\$59,800	\$95,650
08	\$38,150	\$63,650	\$101,800

*\*Source: U.S. Department of Housing & Urban Development [HUD]*

FY2022 Income Limits  
Effective: June 15, 2022

Please review pages  
1 - 7 and retain for  
your records.

Pages 9 - 33 must be  
completed  
and returned with  
all required  
documentation.



# Member Information Form

Please Print Clearly! | Participant Information

**New Member**

**Returning Member**

Legal Last Name:

Legal First Name:

Legal Middle Name:

Date of Birth:

Age:

Gender (Female, Male or Other):

School Attending:

School District:

Grade (upcoming school term):

Home Address/P.O. Box/Apt #:

City:

State:

Zip Code:

Is the student an ESOL\* student:    Yes    No    *\*English as a second language*

What language(s) is spoken in your home?    English    Spanish    Other

Ethnicity:

Black, Non-Hispanic

White, Non-Hispanic

Hispanic/Latino

Asian

Hawaiian Native/Pacific Islander

Alaska Native/American Indian

Other

Is the student a special needs student?    Yes    No    *If yes, please specify the child's special need(s):*

Does the student require special accommodations?

Does your child have a Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).    Yes    No

Do we have permission to share information with the your child's teacher or school representative?    Yes    No

Please select t-shirt size:

YSM

YM

YL

AS

AM

AL

AXL

AXXL

Participant lives with:

One Parent

Group Home

Both Parents

Grandparents

Guardian/Caregiver

Foster Home

Other

List of family members in the household

Name

Age

Do you receive free/reduced lunch? Yes No

(only check if you applied for free/reduced lunch and received it)

Are you applying for a scholarship? Yes No

Is someone in the household currently receiving: (check all that apply)

- |             |      |                           |
|-------------|------|---------------------------|
| Food Stamps | TANF | Medicaid                  |
| SSDI        | SSI  | Free/Reduced School Lunch |

Please provide your income level:

- |                     |                     |
|---------------------|---------------------|
| \$0 – \$10,000      | \$30,001 – \$50,000 |
| \$10,001 – \$20,000 | Over \$50,001       |
| \$20,001 – \$30,000 |                     |

How many people are in the household?

How did you hear about Girls Inc.?

I (print name) \_\_\_\_\_ certify that all the information given in this form are correct and true to the best of my knowledge. I understand that providing false information may result in my child not being able to participate in the afterschool care program.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### Medical & Behavioral Information

**Please list any medical information we should be aware of including any allergies, medications, diagnoses or other concerns.**

Please include any way these conditions or behaviors may need addressed or accommodated. For example, if your child has been diagnosed with ADHD and/or Autism, please describe behaviors we should expect to see or if there are behavior modification techniques (incentives or disciplines) used at home or at school. This will help us work with you as a team to help your child succeed and ensure that your child receives consistent messages to avoid confusion. Please attach additional information or discuss this with us as necessary.

\_\_\_\_\_

# Contact Information Form

## Primary Parent or Guardian Contact

<b>First Name:</b>	<b>Last Name:</b>	<b>Relationship to participant:</b>	
<b>Email:</b>	<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County:</b>
<b>Best phone # to reach you:</b>	<b>Phone Type:</b>		
<b>2nd phone # to reach you:</b>	<b>Phone Type:</b>		

## Secondary Parent or Guardian Contact

<b>First Name:</b>	<b>Last Name:</b>	<b>Relationship to participant:</b>	
<b>Email:</b>	<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County:</b>
<b>Best phone # to reach you:</b>	<b>Phone Type:</b>		
<b>2nd phone # to reach you:</b>	<b>Phone Type:</b>		

## Other contacts authorized to pick up child.

<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>

I have provided Girls Incorporated of Greater Atlanta with all necessary medical information and can be reached at the numbers listed. I acknowledge and accept the risk for any accidents or injuries arising by reason of participation in the program, by myself or the person who is shown as the "participant." I agree to indemnify and hold harmless Girls Incorporated of Greater Atlanta officials, staff, officers, volunteers, and community partners harmless from any accidental injury or loss of property that may occur to the participant or myself while participating in any of Girls Incorporated of Greater Atlanta's programs.

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

Date: \_\_\_\_\_

# Acknowledgement of Girls Inc. Policies

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, have read and understand the payment policies that have been set forth by Girls Inc. of Greater Atlanta and included in pages 2-11 of this registration packet. I acknowledge that it is my responsibility to adhere to all these policies and make all required payments by the stated deadlines, including tuition payments for the month she registers for regardless of attendance.

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

## Bright From The Start Notice of Exemption

I acknowledge that I have been informed that this program is not licensed. I also understand this program is not required to be licensed by Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

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

I have reviewed and explained eligibility requirements and responsibilities of the person who signed this form.

Girls Inc. Staff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Girls Inc. Use Only

- Match the gross household income with the family size on the table below.
- Does the household income fall within the guidelines?  Yes  No
- If the total gross income of the household is at or less than the Federal Poverty Level (FPL) for the household size, the client is considered eligible.

Girls Inc. Staff's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Emergency Treatment Permission

Please provide the best way to reach you, as well as any relevant information that staff may need to know in an emergency.

I \_\_\_\_\_ give permission for my daughter to receive emergency medical treatment and hospitalization, if necessary and understand payment will be my responsibility. If I cannot be reached, I give permission for Girls Inc. staff to contact and discuss the situation with the emergency contacts listed below.

Participant's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

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

Contact Number 1: \_\_\_\_\_ Contact Number 2: \_\_\_\_\_

## Additional Emergency Contact

Contact Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Contact Number 1: \_\_\_\_\_ Contact Number 2: \_\_\_\_\_

## Additional Emergency Contact

Contact Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Contact Number 1: \_\_\_\_\_ Contact Number 2: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Insured Birthdate: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Other relevant emergency information (medicine allergies, specific instructions, etc.):

## Girls Inc. Medication Permission

For safety reasons and legal purposes, staff is not allowed to dispense prescription or non-prescription medication. Whenever possible, please administer necessary medications before or after coming to Girls Inc. However, if your daughter has prescribed medication that needs to be administered during the time, she is present at the center, your daughter will be allowed to administer her own medications when necessary.

Administration of medication includes but does not limit to taking her own inhaler and/or opening her dispenser and taking her own capsules or pills. All medication must be in its original container and should state your daughter's name and instructions.

Medications that do not follow original descriptions or are found inconsistent with instructions from their original dispenser (such as different color, different marks, different shapes) will not be accepted.

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

Parent/Guardian's Name: \_\_\_\_\_

MEDICAL INFORMATION
Does the child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them;
Does the child have any other medical conditions (disabilities, infections, viruses, diseases, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them;
Is the child currently taking any medications (prescribed and non-prescribed)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them;

Medication Name: \_\_\_\_\_

Medication instructions and any other important information:

By signing this form, I certify that I agree with the Girls Inc. policies and procedures regarding medication. I also certify that the child mentioned above understands and is capable of administering her own medication(s) without any assistance from Girls Inc. faculty and staff.

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

## Field Trips/Special Events Permission Form

I \_\_\_\_\_, hereby give permission for my daughter to attend Girls Incorporated of Greater Atlanta under the supervision of Girls Inc. staff and participate in field trips, onsite/offsite special events. I understand that activities may have certain unavoidable risk and agree to indemnify and hold harmless Girls Incorporated of Greater Atlanta, staff, volunteers, officers, and partners in case of an accident or injury. If I cannot be reached, I give permission for Girls Inc. staff to contact and discuss the situation with the emergency contacts listed below.

Participant's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

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

Contact Number 1: \_\_\_\_\_ Contact Number 2: \_\_\_\_\_

## Media Consent and Release Form

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ give permission for my child to be photographed, videotaped, and/or interviewed by Girls Inc. of Greater Atlanta or our partners for program documentation, marketing, and promotional materials.

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

## COVID-19 Waiver of Liability

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and, in many locations, prohibited the congregation of groups of people.

**Girls Inc. of Greater Atlanta** has put in place preventative measures to reduce the spread of COVID-19; however, Girls Inc. **cannot guarantee** that you or your girl(s) will not become infected with COVID-19. Further, **attending Girls Inc.** could **increase** your risk and your girl(s) risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my girl(s) and I may be exposed to or infected by COVID-19 by attending Girls Inc. and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Girls Inc. may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Girls Inc. employees, volunteers and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my girl(s) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my girl(s) may experience or incur in connection with my girl(s) attendance at Girls Inc. On my behalf, and on behalf of my girl(s), I hereby release, covenant not to sue, discharge, and hold harmless Girls Inc., its employees, volunteers, and partners, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Girls Inc., its employees, volunteers, and partners, whether a COVID-19 infection occurs before, during, or after participation in Girls Inc. summer/ afterschool program.

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Signature of Parent/Guardian Date

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Print Name of Parent/Guardian

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Print Name of Girls Inc. Member(s)



# Social & Emotional Wellness Questionnaire

Girls Inc. of Greater Atlanta is committed to supporting the overall health of our girls and families that includes the well being of their emotional and mental health. Through this questionnaire, we are focused on developing programs that supports our girls at every level and stage of their adolescent development. Helping them to learn and implement healthy coping skills, impulse control, anger management and build self-esteem.

Please know that all information that is provided is subject to strict HIAA confidentiality rules and guidelines. Only authorized personnel within Girls Inc. Greater Atlanta will have access to this information, unless written consent is given by a parent/legal guardian.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

1. Has your child experienced bullying in the last six month?  
 Yes      No      Explain \_\_\_\_\_
2. Has your child experienced any anxiety and/or depression in the last six month?  
 Yes      No      Explain \_\_\_\_\_
3. Has your child experienced a traumatic situation in the last six months?  
 Yes (If so, please explain) \_\_\_\_\_  
 No
4. Has your child expressed thoughts of harming themselves or anyone else in the last six months?  
 Yes      No      Explain \_\_\_\_\_
5. Has your child received therapy or any other mental health services in the last six months?  
 Yes, (if yes, is your child still receiving therapeutic support) \_\_\_\_\_  
 No
6. Has your child received a mental health diagnosis in the last 2 years?  
 Yes, (if so, please explain) \_\_\_\_\_  
 No
7. Has your child been hospitalized in the last six months?  
 Yes      No      Explain \_\_\_\_\_
8. Has your child been prescribed medication to help address their emotional, mental and/or behavioral health needs in the last six months?  
 Yes (if yes are they taking are they taking the medication as instructed) \_\_\_\_\_  
 No
9. Is there anything that you would like to share with us about your child's emotional and/or mental health?  
 \_\_\_\_\_

# SELF-CERTIFICATION OF NO INCOME

I, (your name) \_\_\_\_\_, certify that I was not employed during the year 20\_\_\_\_ and did not receive income from any of the following sources:

- Self-Employment Income
- Worker's Compensation
- Social Security Benefits
- Alimony or Separation Payments
- Retirement Payments
- Pensions or Annuity Income
- Disability Payments
- Unemployment Benefits
- Severance Pay
- Public Assistance Income
- Child Support Payments
- Military Compensation
- Rental Property Income
- Recurring Cash Contributions

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

SUBSCRIBED AND  
SWORN

BEFORE ME ON THIS THE \_\_\_\_\_ Notary Stamp  
Here DAY OF \_\_\_\_\_, 201\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

Notary Stamp

**\*\*\* This document MUST be notarized and must contain a visible Notary's Seal when submitted.**

### OFFICE USE ONLY

Received Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Received By: \_\_\_\_\_



**SELF-CERTIFICATION OF SELF-EMPLOYMENT INCOME**

I, (your name) \_\_\_\_\_, certify that I am self-employed in the occupation of (occupation title) \_\_\_\_\_ and that the following information states my income and expenses for the most recent 60-day period noted.

<b>Week Date Range</b>	<b>Gross Receipts</b>	<b>Expenses</b>

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## DFCS Eligibility Form Instructions

### Please read instructions below before completing DFCS Eligibility Form

Instructions on completing the following sections:

**Youth Information – This section must be completed in its entirety.**

**Section 1 – Select A, B, & C and check** Youth applicant is between the age of 5 and 17 years old

**Section 2 – Only select ONE** of the following that you qualify for (if you qualify for multiple benefits ONLY check one box). The one that you select you will need to provide evidence that you are receiving these benefits. Acceptable documents that we can accept per benefit:

**TANF** – Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the afterschool care program (Georgia Gateway documentation), Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).

**OR**

**SNAP** – Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the afterschool care program (Georgia Gateway documentation), Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).

**OR**

**Medicaid** - Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the afterschool care program (Georgia Gateway documentation), Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).

**OR**

**SSI** - Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the afterschool care program (Georgia Gateway documentation), Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).

**OR**

**Free/Reduced Lunch** – You can either provide us with a letter they sent you 2020/2021 or call the appropriate Nutrition department depending on which school your daughter attends. This does not qualify you if the entire school receives it. You have to have documentation that states your child receives it in which you would have applied.

**OR**

**Peachcare for Kids** - Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the afterschool care program (Georgia Gateway documentation), Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).

**Section 3 – Complete only if you did not check any benefits in Section 2**

**Section 4 – Complete only if you did not check any benefits in Section 2 -**

## **DFCS Eligibility Form Instructions**

For income you will need to provide one of the following:

one-month current pay stubs or letter from employer or personal income ledger if self-employed or unemployment insurance claim records or Social Security Benefits or Child Support

**Section 5** - To be completed by **all** parents/guardians

**Official Documentation can be found on Georgia Gateway website at [Gateway.ga.gov/access](https://gateway.ga.gov/access)**



**Georgia Division of Family and Children Services  
Out of School Services  
Youth Participation Eligibility Form**

**Page 1 of 3 - DFCS Out of School Services Eligibility Form**

**(Girls Inc of Greater Atlanta)**, and the Georgia Division of Family and Children Services (DFCS) are partnering to provide valuable out-of-school programs for youth in Georgia. The information provided on this form will help ensure that eligible youth are benefiting from the partnership. **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

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 out of school services 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.

***DFCS Out of School Services Family Income Eligibility Guide***

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Out of School Services Annual Household Income Guidelines **	DFCS Out of School Services Monthly Household Income Guidelines
1	\$14,580.00	\$43,740.00	\$3,645
2	\$19,720.00	\$59,160.00	\$4,930
3	\$24,860.00	\$74,580.00	\$6,215
4	\$30,000.00	\$90,000.00	\$7,500
5	\$35,140.00	\$105,420.00	\$8,785
6	\$40,280.00	\$120,840.00	\$10,070
7	\$45,420.00	\$136,260.00	\$11,355
8	\$50,560.00	\$151,680.00	\$12,640
Each additional person, add	\$5,140	Multiply total Federal Poverty Level by 300%	Divide DFCS Out of School Services Annual Household Income by 12.

\* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2023 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 88 FR 3424, Page 3424-3425, Document Number: 2023-00885)

\*\* 300 % of the federal poverty level in effect January 19, 2023.

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 live with you, and the other parent of the child (ren) if s/he lives 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?
	<i>SELF</i>				

**Section 5**

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

**Applicant Notification and Signature**

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 \_\_\_\_\_

**Official Use Only Section for DFCS Out of School Services Provider:**

**Total Income:** \$ \_\_\_\_\_ **Per:** Week  Every 2 Weeks  Twice monthly  Monthly **Household Size:** \_\_\_\_\_  
**Annual Income Conversion:** Weekly x 4.3333, Every 2 Weeks x 2.1666, Twice Monthly x 2, Monthly x 1  
**Total Converted Annual Income:** \$ \_\_\_\_\_ (Round to the nearest whole number)

By signing below, I certify the information presented within this form was reviewed, verified and confirmed\*\* and meets the DFCS Out of School Services Eligibility rules and guidelines indicated within this form. I also certify this form will be kept in the youth participant’s file in a confidential and secured location.

\_\_\_\_\_  
 Authorized Program Staff Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\*\* See Appendix B for income verification proof sources



## APPENDICES

### **\*Appendix A: Family Unit**

The Department of Human Services 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.

### **\*\*Appendix B: 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;
- Documentation from other DFCS staff such as the eligibility CM; and/or
- 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.

*See page 2 of Appendix B for applicable income sources.*

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

**\*\*Appendix C: Acceptable Verification of Benefits or Services**

- **Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and Peach Care:** Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the out of school services program (Integrated Eligibility System (IES) documentation, Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).
- **Supplemental Security Income (SSI):** Award letter from the Social Security Administration
- **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 DFCS Out of School Services.

**Georgia Division of Family and Children Services  
Well-Being Services Section  
Out of School Services**



**NON-INCOME DECLARATION FORM**

I, Mr. /Mrs. /Ms. \_\_\_\_\_

Parent and/or guardian of \_\_\_\_\_

hereby declare that I do not have any income at this time.

**I have not received income from any of these sources:**

- Wages from employment (Ex: commissions, tips, bonuses, fees etc.)
- Income from a business I own
- Rental income from the place I live or other property I own
- Interest of dividend from assets
- Social Security payments (including SSA or SSI), annuities, insurance policies, retirement funds, pension, or death benefits
- Unemployment or disability payments
- Public Assistance payments (Ex: TANF)
- Child support, alimony or gifts received from persons not living in my household
- Any other source not named above

***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.***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Girls Inc of Greater Atlanta**  
**DFCS Out of School Services Registration Form**

**SECTION I: CHILD'S PERSONAL INFORMATION**

A. Legal Last Name	B. Legal First Name	C. Legal Middle Name
--------------------	---------------------	----------------------

D. Date of Birth (MM/DD/YYYY) ____/____/____	E. Age _____
F. Gender ___ Male ___ Female ___ Other _____	

G. Home Address					
H. P.O. Box/Apt #					
I. City	J. State	K. Zip Code			
L. Home Phone Number					
M. Alternate Phone Number					

**SECTION II: CHILD'S SCHOOL INFORMATION**

A. Grade Level (upcoming school term)	
---------------------------------------	--

B. School Attending	
---------------------	--

C. Is the student an ESOL* student:	___ Yes ___ No * <i>English as a second language</i>
-------------------------------------	--

**SECTION III: CHILD'S DEMOGRAPHIC INFORMATION**

A. Ethnicity	___ Black, Non-Hispanic	___ Hawaiian Native/Pacific Islander
	___ White, Non-Hispanic	___ Alaska Native/American Indian
	___ Asian	___ Hispanic/Latino
	___ Other - Specify: _____	

B. Is the student a special needs student?	___ Yes ___ No
	If yes, please specify the child's special need(s): _____

**SECTION IV: CHILD'S HOUSEHOLD INFORMATION**

A. Participant Lives With:	<input type="checkbox"/> One parent	<input type="checkbox"/> Group Home
	<input type="checkbox"/> Both parents	<input type="checkbox"/> Grandparents
	<input type="checkbox"/> Guardian/Caregiver	<input type="checkbox"/> Other
	<input type="checkbox"/> Foster Home	

B. How many people are in your household? \_\_\_\_\_

**SECTION V: PARENT/GUARDIAN DECLARATORY STATEMENT**

I (print name) \_\_\_\_\_ certify that all the information given in this form is correct and true to the best of my knowledge. I understand that providing false information may result in my child not being able to participate in Out of School Services.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Georgia Division of Family & Children Services  
Well-Being Services Section  
Out of School Services**

**Parental Permission for Photo Release**

Page 1 of 2

**Page two of this document requests your permission for the Georgia Division of Family and Children Services (DFCS) to take and use photographs of your child and other Out of School Services staff. When we tell others the story about DFCS Out of School Services, it would be helpful to share photographs of the statewide participants. Pictures can enhance people's understanding about who is involved in the program and what activities and services are being conducted. If you have more than one child, this form should be completed for each child participating in DFCS Out of School Services.**

**If you agree for us to take and use these photographs, our use of them will include, but will not necessarily be limited to the following: publications about the program; recruitment activities to reach additional youth who might participate in the future; and/or reports about the program to supporters and others who are interested in the program's outcomes.**

**If you have any questions regarding the Photo Release Form, please contact DFCS Out of School Services at 404-657-4651.**

**Cobb County, Georgia  
School/Organization Name: Girls Inc of Greater Atlanta**

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child (ren) by the Georgia Division of Family and Children Services.
2. This release gives the Georgia Division of Family and Children Services the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information, and education of employees of the Department or the general public.
3. Further, I hereby release the Georgia Division of Family and Children Services and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.
5. I understand this Photo/Video Release Agreement does not apply to children in foster care. I further understand if my child is in the foster care system within Georgia, they are not allowed to be photographed or included in motion pictures or television.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Telephone \_\_\_\_\_

**Photo Description: Participation in DFCS funded Out of School Services activities.**

Children Participating in Program:

Name	Age
_____	_____
_____	_____
_____	_____

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

**Photographer or producer or witness:** \_\_\_\_\_

**Georgia Division of Family & Children Services  
Well-Being Services Section  
Out of School Services**

**Participant Medical Information Form – Page 1  
(To be maintained on site for each participant)**

**STUDENT INFORMATION**

Legal Name of Child ( <i>Last, First</i> ):		Date of Birth ( <i>MM/DD/YYYY</i> ):	Age:	Sex ( <i>check one</i> ): <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		Home Phone No:		
P.O. Box/Apt #:	City:	State:	Zip Code:	

**INSURANCE INFORMATION**

Does the child have health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of insurance provider (if applicable):
--	---

**MEDICAL INFORMATION**

Does the child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:
Does the child have any other medical conditions (disabilities, infections, viruses, diseases, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:
Is the child currently taking any medications (prescribed and non-prescribed)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:

**IN CASE OF EMERGENCY**

Contact Name:	Relationship to youth:	Home Phone Number:	Work Phone Number:
Alternate Contact Name:	Relationship to youth:	Home Phone Number:	Work Phone Number:



---

**PLEASE SIGN PAGE 2 TO VERIFY THE INFORMATION PROVIDED**

**Participant Medical Information Form – Page 2**

**By signing below, I certify the above information is true to the best of my knowledge. I authorize Girls Inc of Greater Atlanta to contact me if my child is injured and/or harmed in any way. I also authorize Girls Inc of Greater Atlanta seek medical attention for my child if he or she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in Out of School Services. I hereby release, indemnify, and hold harmless the Division of Family and Children Services and Girls Inc of Greater Atlanta from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child.**

\_\_\_\_\_

Legal Name of Parent (print)

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

# girls inc.

of Greater Atlanta



461 Manget St.,  
Marietta, GA 30060



770.422.0999



[www.girlsincatl.org](http://www.girlsincatl.org)

Inspiring all girls to be strong,  
smart, and bold