ALL ABOUT ME

NAME:

MY BIRTHDAY

ABOUT MY FAMILY

FAVORITE ANIMAL

FAVORITE CANDY

FAVORITE FOOD

FAVORITE VACATION

I WANT TO BE A...

FAVORITE MOVIE / TV SHOW

FAVORITE BOOKS TO READ

FAVORITE MUSIC

HOBBIES

STRENGTHS IN SCHOOL

WEAKNESSES IN SCHOOL

FAVORITE SUBJECT IN SCHOOL

Columbia County Community Connections
5915 Euchee Creek Drive
Grovetown, GA 30813
bcrandell@connectcolumbia.org
tbolling@connectcolumbia.org
706-650-5010

Dream Academy-DHS Information

NAME OF CHILD:_____

BIRTHDATE:_____GRADE_____MALE OR FEMALE (circle)

SCHOOL YOUR CHILD ATTENDS:_____

SOCIAL SECURITY NUMBER OF CHILD:_____(mandatory)

IS YOUR CHILD A LEGAL RESIDENT OF THE UNITED STATES? YES OR NO (circle one)

IS YOUR CHILD A RESIDENT OF GEORGIA? YES OR NO (circle correct response)

DOES YOUR FAMILY RECEIVE ANY OF THE FOLLOWING BENEFITS?

TANF YES OR NO (circle one) SOCIAL SECURITY INCOME (SSI) YES OR NO (circle one)

MEDICAID YES OR NO (circle one) SNAP/FOOD STAMPS YES OR NO (circle one)

PEACHCARE FOR KIDS: YES OR NO (circle one)

*(If your family receives, **REDUCED/FREE LUNCH, TANF, SSI, MEDICAID, PEACHCARE OR FOOD STAMPS, FOSTER CARE** then your child automatically qualifies for Dream Academy. You will be required to provide proof of these services in the form of an official letter from the government agency.)

PARENT OR GUARDIAN(S) NAME_____

ADDRESS_____

Home Phone:_____ Work Phone:_____Cell:_____

Parent email address:_____

Parent Place of Employment and Job Title:_____

_____

CHILD'S NAME:_____

EMERGENCY CONTACTS

Name_____Relationship_____

Phone 1:_____Phone 2:_____

Name_____Relationship_____

Phone 1:_____Phone 2:_____

AUTHORIZED PICK UP CONTACTS: (If different from the above)

Name_____Phone Number_____

Name_____Phone Number _____

Name_____Phone Number_____

***Please ask your authorize pick up to bring picture ID when picking up the child the first time.**

List ANYONE who is not allowed to pick up your

child:_____

Who does your child live with:

Both parents	Single Parent (mom)	Single Parent (dad)	Foster Care	Grandparents(s)	Joint custody	Guardian	Other

Updated 2023

Are you a Foster Parent?_____

Special Education: Yes N

Are there any educational delays or areas your child needs extra help that you know of?

_____

_____

Ethnicity:

American Indian/Alaska Native

Asian

Black (not of Hispanic Origin)

Native Hawaiian or other Pacific Islander

White (not of Hispanic Origin)

Other:_____

Please tell us if your child has any of the following:

Food Allergies:_____

Medications:_____(a letter is required for permission to administer medication at the Dream Academy)

Special Restrictions:_____

Please tell us anything else you would like for us to know about your child:

_____

_____

_____

_____

_____

Parent/Guardian Permission
**** Please Read Carefully ****

Student Name: _____

Accept	Decline	
O	O	I hereby give permission for the participant listed above to take part in the Dream Academy which includes academic assistance, computer classes, homework help, physical fitness/golf and enrichment activities. This program is funded by the Georgia Department of Human Services and the United Way of the CSRA.
O	O	I agree to provide important health information about my child such as asthma or allergies to CCCC staff. If a medical emergency arises, program staff will take all necessary steps to ensure the safety of your child and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.
O	O	I hereby give my consent to CCCC to take photographs or video of my student during program activities, to be used for education and public relations purposes, including but not limited to social media, news articles, and newsletters.
O	O	I hereby give permission for my student's artwork, poetry, or other work produced in conjunction with the Dream Academy program to be used for education and public relations purposes.
O	O	I understand that the program will maintain records on my student's academic, disciplinary, guidance, permanent and/or cumulative record (i.e. grades or attendance records) and/or **qualification for free/reduced lunch.** I also understand that information reported using these confidential records will include personal identifiable information such as my student's address, phone number, and social security number. **I GIVE my child's SCHOOL PERMISSION TO SHARE FREE AND REDUCED LUNCH STATUS WITH CCCC FOR THE PURPOSES OF PROGRAM ELIGIBILITY. I ALSO GIVE MY CONSENT TO SHARE STUDENT INFORMATION WITH CCCC FROM THE SCHOOL SYSTEM'S INFORMATION DATABASE FOR PURPOSE OF ACADEMIC AND SOCIAL ADVANCEMENT.**
O	O	I further give my consent for the school system to share the student's record with CCCC staff members for purposes of providing educational support and assistance and for CCCC to share information with other providers such as social workers and or counselors.
O	O	I understand that the program will use surveys, interviews, and student records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.
O	O	I understand that as a parent I must attend a minimum of three parent meetings during the school year.

I hereby certify that I have checked the permission boxes, read and understand the above information and I understand if I decline any of these permissions, it may have an impact on my student's participation in the program.

Updated August 2019

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

(DFCS funded Agency Name), 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)	☐	☐
B.	Supplemental Nutrition Assistance Program (SNAP) *(also known as Food Stamps)*	☐	☐
C.	Medicaid or Social Security Income (SSI)	☐	☐
D.	Reduced or free lunch program at school – *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.*	☐	☐
E.	Peachcare for Kids	☐	☐

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					
Gross Monthly Income is income before taxes and deductions.					
Name (First, Middle, and Last)	Relationship	Date of Birth (MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often received?
	SELF				

Updated 9/2023

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***