

# ALL ABOUT ME

NAME:



MY BIRTHDAY



FAVORITE CANDY



ABOUT MY FAMILY



FAVORITE ANIMAL



FAVORITE FOOD



FAVORITE VACATION



FAVORITE MUSIC



I WANT TO BE A...



FAVORITE BOOKS TO READ



FAVORITE MOVIE / TV SHOW



HOBBIES



FAVORITE SUBJECT IN SCHOOL



STRENGTHS IN SCHOOL

WEAKNESSES IN SCHOOL



# THE dREAM ACADEMY

**After School  
Hours:  
Monday  
thru Friday  
4:00 PM to  
6:00 PM**

**The  
program  
is Free!**



**Summer  
Camp!  
The whole  
month of  
June from  
9 AM to 4  
PM**

**Please Contact  
Mrs. Kelley:  
(706) - 650 - 5010  
Or  
(706) - 814 - 1301**

**Come join  
us for an  
exciting  
year of fun  
learning!!**





**Georgia Division of Family and Children Services  
Afterschool Care Program  
Youth Participation Eligibility Form**

**Page 1 of 3 - DFCS Afterschool Care Program 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 afterschool/summer 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.**



Columbia County Community Connections  
5915 Eucler Creek Drive  
Grovetown, GA 30813  
[bkelly@connectcolumbia.org](mailto:bkelly@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, 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 \_\_\_\_\_

\*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
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Are you a Foster Parent? \_\_\_\_\_

Special Education: Yes No

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

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.

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.

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.

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.

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.**

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.

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.

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.

**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 Funded Afterschool/Summer Service 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 Afterschool Care Program 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**

**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.

*Family Income Eligibility for the DFCS Afterschool Care Program Income Eligibility Guide*

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Afterschool Care Program Annual Household Income Guidelines **	DFCS Afterschool Care Program Monthly Household Income Guidelines
1	\$12,880.00	\$38,640.00	\$3,220
2	\$17,120.00	\$51,360.00	\$4,280
3	\$21,960.00	\$65,880.00	\$5,490
4	\$26,500.00	\$79,500.00	\$6,625
5	\$31,040.00	\$93,120.00	\$7,760
6	\$35,580.00	\$106,740.00	\$8,895
7	\$40,120.00	\$120,360.00	\$10,030
8	\$44,660.00	\$133,980.00	\$11,165
Each additional person, add	\$4,540	Multiply total Federal Poverty Level by 300%	Divide DFCS Afterschool Care Annual Household Income by 12.

\* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2021 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 86 FR 7732, Page 7732-7734, Document Number: 2021-01969)

\*\* 300 % of the federal poverty level in effect January 13, 2021.

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>				