**Program Manager Program Director**

For office use only: Date/Time Field: Entered by (Staff Name): CAP60 MCC

**Angelina Reyes Katie Wheelock**

**608-314-4825 608-716-8485**

**1428 Wisconsin Ave, Beloit, WI 53511**

YOUTH PROGRAM 2022-2023

**MCC**

**Youth Program**

**Documents needed BEFORE enrollment:**

Social Security Card Birth Certificate State ID/Driver’s Lic.

Proof of Address Income Verification

**Youth Information**

**Student may walk home: Yes\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Social Security last four Numbers: \_\_\_ \_\_\_ \_\_\_ \_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male Female Other-Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race**

White/Asian Black/African American & White Native Hawaiian/Other Pacific Islander

Asian American Indian or Alaskan Native/Black American Indian or Alaska Native

Do not Know: White Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity (Please check one):**

Hispanic non-Hispanic

Do you have any long-term disabilities/Allergies: Yes No

**Disability/Allergies**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Information**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wage per hour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Avg. Hours per week: \_\_\_\_\_\_\_\_

Frequency of Pay: Weekly Bi-weekly Monthly Semi-Monthly Quarterly Annually

**Other Sources of Income:** (Please check all that apply, and supply the amount):

Unemployment $\_\_\_\_ Pension $\_\_\_\_ Social Security Retirement $\_\_\_\_

Worker’s Compensation $\_\_\_\_ Veteran’s Pension $\_\_\_\_ Supplemental Security (SSI) $\_\_\_\_

Alimony/spousal support $\_\_\_\_ Veteran’s Disability $\_\_\_\_ Social Security Disability (SSDI) $\_\_\_\_

Child Support $\_\_\_\_ Veterans Compensation $\_\_\_\_ TANF (W-2) $\_\_\_\_

School Lunch General Assistance

**Total annual household income**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did you receive any of the following non-cash benefits in the last 30 days? (Please check all that apply, and supply amount)**

Food Stamps $\_\_\_\_ Daycare Voucher $\_\_\_\_ WIC

Medicaid Medicare Badger Care

TANF Transportation Services $\_\_\_\_ Other TANF Funded Services$\_\_\_\_ Temporary Rental Assistance $\_\_\_\_

LIHEAP $\_\_\_\_ Other: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need referrals for assistance applying for any of the non-cash benefits? Yes No

**Youth Health Information:**

Do you currently have medical insurance?

Medicaid  State Children’s Health Insurance Program (CHIP)

Medicare Employer Provided

Private Pay/Direct Purchase Indian Health Insurance VA Medical Services/Military

Physician Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lives With: Both Parents (one household) Both Parents (two households) Mother Only Father Only Extended Family Foster Family

Extended Family Group Home Other: \_\_\_\_\_\_\_\_\_\_\_\_

**Household Information:**

Number of people in household: \_\_\_\_\_\_\_\_\_\_\_\_ Adults\_\_\_\_\_\_\_\_\_ Children\_\_\_\_\_\_\_\_\_\_

First & Last Name (as it appears on birth certificate):

*Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Date of Birth (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_  Additional Income \_\_\_\_\_\_\_\_\_\_\_\_\_

First & Last Name (as it appears on birth certificate):

*Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Date of Birth (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First & Last Name (as it appears on birth certificate):

*Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Date of Birth (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ Additional Income \_\_\_\_\_\_\_\_\_\_\_

First & Last Name (as it appears on birth certificate):

*Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Date of Birth (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ Additional Income \_\_\_\_\_\_\_\_\_\_\_

First & Last Name (as it appears on birth certificate):

*Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Date of Birth (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ Additional Income \_\_\_\_\_\_\_\_\_\_\_

First & Last Name (as it appears on birth certificate):

*Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Date of Birth (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ Additional Income \_\_\_\_\_\_\_\_

CERTIFICATION AND ACKNOWLEDGEMENTS

**PARENT/GUARDIAN APPROVAL:** I approve my child’s application for membership to the Community Action, Inc. I am aware that the CAI rules and policies are available at the front desk. My child and I agree to follow the CAI rules and policies, and we understand that CAI membership is a privilege that may be revoked at any time.

CERTIFICATIONS AND ACKNOWLEDGEMENTS

**INTERNET:** I understand that my child will have supervised access to the internet for web browsing and educational purposes.

**SHARING PERSONAL INFORMATION:** I give my permission to Community Action, Inc. to share information about the minor child(ren) listed on this application with CAI for research purposes and/or to evaluate program effectiveness. Information that will be disclosed to CAI may include the information provided on this application form, information provided by the minor child(ren)’s school or school district, a d other information collected by CAI, including data collected via surveys or questionnaires. All information provided to CAI will be kept confidential.

**\_\_\_\_\_\_\_\_\_\_\_Behavior/ Referral**: I received the process of referral /behavior form.

**\_\_\_\_\_\_\_\_\_\_\_USE OF MY CHILD’S PHOTO/MEDIA AND ARTWORK:** I grant CAI the irrevocable right to photograph/record my child’s physical likeness and any artwork or other projects created by my child and to use the said images in the production of promotional materials. I relinquish all rights to copyright, title, property interest and/or any other interest in said images and I waive the right to inspection and approval of the finished reproduction.

**MEDICAL TREATMENT:** I give my permission for CAI staff members to administer first aid treatment or allow a physician or hospital to administer emergency treatment to my child as deemed necessary.

**RELEASE OF LIABILITY:** I will not hold CAI responsible in case of any loss, damage, injury, or death resulting from use of CAI facilities or participation in CAI activities either at or away from CAI.

**\_\_\_\_\_\_\_\_\_\_\_Child Support information and referral Documentation:** I received child support information

**\_\_\_\_\_\_\_\_\_\_\_Compliance /Grievance Process information:** I received child support information

**\_\_\_\_\_\_\_\_\_\_\_Permission General Release of Information:** I give permission forInformation to be shared with School Districts/ CAI programs as needed/necessary.

I certify that the information on this application is a true and complete statement of facts according to my best knowledge and belief. I also understand that I may be asked to provide proof of any information given on this application.

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

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

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I agree to follow the rules and policies of the After School Program.**

Youth’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_