



Child Registration After School Program

All information –and supporting documentation—must be received to be accepted and registered.

ITEMS NEEDED TO REGISTER

Required Documentation

1. Completed registration application - Parent Permission Form **signed**, Acknowledgment of Program Licensure Status **signed**, Medical History (Name of doctor, current insurance information, medications, and allergies), Medical Waiver and Release, Emergency Contacts, Photo, Video, and Audio Consent and Release Form **signed**.
2. Georgia Department of Human Services (DHS) forms **completed and signed**. **Social Security Number of child** on page 1 is required for participation.
3. Proof of DHS services if applicable OR proof of household income. See page 1 and the appendix of DHS Afterschool Care Program Eligibility Form, respectively.
4. Copy of child's **final report card** from this past school year, and latest standardized test scores if available.

Required Payment

Due to grant funds we are able to offer the program as a free service to families who meet household income guidelines. Please be sure to complete the household income information and provide proof of income or proof of DHS services if applicable.

Youth will not be permitted to register without all required items on file.

For more information, please contact us at info@eastatlantakids.org or call 404-627-8050.



July 24, 2019

Dear Parent(s) and/or Guardian(s),

Thank you for choosing the East Atlanta Kids Club (EAKC) as your after-school program provider. As a youth member of EAKC, your child will participate in programs and experiences designed to guide your child toward a promising future. We accomplish this goal by providing a safe and nurturing environment where youth members can play, learn, relax, create, and express themselves under supervision of trained, dedicated and caring youth development professionals and hard working community volunteers, who work diligently to guide your child through core program areas: academic enrichment and one-on-one academic support; science, technology, engineering, arts and mathematics (STEAM) oriented curriculum; health and fitness; community service; character building and leadership; and college and career readiness. We also have special programs such as our Earn-A-Bike cycling program, our Job Shadow program, and our summer camp enrichment program.

To be a youth member of East Atlanta Kids Club, you must complete a registration packet. The application allows us the opportunity to document emergency contact information for your child(ren), as well as collect information critical to keeping in compliance with many of our funders. **Please note that your child will not be able to attend Kids Club or Teen Club until the registration application is completed in its entirety and all necessary support documentation is provided.** Part of the application is an After-school Care Program Income Eligibility Form provided by the Georgia Department of Human Services (DHS). This form asks you to confirm various benefits or services e.g. TANF, Food Stamps, Medicaid, or SSI, that you might receive through DHS. As well, you will be asked to give your annual income and family size as a means to determine if your child is eligible for other services. **Proof of DHS benefits/services received or income will be required;** accepted documentation is listed on the form in the appendix section. The form will guide you through each section to be completed and includes a list of what documents qualify as proof of income. Please be sure to provide EAKC with the correct, up-to-date documentation at the time of registration so that your child(ren)'s registration will be filed as complete.

Again this information is required by our funders, and without funding we would not be able to provide exceptional after-school programming to your child(ren) at a low cost.

We look forward to having your child as a youth member at East Atlanta Kids Club. Please know that your child is now apart of a family and the EAKC legacy of ensuring our community's young people have greater access to quality after-school programs and valuable life experiences that provide hope and a promising future.

Sincerely,

Amechi Okoh
Program Director



Child Registration Form

Child's Full Name: _____ Gender: Male __ Female __

Home Street Address: _____

City/County: _____ State: _____ Zip: _____ Home phone _____

Date of Birth: _____ Current Age: _____ School: _____

Current Grade Level: _____

Primary Parent/Guardian Information

1. First Name _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____ Relationship: _____

Home Number _____ Work Number _____ Cell _____

Email address: _____ Custodial Parent? ____ Yes ____ No

2. First Name _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____ Relationship: _____

Home Number _____ Work Number _____ Cell/Pager _____

Email Address: _____ Custodial Parent? ____ Yes ____ No

Emergency Contact – Name: _____ Relationship: _____

Phone Number: _____

I, the parent/guardian of the above-named child, hereby give my approval for his/her participation in the East Atlanta Kids Club. I assume all risks and hazards incidental to the conduct of the activities at the organization's meetings and events. In the event of any injury or loss to my child, I hereby release, absolve, indemnify and hold harmless the East Atlanta Kids Club, the organizers of the activity, volunteers, supervisors and sponsors related to this organization. Further, I hereby give my permission to the person in charge of the organization event to take my child or children to a doctor or hospital in case of injury.

Parent/Guardian's Name (Print) _____

Parent/Guardian's Signature _____ Date _____

This application and the information contained therein will not be released outside East Atlanta Kids Club without the express permission of the Parent/Guardian named herein.



602 Brownwood Ave S.E. Atlanta, Georgia 30316
404.627.8050 www.eastatlantakids.org

Privacy Statement for Youth Participants and Families Regarding Authorization for Release of Information

The East Atlanta Kids Club has an ongoing program to track the impact that our program may have on our child participants' attendance, performance and behavior in school, as well as their behavior at Kids Club and in the community at large. In order to generate this data, we will request the following information on an annual or bi-annual basis. This information may be generated in written or oral form from you, your child, and the school system.

- School records, including grades, behavior, attendance, and standardized test scores will be requested from the school system. The purpose will be to review performance and changes in performance level resulting from their participation in Kids Club.
- Nutritional, fitness, and other program surveys that allow Kids Club to evaluate and improve youth programming and determine the impact of our programs on the child's behavior.
- Parental and child surveys reviewing attitudes and behavioral changes that you and your child may have seen as a result of the child participating in Kids Club.

We will keep all records that we collect confidential. The data may be used or disclosed for research or statistical purposes. All reporting that results from this data will be completely anonymous, and will not include the names or any personally identifiable information about any child. Compliance with this request is voluntary and may be terminated at any time.

Your cooperation in our data collection program will be most appreciated.

**AUTHORIZATION FOR RELEASE OF EDUCATIONAL INFORMATION
AND FOR RELEASE OF CHILD FROM SCHOOL**

RE: _____ (Child's Name)

I, _____, personally and as parent/guardian of _____ (my child), hereby consent and authorize the release of educational information concerning _____ (my child) to the EAST ATLANTA KIDS CLUB. This information includes: **any and all records of the above-named child's school attendance, grades, standardized test scores, conduct and disciplinary actions**, for the past three school years, or for the time periods requested by EAST ATLANTA KIDS CLUB.

Please provide such information to Jill Sieder, Executive Director, EAST ATLANTA KIDS CLUB, or their designees, at 602 Brownwood Avenue, SE, Atlanta, GA 30316. Phone: 404-627.8050, Fax: 678.269.7680

Please cooperate with EAST ATLANTA KIDS CLUB in securing the information requested.

Also, I consent to release my child into the care and custody of EAST ATLANTA KIDS CLUB staff and volunteers on occasions when I have sent a written communication to the school indicating specific dates, times, and the names of individuals authorized to pick up my child.

This release is for all purposes and has an indefinite duration, unless otherwise limited herein. All other prior releases are hereby revoked unless noted as an exception herein.

You are instructed that the release of this information pursuant to this authorization is not intended to alter, waive or destroy the confidential nature of information retained by you, nor to relieve you from continuing duties to safeguard such information.

Photocopies of this release shall be deemed to be the original and the same consideration shall be given the photocopy as if the original was presented. Please be sure that any photocopies provided are readable copies.

This release may be revoked by me in writing.

If you have any questions concerning this release, please contact EAST ATLANTA KIDS CLUB at the number and address above.

Parent/Guardian

Date



Parent Permission Form (After-School Program)

I, _____, vj g'r ctgplv wctf kcp'qh"
aa.'r gto k'o { 'ej kf 'v' r ctvlek cvg'lp'vj g'"Gcu/Cvcpw'Mkf u'
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Kwpl gtucpf "vj cv'Gcu/Cvcpw'Mkf u'Enmd'ku'c'htgg'Rtqi tco "qhtg'f "cv'p'q'ej cti g'v'q'ej kf tgp'cpf "vj gk'r ctgplv0"Vj g"
Rtqi tco "fqu'p'qv'tgs wktg'ecuj "qt'lp/nkp'f "f qpvcwpu'qt'r c { o gpw0Kcuwo g'cm'tkumu'cpf "j c { ctf u'lpel gpvci'v'vj g"
eqpf wv'qh'vj g'r tqi tco "cevkxkku0"Kp'vj g'gxp'v'qh'cp { 'lplwt { 'qt'quu'v'q'o { 'ej kf . 'Kj gtgd { 'tgrcgug.'cduqrg.'kpf go plh { "
cpf "j qrf "j cto ngu'vj g'Gcu/Cvcpw'Mkf u'Enmd.'vj g'qti cpl gtu'qh'vj g'cevkxkku.'ur qpuqtu.'uwr gtxkuqtu.'cpf "xqnpvggtu."
cp { 'cpf "cm'qh'vj go 0"Kj gtgd { 'y ckg'cm'enclo u'ci cku'v'vj g'Gcu/Cvcpw'Mkf u'Enmd.'ku'ur gtxkuqtu.'ur qpuqtu'cpf "
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*Rctgplv wctf kcp+ "

(Date)

ACKNOWLEDGMENT OF PROGRAM LICENSURE STATUS

I hereby acknowledge that I have been advised and understand that the East Atlanta Kids Club (EAKC) operates tutoring, mentoring and enrichment programs not licensed by the Georgia Department of Early Care and Learning (DECAL) at Brownwood Recreation Center. I further understand that EAKC has been granted an Exemption from Georgia DECAL to operate its programs.

I also further understand that East Atlanta Kids Club carries general liability insurance and accident insurance for its programs.

Understanding this, I choose to enroll my child/children in EAKC program(s).

Printed Name

Signature

Date



Medical History

Child's name: _____

Parent / Guardian name: _____

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____ Insurance Co. Phone No.: _____

Insurance Co. Address: _____

Does your son/daughter have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues? If so, please explain.

Is he/she currently on any type of medication? If so, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Yes No

Therapist's Name: _____



Medical Waiver and Release Form

I, the parent/guardian of the child named below, hereby give my permission for his/her participation in the East Atlanta Kids Club After-School Mentoring and/or Friendship Connection program. (the "Program"). On behalf of my child, I assume all risks and hazards incidental to the conduct of the Program. In consideration of my child being permitted to participate in the Program, I hereby waive, release, discharge, indemnify, and hold harmless the East Atlanta Kids Club, its officers, directors, members, employees, and agents, as well as all organizers, sponsors, partners, supervisors, volunteers, and participants involved in the presentation of the Program, and each of their officers, directors, members, employees, and agents, from all liability for any damage, loss, or injury to person or property which may be sustained as a result of my child's participation in the Program, even if such damage, loss, or injury is the result of negligence, in whole or in part, of any of these entities. Further, I hereby give my permission to have my child treated on the scene and/or to take my child to a doctor or hospital in case of any injury at the Program. I hereby acknowledge that I have carefully read and understand this Waiver and Release agreement and that I am freely and voluntarily signing it.

Child's Name _____

Parent/Guardian Signature _____

Date _____

In case of an emergency, if I cannot be reached, please contact:

Name _____

Phone _____

Relationship to Child:



602 Brownwood Avenue, S.E. Atlanta, Georgia 30316
404.627.8050 www.eastatlantakids.org

Photo, Video and Audio Consent and Release Form

From time to time photographs, videos, and/or audio clips may be taken of youth engaging in East Atlanta Kids Club programs and activities. East Atlanta Kids Club requests the right to use all photos, videos, and/or audio clips taken of youth participating in EAKC programs and activities. These may be used for promotional brochures, newsletters, promotions or showcase of programs on our web site, showcase of our activities in local newspapers, and other editorial and not-for-profit purposes.

By signing this form, I consent to allow the East Atlanta Kids Club to use photos, videos, and/or audio clips that they have of my child, _____, participating in EAKC programs And activities, whether taken by EAKC staff, volunteers, or by other parties to whom EAKC has given permission to do so. By signing this form, I confirm that I am the parent/guardian of the above-named child, and that I understand and agree to the above request and conditions. I also agree to waive my rights and claims with regards to EAKC photos, videos, and/or audio clips of my child.

I sign the form freely and without inducement.

My contact information

Name (print): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email address: _____

Signature: _____ Date: _____



Georgia Division of Family and Children Services
Community Programs Unit
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.

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	\$12,140.00	\$36,420.00	\$3,035.00
2	\$16,460.00	\$49,380.00	\$4,115.00
3	\$20,780.00	\$62,340.00	\$5,195.00
4	\$25,100.00	\$75,300.00	\$6,275.00
5	\$29,420.00	\$88,260.00	\$7,355.00
6	\$33,740.00	\$101,320.00	\$8,443.00
7	\$38,060.00	\$114,180.00	\$9,515.00
8	\$42,380.00	\$127,140.00	\$10,595.00
Each additional person, add	\$4,320	\$12,960	\$1,080

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2018 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 83 FR , Page 2642-2644, Document Number: 2018-00814)

** 300 % of the federal poverty level released January 18, 2018.

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?
	SELF				

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

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 PeachCare:** Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the afterschool care 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 the DFCS Afterschool Care Program.