



**BOYS & GIRLS CLUBS**  
OF ADA COUNTY

www.BGClubIdaho.org

## 2009-2010 School Year Membership Form

School Year Fee: **\$10**

Membership expires after 05/28/2010

### Moseley Center

610 E. 42nd Street  
Garden City, ID 83714  
(208) 321-9157  
Admin: (208) 376-4960

### Meridian Club

911 N. Meridian Rd.  
Meridian, ID 83642  
(208) 888-5392

Member Information	<input type="checkbox"/> New Member		
	<input type="checkbox"/> Renewing Member		
	First Name _____ Middle Name _____ Last Name _____		
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Caucasian (white) <input type="checkbox"/> Hispanic <input type="checkbox"/> African <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other (multi-racial)	Date of Birth: ____ / ____ / ____ <small>Month Day Year</small>
	List all special needs or health issues: _____		
	List all medications taken regularly: _____		
Is this child covered in an insurance plan? <input type="checkbox"/> Yes—Company plan <input type="checkbox"/> Yes— Medicaid / CHIP <input type="checkbox"/> No			
School: _____ 2009-2010 Grade Level: _____		Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Household Information	<input type="checkbox"/> Household information is the same as this member: _____	
	Address _____	Is this a single parent household? <input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____ Zip Code _____	Is there a member of military in the house? <input type="checkbox"/> Yes <input type="checkbox"/> No Are any of them currently deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Main Phone Number _____	Number of people living in this household: _____
		Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Information	<input type="checkbox"/> Contact information is the same as this member: _____			
	<i>Primary Contact</i>			
	First Name _____	Last Name _____	Relationship to Child _____	Email Address _____
	Cell Phone Number _____	Home Phone Number _____	Work Phone Number _____	Employer: _____
	<i>Additional Contact</i>			
	First Name _____	Last Name _____	Relationship to Child _____	Email Address _____
	Cell Phone Number _____	Home Phone Number _____	Work Phone Number _____	Employer: _____
	<i>Additional Contact</i>			
	First Name _____	Last Name _____	Relationship to Child _____	Email Address _____
Cell Phone Number _____	Home Phone Number _____	Work Phone Number _____	Employer: _____	

<input type="checkbox"/> Payment Received	<input type="checkbox"/> Data Entered	<input type="checkbox"/> F/R Lunch Form	Initials: _____	Date: _____
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## Guardian Agreement

Please initial to indicate you know and accept the following terms of membership:

- \_\_\_\_\_ ***Injuries & Accidents:*** The Club **can not be held liable for injuries or accidents** that may occur at the Club or during Club-sponsored events. The Club does have an insurance policy that covers medical expenses for such accidents.
- \_\_\_\_\_ ***Medical Assistance:*** Authorized **Club Personnel may provide medical assistance** to members in the form of CPR, first aid, and transport to medical facilities as deemed necessary and **without parental consent**.
- \_\_\_\_\_ ***Medications:*** Authorized Club Personnel **can not administer medications** nor provide other-the-counter drugs to members. Members must bring and be able **to self-administer any medications** they require.
- \_\_\_\_\_ ***Arrival & Departure:*** The Club can not be held responsible for the manor in which members **arrive and depart**. Such arrangements are strictly between the member and their guardians. Members are not permitted to leave and return to the club in the same day unless special arrangements are made with the staff.
- \_\_\_\_\_ ***Discipline Issues:*** In circumstances where the member repeatedly does not follow Club rules, a guardian will be contacted and **must be able to pick up the Member** from the Club immediately.
- \_\_\_\_\_ ***Media:*** All members may be **photographed, surveyed or interviewed** as those activities pertain to official business of the Boys & Girls Clubs of Ada County.
- \_\_\_\_\_ ***Field Trips:*** All **off-site activities** require the expressed, written **consent of a guardian**.
- \_\_\_\_\_ ***Refunds:*** **Fees for services are non-refundable** unless the refund is requested at least one week prior to the date of service.
- \_\_\_\_\_ Additional terms and rules are outlined in the **Parent Handbook**. All parents must be familiar with the terms and guidelines in the Parent Handbook. Ask for a copy from the front desk if you do not have one already.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FY 2009-10 APPLICATION FOR FREE AND REDUCED-PRICE CACFP Meals

## ONE APPLICATION PER HOUSEHOLD

To apply for free and reduced price meals, complete this application, sign your name and return the application. Please call the following number if you need help 208-376-4960

<p><b>1 Enrolled child or children – Please print.</b></p>	<p><b>2</b> List the case number for each child, if any. Skip Parts 3 &amp; 4 and complete Part 5. EBT or QUEST card # not allowed.</p>																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">CHILDS NAME</th> <th style="width: 15%;">Age</th> <th style="width: 20%;">Food Stamp Case No.</th> <th style="width: 20%;">TAFI CASE NO. IF APPLICABLE</th> <th style="width: 20%;">FDPIR CASE NO. IF APPLICABLE</th> </tr> </thead> <tbody> <tr><td>1 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>3 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>4 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>5 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>6 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	CHILDS NAME	Age	Food Stamp Case No.	TAFI CASE NO. IF APPLICABLE	FDPIR CASE NO. IF APPLICABLE	1 _____	_____	_____	_____	_____	2 _____	_____	_____	_____	_____	3 _____	_____	_____	_____	_____	4 _____	_____	_____	_____	_____	5 _____	_____	_____	_____	_____	6 _____	_____	_____	_____	_____	
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**3 FOSTER CHILD:**  Check box if applying for a foster child. **Complete a separate application for each foster child. List the child's monthly personal use income.** Write "0" if the child has no personal use income. Skip Part 4 and complete Part 5. A social security number is not required for foster parents. \$ \_\_\_\_\_

**4 HOUSEHOLD MEMBERS AND INCOME:** List all members not listed above. If you listed a food stamp, TAFI, or FDPIR number for each child, skip to Part 5.

List the names of everyone in your household and gross income they receive except for children listed above (unless they have income). If household member listed below has no income, you must check the NO INCOME box.	Earnings from Work Before Deductions		Welfare, Child Support, Alimony Received		Pensions, Retirement, Social Security		All Other Income		
	NO INCOME	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?
1	<input type="checkbox"/>								
2	<input type="checkbox"/>								
3	<input type="checkbox"/>								
4	<input type="checkbox"/>								

**5 SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that day care center officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. **If on Food Stamps, TAFI or FDPIR, a Social Security number is not required. Just sign and date in Box #5.**

**SOCIAL SECURITY NUMBER\***

-   -

Signature of Adult Household Member

I do not have a Social Security Number

Printed Name of Above Signature \_\_\_\_\_ Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Street/Apt. Number \_\_\_\_\_ P. O. Box No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date Signed \_\_\_\_\_

**6 RACE/ETHNIC IDENTITY-OPTIONAL**

Mark one or more racial identities:

ASIAN  
 WHITE  
 BLACK OR AFRICAN AMERICAN  
 AMERICAN INDIAN OR ALASKA NATIVE  
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  
 OTHER

Mark one ethnic identity:

HISPANIC OR LATINO  
 NON HISPANIC OR LATINO

**PRIVACY ACT STATEMENT:** Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp, TAFI, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp or welfare office to determine current certification for receipt of Food Stamps, TAFI, or FDPIR benefits, contacting the State Employment Security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

**DO NOT WRITE IN BOX BELOW - FOR CHILDCARE CENTER USE ONLY**

<p>ANNUAL INCOME CONVERSION: Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12</p> <p> <input type="checkbox"/> FOOD STAMP/TAFI/FDPIR HOUSEHOLD  <input type="checkbox"/> INCOME HOUSEHOLD: Household income: \$ _____ How often _____ Annual Income \$ _____ Household size: _____         </p>	<p><b>DENIED:</b></p> <p> <input type="checkbox"/> Income Over Allowed Amount  <input type="checkbox"/> Incomplete/Missing <input type="checkbox"/> Other         </p>
<p><b>TEMPORARY APPROVAL FOR:</b></p> <p><input type="checkbox"/> Free Meals, expires _____</p>	<p><b>APPROVED FOR:</b></p> <p> <input type="checkbox"/> Free Meals  <input type="checkbox"/> Reduced-Price Meals  <input type="checkbox"/> WITHDRAWAL DATE _____         </p>
<p>Signature of Determining Official: <b>X</b></p>	
<p>Date signed</p>	

## REQUIRED PARENT/GUARDIAN LETTER FY 2010

**Dear Parent or Guardian:**

Providing child care and early childhood programs at rates that parents can afford is a growing challenge and requires taking advantage of all available funding resources. One of these resources is the Child and Adult Care Food Program cash reimbursement program for meals and/or snacks from the United States Department of Agriculture and the Idaho State Department of Education. This benefits you and your family because it helps us keep the charge for child care low.

To enable us to keep our fee schedule low and provide nutritious food service for children, we need the information requested on the attached *Free and Reduced-price Meal Application*. Please complete, sign, and return this form today or as soon as possible. **This information will be kept strictly confidential.**

In order to be considered eligible for free or reduced price meals, this application form must contain complete documentation of eligibility information including current household income by source and frequency of receipt, the names of all household members, and the social security number of one adult household member 21 years of age or older. If the adult member does not possess a social security number, write "none" and sign and date the form.

Food Stamp, Food Distribution Program in Indian Reservations (FDPIR), Temporary Assistance to Families in Idaho (TAFI) households need only supply the names of the children receiving these benefits, the case number, the signature of an adult household member, and date of the signature.

Foster children are eligible for free or reduced price meals regardless of the income of the household in which they reside. Households wishing to apply for such benefits for foster children should complete Part 2 "Foster Child" of the application.

If your child has been determined by a doctor to be disabled and the disability would prevent the child from eating the regular meals at the center, we will make any substitutions prescribed by the doctor at no extra charge. Bring to the center the doctor's note that verifies special meals are needed due to the disability and which prescribes the alternate foods needed. This applies to allergies as well.

If your household income is less than or equal to the income levels below, the center receives more reimbursement for the nutritious meals served to your children without additional charge to you.

### Income Eligibility Guidelines Effective Dates July 1, 2009 - June 30, 2010

<b>FEDERAL INCOME CHART</b>			
Effective Dates July 1, 2009 to June 30, 2010			
Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	+6,919	+577	+134

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint, write USDA Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.