



AFTER SCHOOL APPLICATION

YEAR: _____

SITE: HARLANDALE LOSOYA

PARTICIPANTS NAME:			DATE OF BIRTH:	GENDER: (CIRCLE ONE) MALE FEMALE	
ADDRESS:			AGE:	RACE/ETHNICITY:	
CITY:	STATE:	ZIP:	COUNCIL DISTRICT:	PRINCINCT:	
SCHOOL:	GRADE:		SCHOOL DISTRICT:		
MOTHERS NAME:		CELL NUMBER:	WORK NUMBER:	ALTERNATE:	
FATHERS NAME:		CELL NUMBER:	WORK NUMBER:	ALTERNATE:	
*****IN THE EVENT THAT THE FOLLOWING ARE PROVIDED PLEASE LIST SIZES:					
SHIRT:		SHOES:	JACKET:	PANTS:	

EMERGENCY CONTACT AND PICKUP: (MUST BE 18 YEARS OF AGE AND HAVE A VALID ID)

NAME	RELATIONSHIP	PHONE #	ALTERNATE NUMBER
1.			
2.			
3.			

MEDICAL INFORMATION:

NAME OF DOCTOR:	PREFERRED HOSPITAL:	HEALTH INSURANCE:	POLICY NUMBER:
PLEASE LIST ANY ALLERGIES, MEDICAL CONDITIONS OR OTHER SPECIAL CONCERNS:			

****NO MEDICATION MAY BE ADMINISTERED BY STAFF OR STORED ON JOVEN PROPERTY** IF YOUR CHILD REQUIRES MEDICATION, PLEASE GIVE AT HOME BEFORE OR AFTER PROGRAM. PLEASE LIST ANY MEDICATION CURRENTLY TAKING:**

NAME OF MEDICATION	DOSAGE AMOUNT:	TIME ADMINISTERED:	DIAGNOSIS:
1.			
2.			
3.			

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:	
APPLICATION RECEIVED:	START DATE:
<input type="checkbox"/> ACCEPTED <input type="checkbox"/> DECLINED <input type="checkbox"/> WAIT LIST	JOVEN ID:

ELIGIBILITY CRITERIA:

Participant must be:

- Between the ages of 4 and 14.
- Income Eligibility.
- Have no medical, psychological, or substance abuse condition beyond the scope of JOVEN expertise, which might impair the safety of self, or the safety and quality of service, rendered to other JOVEN participants.

ACKNOWLEDGMENT, RELEASE & PERMISSIONS:

I release JOVEN, all staff, and volunteers, of all liabilities, or damage arising from any accident, injury, sickness, or fatality when my child is participating directly or indirectly in the after school program.	_____ Initials of Parent/Guardian
I give permission to JOVEN to transport my child to and from after school program activities. From time to time, staff personal vehicles may be used in an emergency situation.	_____ Initials of Parent/Guardian
I give permission to JOVEN staff to administer first aid, and/or seek medical attention for my child if necessary.	_____ Initials of Parent/Guardian
I give full consent and authorization to have my child photographed to be used in literature, publications, and website regarding JOVEN. We do not publish last names or addresses unless requested. If you do not wish to have your child photographed they can still enjoy this wonderful program! We are very sensitive to the welfare of all children.	_____ Initials of Parent/Guardian
JOVEN is a Kids Café through partnership with the San Antonio Food Bank and provides a nutritional meal daily. Any child(ren) that have food allergies, please provide documentation form doctor so that JOVEN can request a substitute meal for your child(ren).	_____ Initials of Parent/Guardian
I acknowledge that I understand my child is required to attend Education Life Skills or Social Skills curriculum if selected to be in the program.	_____ Initials of Parent/Guardian
I understand that Abstinence Education Curriculum will be presented to student's 5 th -8 th grade and/or ages 10-14. I hereby give consent for my child to participate in such programming. Curriculum outline available upon request.	_____ Initials of Parent/Guardian
I acknowledge that I understand that in order for my child(ren) to remain in the program, I must submit my child(ren) report card every 6-9 weeks, depending on the school district.	_____ Initials of Parent/Guardian
I acknowledge that I understand that my child is required to attend the after school program on a daily basis and three unexcused absences in a month will result in termination of services.	_____ Initials of Parent/Guardian
I acknowledge that I understand the transportation is provided and if my child(ren) are absent that I will notify JOVEN of absence for each day. Failure to contact JOVEN can result in termination of transportation services.	_____ Initials of Parent/Guardian
I acknowledge that I understand that my child is expected to remain in the program and cannot be picked up an earlier than 5:00 pm and that my child is expected to be picked up no later than 6:00 pm. Excessive early pickup or late pickups can result in termination of services.	_____ Initials of Parent/Guardian

*The undersigned further acknowledges that she/he is the parent or legal guardian of the participant and is able to execute the waiver on behalf of the minor child named above.

Parent/Guardian Signature:		Date:	
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PARTICIPANT'S NAME: _____ JOVEN ID #: _____

How did you hear about JOVEN? _____

Language Spoken?	<input type="checkbox"/> English/Spanish <input type="checkbox"/> English <input type="checkbox"/> Spanish
Has child been a participant in a JOVEN program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in which program did the child participate?	<input type="checkbox"/> Afterschool <input type="checkbox"/> Summer <input type="checkbox"/> In-School Group

CONFIDENTIALITY STATEMENT

Federal, state statues, and rules protect the confidentiality of participant information maintained by JOVEN. Staff members may not inform anyone outside of JOVEN if any individual participates or has any contact with the JOVEN program. Staff may not discuss anything you discuss with us with persons outside the agency. The exceptions are when:

1. The participant consents in writing.
2. Disclosure of participant information is requested by a court order. Staff members must comply with and provide the required information.
3. Disclosure is made to medical personnel in a medical emergency, for audit or program evaluation purposes.
4. Staff members are ethically bound to report any information that suggests someone is a danger to himself/herself or others.
5. If JOVEN staff suspects abuse or neglect of a child, an elderly person or a disabled adult.

Do you understand the limits stated above? Yes No

PARTICIPANTS/PARENT/GUARDIAN RIGHTS AND RESPONSIBILITIES

Individuals requesting services from JOVEN have the following rights and responsibilities:

RIGHTS:

- A participant/guardian has the right to receive high quality service in a timely and confidential manner by qualified staff who receive regular supervision.
- The right to know any limitations of services offered. In cases where a participant's circumstances and needs exceed JOVEN's ability to provide a service, the participant has the right to be referred to other appropriate community service agencies.
- The right to receive services in a humane, safe, and private environment.
- Participants have the right to receive and/or refuse quality services;
- The right to know the qualifications and limitations of staff members providing the services.
- Participants have the right to be free of abuse, neglect or exploitation;
- Participants have the right of confidentiality except in the case of immediate danger, suspected abuse or neglect, or to comply with legal requirements.
- Participants/Guardians have the right to appeal any action or decision regarding you or your child; this right includes the conditions for filing a grievance, either verbally or in writing. These rights are explained below.
- Participants/Guardians have the right to be provided with true and factual information;
- Participants/Guardians have a right to review the agency's records concerning their service in the company of an agency employee.
- Copies of records are also available through a written request by Parent/Guardian

RESPONSIBILITIES:

- Parents/Guardians have a responsibility to keep the agency informed of their changes in economic circumstances.
- Parents/Guardians have a responsibility to remain in at least monthly contact with JOVEN to facilitate the exchange of information in support of the child or the JOVEN program.

REQUIREMENTS:

- Participants are required to attend the program on a daily basis.
- Once participants arrive at JOVEN or are picked up by JOVEN they are required to stay until 5 pm.
- Participants are not allowed to leave JOVEN property after they have been picked up or signed in, until Parent/Guardian or designated adult signs them out.
- Parent/Guardian or designated adult must pick up child(ren) on time (refer to pg 4 in Parent Handbook).
- Participants will be required to pay a late pick up fee (if applicable).

EXIT CRITERIA:

These are the reasons why children may be asked to leave or be discharged from the program.

- Not participating actively in available services. EXAMPLE: Excessive Absences
- Participant is incarcerated or in placement for more than three weeks.
- Participant is charged with or convicted of a felony offense.
- Participant's parent or guardian no longer wishes the child to receive services.
- Participant is no longer appropriate for the program (i.e., reaches the age of 15, develops severe mental health or behavioral problems, etc.).
- Participant demonstrates continuous disruptive or dangerous behaviors while in the program.
- Parent, guardian, or any adult responsible for the child demonstrates disruptive behavior or abusive behavior towards any JOVEN staff.
- Participant, Guardian, or any Adult confronting or the act of confronting any JOVEN participant.
- Not complying with requirements above.

All participants who are being considered for program exit will be staffed prior to final determination and parents will be informed before action is taken.

I understand that I have the right to appeal a decision to such an adverse decision.

PARENT HANDBOOK-I will read the provided Creating the Vision Handbook to understand the rules and standards of JOVEN and will encourage my children to follow all rules and obey all procedures.

COMPLAINT AND GRIEVANCE PROCEDURE-JOVEN has a Complaint and Grievance Procedure for Participants and Families. This procedure/policy, explained in the handbook, is to handle participant/family allegations of abuse, neglect or exploitation. If you feel you need to make a report, please ask the front desk staff for the Complaint and Grievance Procedure. You may also direct your complaint if you are dissatisfied with staff response to: Department of State Health Services (DSHS); Substance Abuse Services/Investigations Division; 909 W. 45th; Austin, Texas 78751 or phone them at 1-800-378-8440.I acknowledge that the complaint and grievance procedure has been explained to me.

Parent/Guardian Signature: _____ Date: _____

PARTICIPANT'S NAME: _____ JOVEN ID #: _____

INCOME WORK SHEET

HOUSEHOLD

YOUTH LIVES WITH: (COURT SUPPORTIVE DOCUMENTS ARE REQUIRED IF NOT A PARENT)						
<input type="checkbox"/> ONE PARENT	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> FOSTER FAMILY	<input type="checkbox"/> OTHER _____		
PARENT STATUS:						
<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> STEPFAMILY	<input type="checkbox"/> COHABITING	<input type="checkbox"/> SINGLE	

LIST ALL MEMBERS THAT LIVE IN HOUSEHOLD:

#	NAME	MONTHLY INCOME	DOB	AGE	GENDER	ETHNICITY	RELATIONSHIP TO YOUTH
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

MOTHER'S INCOME

EMPLOYER: _____	
WORK ADDRESS: _____	WORK NUMBER: _____
SALARY: \$ <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY	
HOURLY \$ _____	NUMBER OF HOURS WEEKLY: _____

FATHER'S INCOME

EMPLOYER: _____	
WORK ADDRESS: _____	WORK NUMBER: _____
SALARY: \$ <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY	
HOURLY \$ _____	NUMBER OF HOURS WEEKLY: _____

PLEASE CHECK ALL THAT APPLY AND LIST MONTHLY AMOUNTS:

<input type="checkbox"/> TANF \$ _____	<input type="checkbox"/> FOOD STAMPS \$ _____	<input type="checkbox"/> SSI/SSD \$ _____	<input type="checkbox"/> CHILD SUPPORT \$ _____
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ATTACH PROOF OF INCOME TO THIS FORM

NUMBER OF MEMBERS IN HOUSEHOLD: _____

YEARLY INCOME	MOTHER'S INCOME	_____
	FATHER'S INCOME	_____
	TANF	_____
	SSI/SSD	_____
	CHILD SUPPORT	_____
	TOTAL INCOME	_____

MONTHLY INCOME: \$ _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____

FY 2016 Income Limits Summary

FY 2016 Income Limit Area	Median Income	FY 2016 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Bexar County	\$62,100	Very Low (50%) Income Limits	21,750	24,850	27,950	31,050	33,550	36,050	38,550	41,000
		Extremely Low Income Limits	13,100	16,020	20,160	24,300	28,440	32,580	36,730	40,890
		Low (80%) Income Limits	34,800	39,800	44,750	49,700	53,700	57,700	61,650	65,650

NOTE: Bexar County is part of the **San Antonio-New Braunfels, TX HUD Metro FMR Area**, so all information presented here applies to all of the **San Antonio-New Braunfels, TX HUD Metro FMR Area**. The **San Antonio-New Braunfels, TX HUD Metro FMR Area** contains the following areas: Bandera County, TX; Bexar County, TX; Comal County, TX; Guadalupe County, TX; and Wilson County, TX.

NUMBER OF MEMBERS IN HOUSEHOLD: _____

TOTAL YEARLY INCOME: \$_____

INCOME LIMIT CATEGORY:

- EXTREMELY LOW
 VERY LOW
 LOW