

# GALLARDO SITE



# AFTER SCHOOL APPLICATION <sup>1</sup>

School Year: \_\_\_\_\_

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

Language Spoken?     English       Spanish       English/Spanish

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

**ELIGIBILITY CRITERIA - Participant must be:**

- Between the ages of 5 and 13.
- 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.

How did you hear about JOVEN? \_\_\_\_\_

Has child been a participant in a JOVEN program?  Yes  No

If yes, in which program did the child participate?  Afterschool  Summer  In-School Group

**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
I acknowledge that I understand my child is required to attend prevention presentations/activities if selected to be in the program.	_____ Initials of Parent/Guardian
I acknowledge that I understand that in order for my child(ren) to remain in the program, <b><u>I must submit my child(ren) report card every 6-9 weeks</u></b> , depending on the school district or services may be suspended until it is received.	_____ Initials of Parent/Guardian
I acknowledge that I understand that my child is required to attend the after school program on a daily basis. <b><u>Three unexcused absences in a month will result in termination of services.</u></b>	_____ 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. <b><u>Failure to contact JOVEN can result in termination of transportation services.</u></b>	_____ 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. <b><u>Excessive early pickup or late pickups can result in termination of services.</u></b>	_____ 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:

PARTICIPANT'S NAME: \_\_\_\_\_ JOVEN ID #: \_\_\_\_\_

**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

**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:

**SHORT MESSAGING SYSTEM (SMS) CLUB**

Please sign up for our SMS Text Messaging to be informed about updates to program, due dates, reminders and announcements sent straight to your mobile phone.

By entering my phone number, I agree to receive recurring automated messages from JOVEN to the phone number I have provided. I understand that no purchase is necessary for SMS.

Reply STOP to cancel messages or HELP for information. Standard message and data rates may apply.

Cell Phone Number:	
Alternate Number:	

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





Economic and Community Development Department

Bexar County Program

Standardized Self Certification Form

This certification is required by HUD and should be completed at the beginning of each program year. Please provide us with the information that will ensure that HUD funds are used to provide services that meet HUD criteria.

**I. General Information: Household Demographics**

A. Applicant Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Does the applicant reside within the City limits? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Characteristics **(Circle One)**

1. Hispanic: Yes No

2. Race:

- |  |  |
|--|--|
| _____ White                                  | _____ Black/African American                 |
| _____ Asian                                  | _____ American Indian/Alaskan Native         |
| _____ Native Hawaiian/Other Pacific Islander | _____ American Indian/Alaskan Native & White |
| _____ Asian & White                          | _____ Black/African American & White         |
| _____ American Indian/Alaskan Native & Black | _____ Other Multi-Racial                     |

3. Number of persons benefitting from Services \_\_\_\_\_ 4. Number of Persons in Household \_\_\_\_\_

**II. Qualification Documents**

Please mark (X) your answer

A. Are Any of the persons receiving services aged 62 or older?

\_\_\_\_\_ Yes; Source Documentation: provide a government-issued ID indicating birthday;  
Stop and go to Step III & IV to sign and date this application

\_\_\_\_\_ No; please continue to next question

B. Does your family receive TANF (Temporary Assistance for Needy Families)?

\_\_\_\_\_ Yes; Source Documentation: provide award letter no older than 6 months of date of this application;  
Stop and go to Step III & IV to sign and date this application

\_\_\_\_\_ No; please continue to next question

C. Does anyone in your household receive MEDICAID?

\_\_\_\_\_ Yes; Source Documentation: provide award letter no older than 6 months of date of this application;

Stop and go to Step III & IV to sign and date this application

\_\_\_\_\_ No; please continue to next question

D. Does your family receive SNAP (FOOD STAMPS)?

\_\_\_\_\_ Yes; Source Documentation: provide award letter no older than 6 months of date of this application;

Stop and go to Step III & IV to sign and date this application

\_\_\_\_\_ No; please continue to next question

E. Do you reside in Public Housing (Housing Authority or Section 8)?

\_\_\_\_\_ Yes; Name the City in which the Public Housing is located \_\_\_\_\_

Source Documentation: provide a copy of ID/license, or utility bill indicating address;

Stop and go to Step III & IV to sign and date this application

No; please use Income and Assets Application : Source Documentation: provide 2-3 months latest paystubs; bank statements confirming direct deposit, periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits; child support, alimony, Armed Forces special pay and allowances

<u>HOUSEHOLD ANNUAL INCOME</u>					
Household Member	Wages/Salaries	Benefits/Pensions	Public Assistance	Other Income	Assets
	\$	\$	\$	\$	\$
<u>TOTALS</u>					\$

**III. Certification of Applicant**

Circle income limit based on household size.

FY 2019 Income Limits

FY 2019 Income Limit Area	Median Income	FY 2019 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
San Antonio- New Braunfels, TX HUD Metro FMR Area	\$71,000	Very Low (50%) Income Limits	24,850	28,400	31,950	35,500	38,350	41,200	44,050	46,900
		Extremely Low Income Limits	14,950	17,050	21,330	25,750	30,170	34,590	39,010	43,430
		Low (80%) Income Limits	39,800	45,450	51,150	56,800	61,350	65,900	70,450	75,000

Applicant is \_\_\_\_\_ Eligible \_\_\_\_\_ Not Eligible

I, \_\_\_\_\_, hereby acknowledge that  
(Print Name)

(1) eligibility for assistance under this funded program is based upon having a presumption or qualifying household income; (2) the information furnished to the Agency providing the services and Grantee is current as of the date signed; (3) this information may be subject to further verification by the Grantee and/or the U.S. Department of Housing and Urban Development (HUD) and HUD–Office of Inspector General (HUD-OIG); (4) I authorize such verification; and (5) falsification of the information provided may subject me to prosecution under applicable state and federal laws.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IV. Certification of Agency**

I, \_\_\_\_\_, hereby acknowledge that I have received the necessary documentation  
(Print Name)  
in order to provide services under this Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date