



ENROLLMENT APPLICATION

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: (Parent/Guardian initial each acknowledgement)

_____ Initials	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	I give permission to JOVEN to transport my child to and from program activities. From time to time, staff personal vehicles may be used in an emergency.
_____ Initials	I acknowledge that I understand that my child is expected to be picked up no later than 4:30 pm. <u>Excessive late pickups can result in termination of services.</u>
_____ Initials	I give permission to JOVEN staff to administer first aid, and/or seek medical attention for my child if necessary.
_____ Initials	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	I acknowledge that I understand my child is required to attend prevention presentations/activities if selected to be in the program.
_____ Initials	I acknowledge that I understand that in order for my child(ren) to remain in the program, <u>I must submit my child(ren) report card every 6-9 weeks</u> , depending on the school district or services may be suspended until it is received.
_____ Initials	I acknowledge that I understand that my child is required to attend the program on a daily basis. <u>Three unexcused absences with not notice in a month will result in termination of services.</u>
_____ Initials	I acknowledge that I understand that JOVEN has put in place preventative measures to reduce the spread of COVID-19; however, JOVEN cannot guarantee that my child will not become infected with COVID-19. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.
_____ Initials	I agree that if me or my child are exposed or infected by COVID-19 during participation in this program/activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.
_____ Initials	<u>AFTERSCHOOL SERVICES:</u> 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. <u>Failure to contact JOVEN can result in termination of transportation services.</u>

*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 #: _____

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, deadlines, 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 2020 Income Limits

FY 2020 Income Limit Area	Median Family Income	FY 2020 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
San Antonio-New Braunfels, TX HUD Metro FMR Area	\$72,000	Very Low (50%) Income Limits	25,200	28,800	32,400	36,000	38,900	41,800	44,650	47,550
		Extremely Low Income Limits	15,150	17,300	21,720	26,200	30,680	35,160	39,640	44,120
		Low (80%) Income Limits	40,350	46,100	51,850	57,600	62,250	66,850	71,450	76,050

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