

**BOYS & GIRLS CLUB**  
OF  
Ashley County

## **2023/2024 TANF Eligibility Application**

**Please provide all of the following information for TANF eligibility;**

- **Parent/Guardian ID**
- **Member Birth Certificate**
- **Fully Completed Eligibility Form with supporting documents**
- **Fully Completed Membership Form (included)**

**\*\*MEMBERSHIP FEES APPLY TO THOSE THAT ARE NOT ELIGIBLE FOR TANF. AFTER THE FIRST 40 SPOTS ARE FILLED THERE WILL BE A REDUCED FEE IN THE AMOUNT \$50.00 FOR TANF ELIGIBLE. YOUR CHILD WILL NOT BE ABLE TO START ATTENDING WITHOUT PROPER PAPERWORK OR FEES BEING PAID.**

**\*\*NON TANF MEMBERSHIP FEES ARE:  
\$150.00 FOR AUGUST – MAY**



**BOYS & GIRLS CLUB  
OF ASHLEY COUNTY**

**Member Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address/City/State/Zipcode: \_\_\_\_\_

\_\_\_\_\_

Gender: M F      DOB (mm/dd/yyyy) \_\_\_\_\_ age \_\_\_\_\_ grade \_\_\_\_\_

Free or Reduced Lunch: YES NO

RACE: African American Asian Caucasian Multi-Racial Native American Hispanic

School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_ Siblings: \_\_\_\_\_

Primary Healthcare Physician: \_\_\_\_\_ # \_\_\_\_\_

Any known health problems: YES NO If so list them: \_\_\_\_\_

\_\_\_\_\_

Current Medication: \_\_\_\_\_

Allergies: YES NO If so list them: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian: \_\_\_\_\_ # \_\_\_\_\_

Work: \_\_\_\_\_ # \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ # \_\_\_\_\_

Work: \_\_\_\_\_ # \_\_\_\_\_

Military Family: YES NO

Household Income: \_\_\_\$0-\$25,000 \_\_\_\$25,000-\$50,000 \_\_\_\$50,000-\$75,000 \_\_\_\$75,000 or above

Emergency Contact: \_\_\_\_\_ # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ # \_\_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

TANF

REGULAR

# Boys and Girls Club Of Ashley County

## Authorized Pick Up Form

Member Name: \_\_\_\_\_

The following people (please include parent's names) are allowed to pick up the club member listed above from the club and are allowed access to the member's information. NO ONE other than the people listed below will be permitted to leave the club with the member.

Name	Relation to Child	Phone Number

Parent/Guardian Name: \_\_\_\_\_

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



**BOYS & GIRLS CLUB**  
OF  
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**Discipline Policy:**

1. Verbal Warning is given addressing any behavior issues other than fighting, foul language and erratic behavior.
2. Verbal Warning will be followed with up to 3 Time Outs starting at 5 minutes and going up to 15 minutes.
3. Time Outs will be followed with writing lines.
4. Lines will be followed with a write up. Next steps are then determined by the CEO and Program Director in the CEOs absence.
5. Any steps taken after a write up can and will lead to the suspension and possible dismissal of the child/children if the behavior can not be gotten under control while at the club.
6. Foul or vulgar language, fighting, bullying and disrespectful behavior is not tolerated at the Boys and Girls Club of Ashley County. These behaviors are grounds for immediate suspension followed by removal from the club if not corrected. Any member written up 3 times for disrespectful behavior will begin the suspension process.
7. Suspensions are 3 days, 5 days, 2 weeks, then removal from the program.

\*\*\*Any of these behaviors can and will lead to the removal of your child/children from the Boys and Girls Club of Ashley County. We do our very best to provide a safe, fun and educational environment for all of our children here at the club.

Initial: \_\_\_\_\_

**Our Mission Statement**

"To enable all young people, especially those who need us most, to reach their full potential as productive, caring and responsible citizens."

I have read and agreed to the above discipline policy in place at the Boys and Girls Club of Ashley County.

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

Member: \_\_\_\_\_

Please take any question about the above policy to the CEO.



**BOYS & GIRLS CLUB**  
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**2023/2024 School Year**

I am allowing my child to be bused from Crossett Elementary School, Crossett Middle School, or Crossett High School to the Boys and Girls Club of Ashley County located at 305 Oak Street, Crossett AR, 70635.

I give permission to the Boys and Girls Club of Ashley County and the area community schools to exchange information regarding the minor child listed below. This includes access to progress reports and report cards as well as direct communication with my child's teacher. The exchange aims to help both organizations do a better job of helping the student succeed in school and at the club. This release may be revoked by contacting the Boys and Girls Club of Ashley County in writing to do so.

Members Name: \_\_\_\_\_

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

**Our Mission:**

"To enable all young people, especially those who need us most, to reach their full potential as productive, caring responsible citizens."



**BOYS & GIRLS CLUB**  
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**\*Parental Release Form\***

I, the parent/guardian of the minor child on this application, for ourselves, our heirs, executors and administrators, hereby release, waive and acquit and forever discharge the Boys and Girls Club of America and Ashley County, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damages, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations or participation in activities of said organizations either at or away from the club.

**Medical Treatment**

I give permission to the Boys and Girls Club of Ashley County to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any cost of medical attention and treatment.

\*I give permission to the Boys and Girls Club of Ashley County to tend to minor injuries (scrapes and cuts) with the cleaning/Neosporin and bandaging of the injury.

\*I understand that the Boys and Girls Club of Ashley County cannot administer medicine of any kind to my child. This includes prescription drugs and over-the-counter medications.

**Surveys and Questionnaires**

I, the parent/guardian of the minor listed on the application give permission to the Boys and Girls Club of Ashley County to survey my child about his or her club experience and behaviors, skills, and attitudes using the Boys and Girls Club of America's Youth Development Outcome Measurement Kit surveys or other survey instruments.

I, the parent/guardian of the minor listed on the application give permission to the Boys and Girls Club of Ashley County to survey my child about their experiences for any grant-related purposes.

As a parent of a club member/members, I agree to participate in any national/state or local survey needed by the BGC of Ashley County.

**Technology**

As a member of the Boys and Girls Club of Ashley County, all members will have access to the Internet. While precautions are being taken, it is possible that he/she may access inappropriate sites. Boys and Girls Club of Ashley County will have rules and consequences for such behavior and in no way will be responsible for that access.

Members who are assigned Chrome books by the school will be able to use them in the homework room during homework/tutoring time only.



**BOYS & GIRLS CLUB**  
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### Cell Phone Policy

Cell phone use is not allowed at the Boys and Girls Club of Ashley County for any member under the age of 12. Phones are to be put away prior to arriving at the club. Members aged 12 and up will be reminded that using their phones while at the club is a privilege that can be lost, not a requirement.

### Social Media Posts/National Access

I, the parent/guardian of the minor child listed on the application am giving the Boys and Girls Club of Ashley County permission to take, post, and submit photos and videos of my child/club member as wanted.

### Miscellaneous

I understand that the Boys and Girls Club of Ashley County is in no way responsible for any lost, stolen, or damaged items.

I understand that the Boys and Girls Club of Ashley County is not, nor does it claim to be a licensed daycare center.

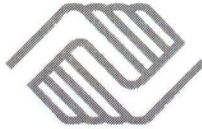
I am giving permission for my child to walk to and from the city pool on Fridays (during summer), behavior permitted accompanied by staff and volunteers. **I understand that my child cannot be picked up from the pool** unless arrangements were made prior to going to the pool. If they cannot stay the entire time, then they cannot go to the pool and will need to be picked up from the club by 12:30 on their pool day.

\*I understand that the Boys and Girls Club of Ashley County is not open to members before 3 pm or after 6 pm during the school year. All members must be picked up by 6 pm. I understand that I will be required to pay a fee of \$1.00 per minute after 6 pm that my child is at the club and that my child cannot return to the club until this late fee is paid.

\*Any member sent home due to illness must be free of fever, vomiting, and diarrhea for 24 hours before returning to the club.

\*Only staff and members are allowed to enter the Boys and Girls Club of Ashley County cafeteria, bathrooms, classrooms, gym, and outside play areas unless accompanied by a staff member.

\*I am fully aware that in the event that my child/children are suspended from school they will not be allowed to participate in club events or athletics for the duration of the school suspension.



**BOYS & GIRLS CLUB**  
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I have read the complete content of this form and application. I understand the rules of the Boys and Girls Club of Ashley County and request that my child be admitted into membership.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature      Name of Minor      Date



**SECTION I: IDENTIFYING INFORMATION**

RECIPIENT NAME:		ADDRESS:		TELEPHONE:
CITY:	ZIP CODE:	SSN:	DATE OF BIRTH:	

**SECTION II: ELIGIBILITY INFORMATION** *(Check those areas that apply)*

**STEP 1: Participation Eligibility** *(Check those areas that apply)*

- Transitional Employment Assistance (TEA)
- Child Nutrition Programs, Free/reduced school lunch Programs
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid or Chip (Including ARKids),
- Supplemental Security Income (SSI) or Supplemental Security Disability (SSD)
- Woman, Infant & Children (WIC)
- Housing and Urban Development (HUD), Section 8 or Public Housing
- Workforce Innovation and Opportunities Act (WIOA)

*(If the family indicates that they receive any of the assistance listed above, a letter of eligibility or other official documentation should accompany this form to verify the receipt of one or more of these services.)*

If checked, the family is eligible for TANF-funded services Go to Section III.

If not checked, complete Step 2 AND Step 3 to verify eligibility and parental status using income.

**STEP 2: Family Definitions**

The family applying for services includes:

- A parent or relative caring for one or more minor children *(see definition of "child" below)*
- A pregnant woman, or
- A non-custodial parent *(see definition of "non-custodial parent" below)*

**Child:** a dependent person under 18 *(or under 19 who is still a full-time student in high school or at the equivalent level of vocation or technical training)*, who has never married or whose marriage was annulled and whose eligibility is being determined.

**Parent:** includes a mother, father, adoptive mother, adoptive father, step-father and step-mother.

**Non-Custodial Parent:** the parent is not in the household of the child *(see definition of child above)* whose eligibility is being considered. Both the non-custodial parent and the child must live in the State of Arkansas.

**Blood Relative:** including those of half-blood, within the relationship of siblings, first cousins, nephews, nieces, aunts, uncles and individuals of preceding generations as denoted by prefixes of grand, great, great-great, etc. This group includes relatives within the fifth degree of kinship to the dependent child; therefore, this includes first cousins once removed, but not the second cousins.

**STEP 3: Income Eligibility**

The family income is less than 200% of the federal poverty level *(See the income chart and complete Financial Eligibility Section)*.

**STEP 4: Citizenship Eligibility**

The TANF-funded services are for the benefit of a family member who is:

- A citizen of the United States; or
- A non-citizen who meets the TANF-eligible citizen criteria.

*(If neither box is checked, the person or family is NOT eligible for TANF funded services or programs.)*

**If Step 2, 3 AND 4 above are checked, the family is eligible for TANF-funded services. Go to Section III.**

**If Step 2 AND 3 are not checked, STOP. The family is NOT eligible for TANF-funded services. Go to Section IV.**

**Worksheet on Family Income - Eligibility for TANF-Funded Services**

2020 Poverty Guidelines 200% of the Federal Poverty Level		
Family Size	Annual Income	Monthly Income
1*	\$25,520	\$2,127.00
2	\$34,480	\$2,873.00
3	\$43,440	\$3,620.00
4	\$52,400	\$4,367.00
5	\$61,360	\$5,113.00
6	\$70,320	\$5,860.00
7	\$79,280	\$6,607.00
8	\$88,240	\$7,353.00
9	\$97,200	\$8,100.00

\*This family size category should only be used when determining eligibility for a parent of a minor child whose child does not reside in the home of the applicant.

If Family Size is over 9, Contact the agency.

**Financial Eligibility (to be completed by program staff person):**

1. Family size: \_\_\_\_\_ (number of adults and minor children who are related to each other; Non-custodial parents need not live w/their minor child and should use a family size of one.

**Household Members:** List all the people who live in your home, including yourself, if needed, attach a sheet of paper listing additional members.

Social Security Number	Full Name (First, middle, and last)	Birthdate	Relationship to you

2. The total family earned income is \$ \_\_\_\_\_ per (week, month or year) \_\_\_\_\_. (This is money earned from employment, this amount is before taxes)

3. Convert to a monthly amount (divide yearly amount by 12) and list the family's total monthly income:  
\$ \_\_\_\_\_

4. Is this amount **less than 200%** of the federal poverty level on the above chart?     YES     NO

**If YES, the family is eligible for TANF-funded services. If NO, the family is not eligible for TANF funded services based on earned income.**

**SECTION III: DETERMINATION OF NEED (TANF Service Goal)**

Depending on the purpose served, program, benefit or service, the family's income level may have to be determined. Although TANF purposes number #3 and #4 do not require a determination of "needy", the TANF Oversight Board or State may restrict benefits and services to individuals and families below a certain income.

The services being provided are designed to:

1. To provide assistance to **needy families** so that the child or children may be cared for in their own home or the home of relatives.
2. To **end the dependence of Needy parents** on government assistance by promoting job preparation, work or marriage,
3. Prevent or reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing these pregnancies.
4. Encourage the formation and maintenance of two-parent families.

**SECTION III: DETERMINATION OF NEED** (*TANF Service Goal*)

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A. What TANF purpose does the program, benefit or service accomplish?  1  2  3  4

B. Does eligibility have income requirements?  Yes  No

**Note:** If TANF purpose number 2 were selected above, the answer is "Yes." If the benefit or service is provided by the TANF Oversight Board through local operating procedures, and the eligibility requirements include income level, the answer is "Yes."

C. If "Yes," does the family meet income eligibility requirements?  Yes  No

If income is strictly based on Arkansas' definition of "needy":

- Does the family receive Temporary Cash Assistance, relative caregiver program payments, food stamps or are the children in the family eligible for Medicaid?  Yes  No
- Is the family's total income less than 200% of the Federal Poverty Level based on household size?  Yes  No Number of household members \_\_\_\_\_

If income is based on reporting instructions, local operating procedures or guidance, please review the appropriate materials for income eligibility determination.

**SECTION IV: CERTIFICATION OF ELIGIBILITY CRITERIA**

This is a certification that the information provided on this form is true and correct to the best of the knowledge of those individuals whose signatures are affixed. If the information changes notification will be provided to program staff of the new information.

The provider is to review the following statements with the program applicant/participant.

**Income based or means tested benefits require "family eligibility."**

*I understand that a family member may be designated as a non-applicant, and his/her information regarding citizenship or qualified non-citizenship status will not be required. I understand that my benefits or services will not be delayed if information regarding the non-applicant's citizenship status is not provided.*

**Privacy Statement**

*I understand that I am required by law to provide my social security number(s) or proof that I have applied for a social security number if I do not currently have one to receive TANF funded benefits/services. This is mandatory*

NAME:	SSN:	DATE:	
SIGNATURE:		PHONE NUMBER:	
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
PROGRAM SERVICE PROVIDER: Print Name	PROGRAM SERVICE PROVIDER: Signature	DATE:	
NAME: (Please Print)	SIGNATURE OF RESPONSIBLE FAMILY:	DATE:	
Based on the information provided, the family is <input type="checkbox"/> eligible OR <input type="checkbox"/> not eligible for TANF-funded services for the period: _____ through _____			