

For office use only:

Date/Time Field:

Entered by :

CAP60

MCC

Program Manager

Angelina Reyes

608-314-4825



**Merrill**

**Community Center**  
*A program of Community Action*

1428 Wisconsin Ave, Beloit, WI 53511

Program Director

Elizabeth Knapp-Spooner

608-313-1336

## YOUTH PROGRAM 2023-2024

Census Tract \_\_\_\_\_

Youth Information \_\_\_\_\_

Student may walk home: Yes \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security last four Numbers: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Gender:  Male  Female  Other-Please Specify: \_\_\_\_\_

Race  White/Asian  Black/African American & White  American Indian or Alaskan Native/Black  Native Hawaiian/Other Pacific Islander  Asian  Do not know:  White Other:  American Indian or Alaska Native

Ethnicity (Please check one):  Hispanic  non-Hispanic  No  Yes  No  
Do you have any long-term disabilities/allergies:  No  Yes

Disability/Allergies: \_\_\_\_\_

### School Information

School: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Grade: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## CERTIFICATIONS AND ACKNOWLEDGEMENTS

Household Information:

Number of people in household: \_\_\_\_\_

Adults \_\_\_\_\_

Children \_\_\_\_\_

**PARENT/GUARDIAN APPROVAL:** I approve my child's application for membership to Community Action, Inc. I am aware that the CAI rules and policies are available at the front desk. My child and I agree to follow the CAI rules and policies, and we understand that CAI membership is a privilege that may be revoked at any time.

**INTERNET:** I understand that my child will have supervised access to the internet for web browsing and educational purposes:

**SHARING PERSONAL INFORMATION:** I give my permission to Community Action, Inc. to share information about the minor child(ren) listed on this application with CAI for research purposes and/or to evaluate program effectiveness. Information that will be disclosed to CAI may include the information provided on this application form, information provided by the minor child(ren)'s school or school district, a d other information collected by CAI, including data collected via surveys or questionnaires. All information provided to CAI will be kept confidential.

**Behavior/ Referral:** I received the process of referral /behavior form.

**USE OF MY CHILD'S PHOTO/MEDIA AND ARTWORK:** I grant CAI the irrevocable right to photograph/record my child's physical likeness and any artwork or other projects created by my child and to use the said images in the

production of promotional materials. I relinquish all rights to copyright, title, property interest and/or any other interest in said images and I waive the right to inspection and approval of the finished reproduction.  
**MEDICAL TREATMENT:** I give my permission for CAI staff members to administer first aid treatment or allow a physician or hospital to administer emergency treatment to my child as deemed necessary.  
**RELEASE OF LIABILITY:** I will not hold CAI responsible in case of any loss, damage, injury, or death resulting from use of CAI facilities or participation in CAI activities either at or away from CAI.

**Child Support Information and referral Documentation:** I received child support information.

**Compliance/Grievance Process Information:** I received child support information.

**Permission General Release of Information:** I give permission for information to be shared with School Districts/ CAI programs as needed/necessary.

I certify that the information on this application is a true and complete statement of facts according to my best knowledge and belief. I also understand that I may be asked to provide proof of any information given on this application.

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

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

Relationship: \_\_\_\_\_

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

Staff Signature: \_\_\_\_\_

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

I agree to follow the rules and policies of the After School Program.

Youth's Signature: \_\_\_\_\_

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

# Community Action, Inc. SELF-DECLARATION OF INCOME

Applicant Name: \_\_\_\_\_

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies **excluding** amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- All money, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

## Check only one box and complete only that section

I certify, under penalty of perjury, that I currently receive the following income:

Source: _____	Amount: _____	Frequency: _____
Source: _____	Amount: _____	Frequency: _____

Applicant Signature: \_\_\_\_\_

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

I certify, under penalty of perjury, that I do not have any income from any source at this time.

Applicant Signature: \_\_\_\_\_

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

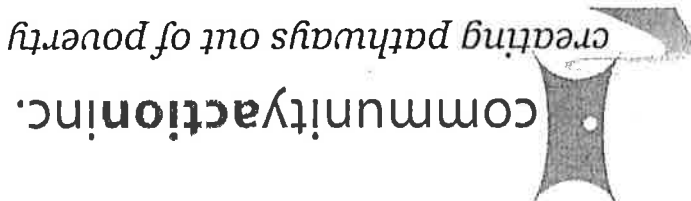
## CAI Staff Verification

I understand that third-party verification is the preferred method of certifying income. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

*Documentation of attempt made for third-party verification:*

Staff Signature: \_\_\_\_\_

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



## Complaint/Grievance Process

All program participants at the time of enrollment receive a copy of the program's procedure in relation to filing of a complaint or grievance.

### Equal Opportunity Program

All Community Action's Community Programs are Equal Opportunity services. The programs do not discriminate on the basis of a person's age, race, religion, disability, marital status, or arrest/conviction record in its program activities.

If you have an EEOC complaint, please follow the procedures as posted and documented at each Community Action office location or contact the Administrative Offices at (608) 313-1310.

### Complaint/Grievance Procedure

If you have a complaint against another participant or staff person:

1. Try to work out the conflict directly with that person.
2. If you are not successful, then speak with the program staff, who will attempt to help you resolve the problem.
3. If you are unable to work things out, or if your complaint is against the staff, you must submit a written complaint, signed and dated, to the official listed below. Each staff or director will do their best to help resolve your complaint, and will answer you in writing, within 15 days of receiving your written grievance.

Laura Laux  
Deputy Director  
Community Action, Inc.  
20 Eclipse Center, 600 Henry Ave.  
Beloit, WI 53511  
(608) 755-2462

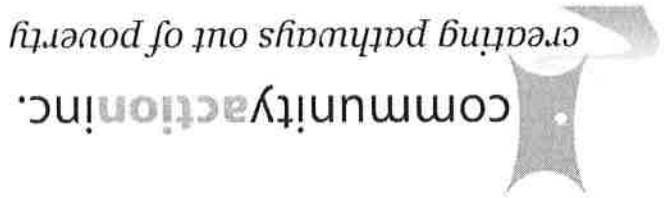
All program participants will receive a copy of this procedure and each participant file will contain documentation that reflects participant receipt of this procedure.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

# Photo/Media Consent Form

Employment & Training Department  
General  
October 2011



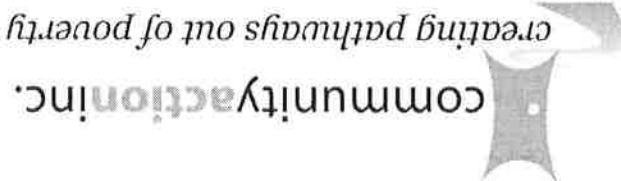
I, \_\_\_\_\_, hereby give my permission to have my picture taken and published by print and broadcast media, Community Action, Inc. other local, state or federal media sources, in order to publicize events, programs and service activities in which I may be participating. I also give my permission to be quoted by any of the above groups. I consent to allow photographs or other media that depict me and/or my family participating in Community Action activities to be used by Community Action for professional organizational purposes that include, but are not limited to: internal training, charitable activities, community education, and program or organization promotion.

Community Action agrees that it will use such materials solely for purposes of furthering the charitable mission of its organization.

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

Parent/guardian signature \_\_\_\_\_  
Date \_\_\_\_\_

If under 18 years of age, parent's or guardian's signature is required.



**GENERAL RELEASE OF INFORMATION**

I do hereby authorize, in conjunction with my participation in the following Community Action, Inc. program(s):

Fatherhood Initiative     Youth Build/Fresh Start     Rapid Rehousing     Transitional Jobs  
 Mentoring/PEP     Work & Wheels     NSA  
 Permanent Supportive Housing     Other:

The release of information in the following areas:

- Information between community agencies:
  - \_\_\_\_\_
  - \_\_\_\_\_
- Educational, assessment, attendance, and financial aid records:
  - \_\_\_\_\_
  - \_\_\_\_\_
- Other:
  - \_\_\_\_\_
  - \_\_\_\_\_

**AUTHORIZATION RELEASE OF INFORMATION**

I, \_\_\_\_\_ (Print Name) agree to release all information listed above to Community Action staff listed below and for the purpose of: \_\_\_\_\_

**Participant Signature** (Parent/Guardian if applicant is under 18 years of age) \_\_\_\_\_  
 Date: Mo Day Year \_\_\_\_\_

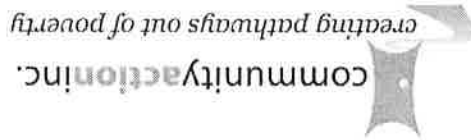
**All information obtained will be held in strict confidentiality.**

*I understand this information pertains to any background/circumstantial information concerning me or my minor child's need for and obtainment of services through Community Action, Inc., and that my obtained/released information that may be in oral or written format. I understand this written consent can be withdrawn by me in writing at any time, except to the extent that action has been taken in reliance thereon.*

**PART B - CASE MANAGER RECEIVING INFORMATION**

Name and address of the staff and/or case manager the above named client agrees to have information released to:

**Name of the Case Manager:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_  
**Telephone #:** ( ) \_\_\_\_\_  
**Fax #:** ( ) \_\_\_\_\_



Child Support Information and Referral Documentation

1. Are you the custodial single parent or legal guardian of a minor child/ren?

- Yes (continue to next question)
- No

2. Are you aware of your rights and have you applied for child support services?

- Yes (no additional information necessary)
- No (case manager MUST provide applicant / participant with child support information and referral)

3. Applicant has been provided with child support information and referral.

- Yes (participant has been provided with child support information and referral)
- No / NA (participant is NOT the custodial single parent or legal guardian of a minor child)

Participant Signature \_\_\_\_\_  
Date \_\_\_\_\_

Staff Signature \_\_\_\_\_  
Date \_\_\_\_\_