



ACTIVE AFTERSCHOOL AT THE YMCA

Active Afterschool/Easter Seals Program/

Entrance Date: _____ Withdrawal Date: _____

Child's Name: _____ Sex: _____ Age: _____ Birthdate: _____

Home Telephone Number: _____ Parents' Email: _____

Home Address (Street/City/State/Zip): _____

Child's Living Arrangements: { } Both Parents { } Mother { } Father { } Other _____

Child's Legal Guardian(s): { } Both Parents { } Mother { } Father { } Other _____

Father's Name: _____ Home Telephone Number: _____

Father's Home Address (if different from child's) Street: _____

City: _____ State: _____ Zip: _____

Father's Place of Employment: _____ Business Phone Number: _____

Employer's Street Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Home Telephone Number: _____

Mother's Home Address (if different from child's) Street: _____

City: _____ State: _____ Zip: _____

Mother's Place of Employment: _____ Business Phone Number: _____

Employer's Street Address: _____ City: _____ State: _____ Zip: _____

The child may be released to the person(s) signing this agreement or to the following:

Name: _____ Address: _____ Phone Number _____
(Relationship to child) (Street/City/State/Zip)

Name: _____ Address: _____ Phone Number _____
(Relationship to child) (Street/City/State/Zip)

Name: _____ Address: _____ Phone Number _____
(Relationship to child) (Street/City/State/Zip)



Persons to contact in the case of an emergency when parents cannot be reached:

Name: _____ Telephone Number: _____
(Relationship to child)

Name: _____ Telephone Number: _____
(Relationship to child)

Name: _____ Telephone Number: _____
(Relationship to child)

Name of Public or Private School Child Attends, if any: _____

Child's Physician or Clinic's Name (Child's Primary Health Source): _____

Telephone Number: _____

My child has the following special need(s): _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

Should _____ (child's name/date of birth) suffer an injury or illness while in the care of the Albany Area YMCA and the facility is unable to contact me (Us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent Signature

Date

PARENTAL AGREEMENT WITH CHILD CARE FACILITY

1. The Albany Area YMCA agrees to provide Afterschool care for your child, Monday – Friday, 2:30 – 6 p.m. weekly.
2. Before any medication is dispensed to my child, I will provide a written authorization, which includes dates; name of child; name of medication; prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's full name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), or person authorized by parent(s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.
6. The Albany Area YMCA agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

The undersigned acknowledges that the YMCA is legally mandated to report any suspicions of child abuse to the proper authorities.

I have received a copy of the Parent Handbook and agree to abide by the policies and procedures for Albany Area YMCA.

Parent/Guardian	_____	_____
	<i>Signature</i>	<i>Date</i>
YMCA		
Director	_____	_____
	<i>Signature</i>	<i>Date</i>

STATEMENT OF CONFIDENTIALITY

Program participant records shall be considered privileged and confidential. Confidential records include, but are not limited to: the enrollment application and health/developmental information, any medical information, and/or any other information added to your child's file during his/her enrollment at the Albany Area YMCA. None of this information will be given to anyone without the parent's written permission, unless compelled by law. If an outside agency should request information from your child's file, it will be released only after the parent has signed a Release of Information Form. A record of all such releases will be kept in your child's file.

YMCA Medical Information

Allergies: _____

Medication: _____

List any disabilities which would limit the child's participation in the center's program:

Any special procedures in caring for your child: _____

Medical Release Form

I, _____, hereby give permission to the YMCA staff to seek
(name)
medical treatment or surgical care for my child, _____ should any emergency arise.
(child's name)

It is understood that a conscientious effort will be made to locate me or my spouse before any action will be taken, but if not possible to locate us, this expense will be accepted by us.

Signature: _____ Date: _____

Physician's Name: _____ Telephone #: _____

Transportation Agreement

This is to certify that I give the YMCA permission to transport my child _____
(child's name)
to and from all activities and field trips.

Water Activities Authorization

I hereby give my child, _____, permission to participate in water related activities whenever program schedule allows.

Signature: _____ Date: _____

PARENT AUTHORIZATION: This information sheet is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to selected physician or hospital to secure proper care for my child. I also give the YMCA permission to transport my child to field trips and special events. I also give permission for my child to be included in photographs and or/video, which may be used for promotional or informational purposes. The undersigned acknowledges that the YMCA is legally mandated to report any suspicions of child abuse to the proper authorities.

Signature: _____ Date: _____

IMPORTANT PARENT INFORMATION

Parents, please initial each statement as **"I have read and understand"** all the information listed below. Please contact Child Care Director at 436-0531 should you have any questions.

_____ **PAYMENTS:** Childcare fees for the upcoming week are due by Saturday 5:00 p.m. If you are planning to pay every two weeks you must pay in advance (same with monthly fees). **Registration is \$55 per child.**

WEEKLY FEES	YMCA Member	Future Member
Active Afterschool (DCSS students)	1st Child: \$60 per week 2nd Child: \$55 per week	1st Child: \$80 per week 2nd Child: \$75 per week
Active Afterschool (LCSS students) *	1st Child: \$60 per week 2nd Child: \$55 per week	1st Child: \$80 per week 2nd Child: \$75 per week
Easter Seals	1st Child: \$80 per week 2nd Child: \$75per week	1st Child: \$100 per week 2nd Child: \$95 per week

*Extra fee is due to additional transportation costs from Lee County schools to our Main Y facility.

_____ **LATE FEES:** \$10/per child will be added to your childcare fee if not paid by Saturday 5:00 p.m. Late pick-up fee is \$10 per each 10 minutes late. Late pick-up fee after 6:00pm is to be paid at the front desk before picking up your child. (Bring receipt to childcare staff.)

_____ **ATTENDANCE:** If your child is present one day of any week, he or she is considered present for the entire week. The YMCA does not pro-rate or deduct fees for missed days.

_____ **BEHAVIOR:** All children are expected to follow rules established by the YMCA. Parents are expected to cooperate and stress the importance of good behavior patterns with your child. Children with persistent behavior problems will be asked to leave the program.

_____ **CHECK WRITING:** When making your payment by check please fill in your child's full name. If your check payment is returned a second time marked "insufficient" we will no longer be allowed to take checks for your fees. Payment at this point will be **"Cash Only."**

_____ **RETURN CHECK POLICY:** Amount of the check + \$30 return fee.

_____ **FINANCIAL ASSISTANCE:** Should you have any financial concerns contact the Child Care Director or Assistant Child Care Director.

_____ **REGISTRATION:** Registration fees are non-refundable.

_____ **WITHDRAWAL:** If your child is withdrawn from the after-school program, please inform us immediately. New registration fees will be charged upon his/her return.

_____ **EARLY DISMISSAL (when school dismisses early)**
There is an additional charge of \$10/day/child for early dismissal days – due before early dismissal. For all participants except DFCS, early dismissal fees are added to regular weekly fees.

_____ **HOLIDAY CAMPS (days when school is out all day)**
Holiday camp will be provided at a YMCA site on school holidays, based on pre-

registration.

Holidays (WE WILL NOT BE OPEN)

Labor Day	Thanksgiving Day	Christmas Eve	Christmas Day
New Year's Day	Memorial Day	New Year's Eve	

MEDICATION, ILLNESS & ABSENCE

The YMCA cannot provide all day care for sick children. Please do not send your child to the Active Afterschool if he/she is ill. We request that your child is picked up as soon as possible in the event he/she becomes ill at the program.

The YMCA Childcare staff is not allowed to give any medication without a medical release form signed by the parent or guardian. Medicine needs to be in a prescribed bottle with prescription on the front otherwise, it will not be acceptable. If your child has an ongoing medication that is taken every day, we must have a note from the doctor.

For your child's safety, please call the YMCA Child Care site by 2:00 p.m. and let us know if your child is sick or leaving school. This makes us aware that your child will not be on the bus or will not be picked up by the YMCA bus and not attending the YMCA Active After-school that day.

SPECIAL CIRCUMSTANCES

Note: Financial Assistance participants are required to pay the early dismissal rates. You must see the Childcare Director for fees for full week of holiday camp, prior to holiday camp beginning.

I have read and understand all the policies and procedures in this parent handbook. I have initialed all of the above policies as read and understood.

DISCIPLINE

All children enrolled in the Active Afterschool at the YMCA program will be expected to follow rules established by the YMCA, for the purpose of safety and smooth operation of the program. The Active Afterschool at the YMCA staff is committed to positive reinforcement and spanking is never allowed. If a major discipline problem occurs, you will be contacted by the Site Director or Program Director. Please cooperate with us in this, stressing the importance of good behavior patterns with your child. We want to keep the program fun for everyone! Children with persistent behavior problems may be asked to leave the program.

If a child has been suspended from school, he/she may not attend the Active Afterschool at the YMCA program on those days. If a child has been dismissed from the YMCA due to unacceptable behavior, weekly fees are not refundable.

All discipline actions will be handled as follows:

1. Time out; removal from activity.
2. Verbal warning by staff with behavior report.
3. Parent Conference - Three reports constitute a persistent behavior problem and parents will be asked to meet with the Child Care Program Director. Children with persistent behavior problems may be suspended or asked to leave the program.

EMERGENCY PROCEDURES

In the event of an injury or serious illness, the Child Care Site Coordinator or Program Director will take the steps necessary to obtain emergency medical care. These steps include, but are not

limited to:

1. Assess the condition of child.
2. Give first aid/medical attention.
3. Call 911 (if needed).
4. Attempt to contact parent/guardian.
5. Attempt to contact emergency contacts.
6. Transport child to nearest hospital/emergency care provider.

CODE OF CONDUCT: Please read and sign the YMCA Code of Conduct. These rules are for the protection of staff, parents, and children.

CODE OF CONDUCT FOR **YMCA STAFF, MEMBERS, PROGRAM PARTICIPANTS, AND GUESTS**

Character development is directly linked to the YMCA's mission and is the basis of all YMCA operations including membership, programs, and activities. YMCA programs are the means to achieve positive character development among all those involved. The YMCA's goal is to contribute to the growth of individuals and families in spirit, mind, and body and to improve the quality of life in the community. Therefore, the conduct of members, program participants, and guests will reflect the values of caring, honesty, respect, and responsibility. Moreover, all YMCA participants must agree to adhere to the following code of conduct.

- Behavior and language will be positive, uplifting, and respectful of others. Profanity, abusive language, fighting, or aggressive behavior is strictly prohibited.
- The YMCA is tobacco, drug, and alcohol free. Any use of tobacco, drugs, or alcohol including being under the influence of drugs or alcohol on YMCA property or during an official YMCA activity is strictly prohibited.
- Members and guests are to refrain from wearing articles of clothing that contain obscenity, profanity, or otherwise deemed inappropriate.
- Everyone is expected to respect the personal property of others and of the YMCA. Personal belongings should be properly secured.
- All participants are expected to be engaged in a YMCA activity or program while on YMCA property. No loitering is allowed. All children under the age of 13 must be supervised by a parent or enrolled in a YMCA program where supervision is provided.

The rules and guidelines of each specific facility and program will be followed.

I agree to support the work of the YMCA and abide by its rules, policies, and code of conduct. I understand that the YMCA is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language or attire, fighting or aggressive behavior, smoking, use of alcohol or drugs, the removal of YMCA property and criminal conduct of any type. Such inappropriate behavior or conduct is unacceptable, and the YMCA consequently retains the right to deny memberships to its applicants and to revoke a membership of any current member or participant at its sole discretion. The undersigned acknowledges that the YMCA is legally mandated to report any suspicions of child abuse to the proper authorities.

(Parents, please review this with all family members.)

(Signature)

(Date)

TRANSPORTATION AGREEMENT AFTER-SCHOOL PICKUP

This is to certify that the YMCA has my permission to transport my child

_____ from _____
Name of child Name of school

at the dismissal time to the YMCA returning by 3:30 p.m. Monday through Friday.

The Site Director or Program Director is authorized to receive my child. In the event the Site Director or Program Director is not present to receive my child, the following procedures are to be followed:

YMCA staff is always available..

In the event that my child is not to be transported as outlined above, I agree to notify the YMCA at 436-0531, ext. 231.

DROP-OFF / PICK-UP INFORMATION

Please check with the Site Director for the specific locations. When bringing your child to the YMCA Active After-school please escort your child inside the building each day. For the protection of the children, they must be personally signed out by the parent, guardian, or other person authorized to pick them up. Children will not be allowed to wait for parents in the parking lot.

Note concerning bus pick-up from school:

At each school, the YMCA bus will not wait more than five minutes beyond regular pick-up. We will have to move on to the next school. **We will not return to any school to pick up late arrivals.** Therefore, parents will be called by the school to pick up your child.

Parent Signature: _____ Date: _____

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person(s) to notify in an emergency if parents cannot be reached

1. Name _____ Phone Number _____

2. Name _____ Phone Number _____

Child's Doctor _____ Phone Number _____

Child's Allergies _____

Current prescribed medication _____

In the event of an emergency involving my child _____, and if the **Albany Area YMCA** cannot get in touch with me, I hereby authorize any needed medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Parent/Guardian Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____

Parents or Guardian's Notice of No Liability Insurance and Acknowledgment

I understand that I am being informed in writing by signing this acknowledgement that this facility does not carry liability insurance sufficient to protect my children in the event of an injury, ect.

Child (ren)Names: _____

Parents' or Guardians' Signature (S):

Printed Names (s):

Per SB 24 (2004) requiring childcare facility owners to post in a conspicuous place if it is not covered by liability insurance and to provide and retain written notice regarding no coverage to the parents and guardians.

Learning Loss Youth Participation Eligibility Form Page
1 of 3 - Program Eligibility Form

(Funded Agency Name), and The United Way are partnering with The DFCS Out of School Services to provide Learning Loss programs for youth in Georgia. The information provided on this form will help ensure that eligible youth are benefiting from the partnership. Please complete this form in its entirety and return it to the identified staff person at the program site. We thank you for your cooperation.

Form to be completed by Parent/Custodian/Caregiver

Youth Information – This section must be completed in its entirety.

Name of Youth Participant (Last) _____ (First) _____ (MI) _____

Social Security Number _____ - _____ - _____ Gender: _____ Male _____ Female

Date of Birth (mm/dd/yy): ____/____/____

Is the youth named above in Foster Care within the state of Georgia ☐ Yes ☐ No

Note: If the youth is in Foster Care but not in the care of Georgia, please provide the state name _____

Section 1

- A. Is the youth applicant a U.S. citizen or qualified alien? ☐ Yes ☐ No
- B. Is the youth applicant a Georgia resident? ☐ Yes ☐ No
- C. Does the youth applicant fall into one (1) or more of the three categories below (Answer YES or NO and check all categories below that apply to the youth)? ☐ Yes ☐ No
- _____ Youth applicant is between the age of 5 and 17 years old; OR
- _____ Youth applicant is 18 years old and currently enrolled in school (high school, GED program or equivalent, or post secondary institution) and will be enrolled in AND attend school during the upcoming academic year (Verification of school enrollment includes a letter from the school on official school letterhead); OR
- _____ Youth applicant is 18 - 19 years old and has a dependent child AND is the custodial parent

If one (1) or more answers to the questions in Section 1 is NO, the youth IS NOT eligible to participate in the DFCS funded services.
If the answer to ALL of the questions in Section 1 is YES, please complete the remainder of the form.

Section 2

Does the youth currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide official verification to the out of school services program. See Appendix C for acceptable forms of verification):

		Yes	No
A.	Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
B.	Supplemental Nutrition Assistance Program (SNAP) (also known as Food Stamps)	<input type="checkbox"/>	<input type="checkbox"/>
C.	Medicaid or Social Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>
D.	Reduced or free lunch program at school – Note: This eligibility is only for single youth eligibility. This is not applicable if the entire school population is awarded free lunch in universal eligibility.	<input type="checkbox"/>	<input type="checkbox"/>
E.	Peachcare for Kids	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to at least one question in section 2 is YES, the youth is eligible to participate in the program and the parent/custodian/guardian may complete Section 5. Verification for receipt of services checked in Section 2 must be provided and a copy of the verification must be attached to this eligibility form. If the program does not receive verification of items checked in Section 2, the youth will not be able to participate in the program.

If the answer to ALL of the questions in Section 2 is NO, the parent/custodian/guardian MUST complete Section 3, Section 4 and Section 5 for eligibility determination. Verification for items listed in Section 3 and Section 4 must be provided and a copy of the verification must be attached to this eligibility form.

Section 3

If you answered NO to ALL of the questions in Section 2, please review the chart below and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

DFCS Out of School Services Family Income Eligibility Guide for Learning Loss

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Out of School Services Annual Household Income Guidelines **	DFCS Out of School Services Monthly Household Income Guidelines
1	\$14,580.00	\$43,740.00	\$3,645.00
2	\$19,720.00	\$59,160.00	\$4,930.00
3	\$24,860.00	\$74,580.00	\$6,215.00
4	\$30,000.00	\$90,000.00	\$7,500.00
5	\$35,140.00	\$105,420.00	\$8,785.00
6	\$40,280.00	\$120,840.00	\$10,070.00
7	\$45,420.00	\$136,360.00	\$11,355.00
8	\$50,560.00	\$151,680.00	\$12,640.00
Each additional person, add	\$5,140	Multiply total Federal Poverty Level by 300%	Divide DFCS Out of School Services Annual Household Income by 12.

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2022 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 88 FR 3425, Page 3424-3425, Document Number: 2023-00885) ** 300 % of the federal poverty level in effect January 12, 2023.

Family Unit Size* _____
 Gross Household Yearly Income \$ _____ Gross Household Monthly Income \$ _____

* See Appendix A for definition of family unit.

Section 4

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

Household Composition and Income					
Gross Monthly Income is income before taxes and deductions.					
Name (First, Middle, and Last)	Relationship	Date of Birth (MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often received?
	SELF				

Section 5

Please review and sign Section 5 as notification and signature of verification.

Applicant Notification and Signature

We are asking for your youth's Social Security number because any person applying for or receiving federal benefits must give us his or her Social Security number. Federal law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10) allow us to collect this information.

By signing this application,

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

Parent/Guardian/Caregiver Information – This section must be completed in its entirety.

Name of Parent/Guardian/Caregiver (Last, First, MI) _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Work # _____ Cell# _____

Parent/Caregiver/Guardian Printed Name

Date

Parent/Caregiver/Guardian Signature

Date

Official Use Only Section for DFCS Out of School Services Provider:

Total Income: \$ _____ Per: Week ☐ Every 2 Weeks ☐ Twice monthly ☐ Monthly

Household Size: _____

Annual Income Conversion: Weekly x 4.3333, Every 2 Weeks x 2.1666, Twice Monthly x 2, Monthly x 1

Total Converted Annual Income: \$ _____ (Round to the nearest whole number)

By signing below, I certify the information presented within this form was reviewed, verified and confirmed** and meets the DFCS Out of School Services Eligibility rules and guidelines indicated within this form. I also certify this form will be kept in the youth participant's file in a confidential and secured location.

Authorized Program Staff Signature

Title

Date

** See Appendix B for income verification proof sources

APPENDICES

***Appendix A: Family Unit**

The Department of Human Services Temporary Assistance for Needy Families (TANF) definition of family includes the dependent child for whom assistance is requested and certain other individuals living in the home with the child who are required to be included in the family.

The following individuals are considered members of the Family Unit:

- A biological or adoptive parent of the dependent child for whom assistance is requested;
- An eligible minor sibling, (whole, half or adoptive) of the dependent child for whom assistance is requested;
- Other children living in the home who are within the specified degree of relationship to the grantee relative but who are not members of the Family Unit; and
- A non-parent relative who is the caretaker if there is no parent in the home or if the only parent in the home receives SSI.

****Appendix B: Income Proof Sources and Applicable Income Sources**

Income verification must be obtained and a copy must be attached to the youth's income eligibility form.

Examples of earned income verification are:

- Pay stubs or receipts for the most recent four weeks of earnings;
- W-2 Forms;
- Employer's issued, signed and dated documentation;
- Personal income ledger or tablet (e.g. self-employed)
- Quarterly income tax returns;
- Annual income tax returns when presented in January – March quarter;
- Letter/statement from employer;
- Documentation from other DFCS staff such as the eligibility CM; and/or
- Form 809 or itemized statement completed by the employer.

Examples of unearned income verification are:

- Copy of current check with check stubs (within last 4 weeks);
- Award letters or written, signed and dated statement of payer;
- Social Security Records;
- Worker's compensation records;
- Form 139 – Contribution statement;
- Unemployment insurance claim records;
- Georgia Gateway screen information; and/or
- STARS.

See page 2 of Appendix B for applicable income sources.

Applicable Income

Each of the following sources of income is budgeted in determining eligibility:

Earned

- Wages or salary – Gross income of the applicant is used to determine eligibility
- Net Income from Self-Employment
- Employee commission
- Jury Duty
- Rental Income – (regular and ongoing payments – if engaged in management of property for an average of 20 hours or more per week)
- Roomer Income – (regular and ongoing payments)

Unearned

- Military Allotments
- Cash gifts Charitable gift exceeding \$300 received from and organization receiving state or federal funds
- Inheritances
- Insurance Benefits due to Loss of Income – benefits paid from an insurance policy due to loss of income
- Social Security Benefits
- Unemployment Compensation
- Worker's Compensation
- Alimony – (regular and ongoing payments)
- Child Support – (regular and ongoing payments)
- Farm Allotment – payments received from government-sponsored programs, such as Agricultural Stabilization and Conservation Services
- Veteran's Benefits
- Capital Gains
- Interest/Annuity
- Capital Gains/Dividends
- Pension
- Trust Fund
- Disability Payment
- Boarder Income – (regular and ongoing payments)
- Rental Income – (regular and ongoing payments - if engaged in management of property for an average of 20 hours or less per week)
- Deferred compensation through retirement plan

****Appendix C: Acceptable Verification of Benefits or Services**

- **Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and Peach Care:** Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the out of school services program (Integrated Eligibility System (IES) documentation, Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).
- **Supplemental Security Income (SSI):** Award letter from the Social Security Administration
- **Free or Reduced Lunch:** Award letter identifying free or reduced lunch as established by individual family eligibility. Note: Programs may receive a listing of students receiving free or reduced lunch granted the listing is on official school letterhead with the disclaimer that all free or reduced lunch eligibility is determined by individual family application. Universal, school-wide, city-wide or district-wide free lunch does not qualify as an acceptable point of eligibility for DFCS Out of School Services.