



Georgia State University
Department of Kinesiology and Health
After-School All-Stars
Parental Permission Form

Welcome to After-School All-Stars, a comprehensive after school and summer program provided by the Atlanta Public Schools and Georgia State University. Our program will be in session immediately after school, 5 days a week for the school year. Bus transportation for after school is available for most programs. Homework assistance, tutoring, and special interest clubs are just part of the program.

Title: After-School All-Stars Program Effectiveness
Principal Investigator: Dr. Walt Thompson

Your child is invited to be in a research study. The purpose is to study the value of the After-School All-Stars program. Your child is invited to be in the study because she or he has been enrolled in the program. About 100 children will be recruited for this study at your child's school which may or may not include all the children enrolled in the After-School All-Stars program. Being in this study will require no more of your child's time than what he/she would do normally in the program. The study will last the entire school year.

We would like permission to look at your child's data from school. This data will include school records, grades, and standardized test results. We will only receive the data from the schools and it will not have your child's name on it. Your child's teacher will complete an evaluation about your child to help us determine if the program is helping. Your child will also complete some questionnaires. The questionnaires ask questions such as, "How do you like doing math homework" or "do you think that computer based teaching has helped you learn science" or "what kind of food do you eat" or "what kind of exercise do you get". Each student will work only with the after-school instructors (certified teachers already employed by the Atlanta Public Schools) and not the researcher. Any data collection will be done on site. It is usually done at the beginning, middle, and end of the semester.

In this study, your child will not have any more risks than she or he would in a normal day of life. Participation in this study may personally benefit you and your child. The results of this study may enable you and your child to better understand how to use out of school time more successfully to improve grades and standardized test scores. Your child may also learn how to study better and to use out of school time to his or her advantage. Society may benefit because better ways may be developed to improve after school programs. Overall, we hope to gain information about how to better construct after school programs. Participation in research is voluntary. You and your child do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions on questionnaires or stop participating at any time. Whatever you decide, you will not lose any benefits to which you are otherwise entitled. We will keep your child's records private to the extent allowed by law. Dr. Thompson will have access to the information you provide. We will use a number known only to the school rather than your name on study records. Test

results received from the school will have a number on them instead of your child's name. We will not be able to identify your child's individual records. The information you provide will be stored in password-and

APPROVED Consent Form Approved by Georgia State University IRB July 23, 2012 - July 22, 2013

firewall-protected computers. Your child's name and other facts that might point to him or her will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. Your child will not be identified personally. Information may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board, the Office for Human Research Protection).

Please contact Dr. Walt Thompson at 404-413-8050 or wrthompson@gsu.edu if you have questions, concerns, or complaints about this study. You can also call if you think you or your child has been harmed by the study. Call Susan Vogtner in the Georgia State University Office of Research Integrity at 404-413-3513 or svogtner1@gsu.edu if you want to talk to someone who is not part of the study team. You can talk about questions, concerns, or suggestions about the study. You can also call Susan Vogtner if you have questions or concerns about your rights in this study.

We will give you a copy of this consent form to keep.

If your child is willing to volunteer for this research, please sign below.

Child's Name

Parent's Name and Relationship

Date

Parent's Signature

Date

Parent's Name and Relationship

Date

Parent's Signature

Date

Principal Investigator or Researcher Obtaining Consent

Date

APPROVED Consent Form Approved by Georgia State University IRB July 23, 2012 - July 22, 2013

AFTER-SCHOOL ALL-STARS ATLANTA— REGISTRATION CARD

SITE NAME: KING MIDDLE SCHOOL

REGISTRATION DATE: _____ STUDENT NAME: _____



With my signature, I give permission for above name student to participate in the Atlanta After-School All-Stars program (s). I hereby release, covenant not to sue, and hold the sponsors, promoters, and employees of After-School All-Stars, the Board of Regents of the University System of Georgia, Georgia State University, Atlanta After-School All-Stars and all other persons and entities associated with the Atlanta After-School All-Stars harmless from any and all claims, demands rights, and causes of action, damages, or other liability, including negligence, resulting from any loss or injury, physical or otherwise, suffered by the participant. I authorize the Atlanta After-School All-Stars to make and use, without any compensation to me or the participant, any photographs, videotape, recording or other recorded images of the participant desired in recording, reporting, and publicizing the events. I authorize the release of all academic, attendance, and truancy records to the Atlanta After-School All-Stars. I have read and fully understand this acknowledgment, release, and authorization and certify and represent that the information provided on the registration form is true.

I have the authority to sign as the parent or guardian of the participant.

| | | | | | |
|---|---------------|---|---|-------------------------|--|
| LAST NAME | | FIRST NAME | | GRADE | |
| AGE | DATE OF BIRTH | GENDER | M <input type="checkbox"/> F <input type="checkbox"/> | ETHNICITY | |
| HOME ADDRESS | | CITY | ZIP CODE | AA H A I C NA OTHER | |
| EMERGENCY CONTACT INFORMATION NAME: | | PHONE [] | | RELATIONSHIP TO STUDENT | |
| EMERGENCY CONTACT INFORMATION NAME: | | PHONE [] | | RELATIONSHIP TO STUDENT | |
| OTHER PERSON AUTHORIZED TO PICK UP STUDENT | | OTHER DISMISSAL ARRANGEMENTS | | | |
| IN THE EVENT NO ONE CAN BE CONTACTED I GIVE PERMISSION FOR SON/DAUGHTER TO RECEIVE MEDICAL TREATMENT YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| SPECIAL NEEDS INSTRUCTIONS | | | | | |
| SIBLINGS IN ASAS PROGRAMS | | | | | |
| PARENT/GUARDIAN SIGNATURE | | | | DATE: | |
| MOTHER'S NAME | ADDRESS | HOME [] | BUSINESS [] | CELL [] | |
| ELIGIBLE FOR REDUCED/FREE LUNCH: YES <input type="checkbox"/> NO <input type="checkbox"/> | | T-SHIRT SIZE S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> X-XL <input type="checkbox"/> | | | |
| FATHER'S NAME | ADDRESS | HOME [] | BUSINESS [] | CELL [] | |
| PARENT EMAIL ADDRESS: | | | | | |
| PARENT/GUARDIAN SIGNATURE | | | | DATE: | |

REGISTRATION FORM MUST BE COMPLETE

ASAS-APP REV. 04-15

**Georgia Division of Family & Children Services
Afterschool Care Program**

Parental Permission for Photo Release

Page 1 of 2

Page two of this document requests your permission for the Georgia Division of Family and Children Services (DFCS) to take and use photographs of your child and other Afterschool Care Program staff. When we tell others the story about the DFCS Afterschool Care Program, it would be helpful to share photographs of the statewide participants. Pictures can enhance people's understanding about who is involved in the program and what activities and services are being conducted. If you have more than one child, this form should be completed for each child participating in the DFCS funded afterschool program.

If you agree for us to take and use these photographs, our use of them will include, but will not necessarily be limited to the following: publications about the program; recruitment activities to reach additional youth who might participate in the future; and/or reports about the program to supporters and others who are interested in the program's outcomes.

If you have any questions regarding the Photo Release Form, please contact the DFCS Afterschool Care Program at 404-657-4651.

**Georgia Division of Family & Children Services
Afterschool Care Program**

Photo/Video

Page 2 of 2

Release Agreement

Fulton County, Georgia

School/Organization Name: After-School All-Stars

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child (ren) by the Georgia Division of Family and Children Services.
2. This release gives the Georgia Division of Family and Children Services the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information and education of employees of the Department or the general public.
3. Further, I hereby release the Georgia Division of Family and Children Services and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.
5. I understand this Photo/Video Release Agreement does not apply to children in foster care. I further understand if my child is in the foster care system within Georgia, they are not allowed to be photographed or included in motion pictures or television.

Parent/Guardian Name _____

Parent/Guardian Address _____

Parent/Guardian Telephone _____

Photo Description: Participation in the DFCS funded afterschool/summer program activities.

Children Participating in Program:

| Name | Age |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Parent/Guardian Signature _____ Date _____

Photographer or producer or witness: _____

AFTERSCHOOL CARE PROGRAM

Participant Medical Information Form – Page 1 (To be maintained on site for each participant)

| STUDENT INFORMATION | | | |
|--|-------|---|---|
| Legal Name of Child (<i>Last, First</i>): | | Date of Birth (<i>MM/DD/YYYY</i>): | Age: Sex (<i>check one</i>): <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Street Address: | | Home Phone No: | |
| P.O. Box/Apt #: | City: | State: | Zip Code: |
| INSURANCE INFORMATION | | | |
| Does the child have health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Name of insurance provider (if applicable): | |
| MEDICAL INFORMATION | | | |
| Does the child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them: | | | |
| Does the child have any other medical conditions (disabilities, infections, viruses, diseases, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them: | | | |
| Is the child currently taking any medications (prescribed and non-prescribed)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them: | | | |

| IN CASE OF EMERGENCY | | | |
|-------------------------|------------------------|--------------------|--------------------|
| Contact Name: | Relationship to youth: | Home Phone Number: | Work Phone Number: |
| Alternate Contact Name: | Relationship to youth: | Home Phone Number: | Work Phone Number: |

PLEASE SIGN PAGE 2 TO VERIFY THE INFORMATION PROVIDED

Participant Medical Information Form – Page 2

By signing below, I certify the above information is true to the best of my knowledge. I authorize After-School All-Stars to contact me if my child is injured and/or harmed in any way. I also authorize After-School All-Stars seek medical attention for my child if he or she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in the Afterschool Care Program, I hereby release, indemnify and hold harmless the Division of Family and Children Services and After-School All-Stars from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child.

Legal Name of Parent (print)

Parent Signature

Date



**Georgia Division of Family and Children Services
Afterschool Care Program
Youth Participation Eligibility Form
Page 1 of 3 - DFCS Afterschool Care Program Eligibility Form**

(DFCS funded Agency Name), and the Georgia Division of Family and Children Services (DFCS) are partnering to provide valuable out-of-school 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 afterschool/summer 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) (<i>also known as Food Stamps</i>) | <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.

Family Income Eligibility for the DFCS Afterschool Care Program Income Eligibility Guide

| Number of Persons in Family Unit | Federal Poverty Level * | DFCS Afterschool Care Program Annual Household Income Guidelines ** | DFCS Afterschool Care Program Monthly Household Income Guidelines |
|----------------------------------|-------------------------|---|---|
| 1 | \$12,760.00 | \$38,280.00 | \$3,190 |
| 2 | \$17,240.00 | \$51,720.00 | \$4,310 |
| 3 | \$21,720.00 | \$65,160.00 | \$5,430 |
| 4 | \$26,200.00 | \$78,600.00 | \$6,550 |
| 5 | \$30,680.00 | \$92,040.00 | \$7,670 |
| 6 | \$35,160.00 | \$105,480.00 | \$8,790 |
| 7 | \$39,640.00 | \$118,920.00 | \$9,910 |
| 8 | \$44,120.00 | \$132,360.00 | \$11,030 |
| Each additional person, add | \$4,480 | Multiply total Federal Poverty Level by 300% | Divide DFCS Afterschool Care Annual Household Income by 12. |

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2020 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 85 FR 360, Page 3060-3061, Document Number: 2020-00858)

** 300 % of the federal poverty level in effect January 15, 2020.

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

DFCS Afterschool Care Program Eligibility Form

Official Use Only Section for DFCS Funded Afterschool/Summer Service 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 Afterschool Care Program 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



Bright from the Start: Georgia Department of Early Care and Learning Exemption from Licensing

Dear Parent/Legal Guardian:

Under the rules of the Georgia Department of Early Care and Learning Bright from the Start program, After-School All-Stars operates as an Exempt Program. As an Exempt Program, we maintain attendance records for children. When a parent or guardian initially registers a child with an exempt program, the parent or guardian shall sign a form indicating the parent or guardian has been advised and understands that the program is not licensed, and is not required to be licensed, by the state. The program must maintain the attendance records and parental notification forms during the time the child is enrolled in the program and for one year after the child no longer attends the program. All records shall be made available to any authorized representative of the department upon request. Parents or guardians have been informed that this exempt program is free of any charges. This includes in-kind donations and monetary donations.

The specific rule is 591-1-1-46, (1)(b)(10): Programs operated after the customary school day, as defined in Georgia law, for children five (5) years and older that are strictly instructional and skill-based in a single talent, ability, expertise, proficiency or subject or in closely related skills, proficiencies or subjects, including but not limited to classes such as art, cheerleading, dance, drama, gymnastics, martial arts and music, etc. and (13) Any program providing group care for children for no pay.

Please accept this as a Notice of Exemption (indicating our program is exempt from licensing; your signature and date on this page indicate that you acknowledge and understand the notice).

Printed Name

Date

Parent/Legal Guardian Signature



Dear Parents/ Guardians

Thank you for your interest in the After - School All- Stars. The After -School All-Stars program is a grant funded program. Funding pays for daily transportation, snacks, dinner, supplies, Special events and field trips and staffing. Funding for the program is determined by student participation and completed applications. Your child will not be denied based on income but documentation is required from all students who wish to enroll in the program. The After School program meets daily from 4:15 p.m. - 6:15 p.m. It does not meet on Tuesdays.

If you answer YES to being a recipient of one of the programs below please verify your enrollment in the program by submitting documentation from the organization. Verification must include an active date. Copies of Snap Cards or Peachcare cards are not acceptable because they do not prove current enrollment.

- ❖ TANF _____
- ❖ Snap _____
- ❖ Medicaid _____
- ❖ SSI _____
- ❖ Peach Care _____

If you answer NO to being a recipient of TANF, SNAP, Medicaid, SSI AND Peach Care. Please submit one of the documents below.

- ❖ Pay Stubs or receipts for the most recent four week of earnings _____
- ❖ A letter from employer _____
- ❖ W-2 Forms _____
- ❖ Documentation from DFCS staff such as the eligibility CM _____
- ❖ An 809 form or itemized statement completed by your employer _____

Your child will not be able to participate in activities without proof of receiving services or proof of income.

Please call (404) 802-5423 or email kgeorge@atlanta.k12.ga.us if you have any questions.

Respectfully,

Ms. Kalisha George

After-School All-Stars Site Coordinator

Martin Luther King Jr. Middle School Cycling Club

I voluntarily acknowledge the risks associated with participating in the Rolling Jaguar Club, including bicycling and assume full responsibility for any potential losses or injuries that may occur. In exchange for the opportunity to participate, I release the Dream Team, Relay Bike Share, Urban Creek Conservation and Recreation Corps, M.L. King Middle School, Atlanta Bicycling Coalition, the Board of Regents of the University System of Georgia, Georgia State University, Atlanta Public Schools, After School All Stars, and all other related entities and their respective directors, officers, staff, and volunteers from any claims, liabilities, demands, actions, and causes of action that may arise from any losses or damages that I may incur as a result of my involvement in the club.

Students will wear helmets at all times.

Students will obey traffic laws and practice safety in bicycling.

Are there any conditions that might limit your child's participation in this program?

Parent's Name _____ Parent Signature _____

Student's Name _____ Student's Signature _____

Street Address _____

City _____ State _____ Zip Code _____

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.

Page 2 of 2 - DFCS Afterschool Care Program Eligibility Form Appendix

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 PeachCare:** Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the afterschool care 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 the DFCS Afterschool Care Program.