

**Decatur Children and Youth Services
Financial Assistance Application for
AFTER SCHOOL PROGRAMS**

Only City of Decatur Residents (generally 30030 zip code) may apply for financial assistance.

Applicant Information

Child(ren)'s Name _____ Age _____ Sex _____ School _____ Grade _____

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Address _____ Home Phone _____

Financial Assistance is Requested For ___ DRC Animal Crackers ___ Oakhurst Animal Crackers
 ___ Clairemont Animal Crackers ___ Glennwood Whiz Kids
 ___ Winnona Park Animal Crackers ___ Project Real at RMS

For more than one child check here and list on back:

Parent/Guardian Information (* best # to reach you)

Primary Guardian's Name _____ Relation to child _____

Guardian's Social Security Number _____

Address _____

Phone (H) _____ (W) _____ Place of Employment _____

Secondary Guardian's Name _____ Relation to child _____

Guardian's Social Security No. _____ Phone (H) _____ (W) _____

Address _____

Place of Employment _____ Child resides with: mother father
 both parents guardian

Is mother/guardian presently employed or attending school? Yes no

Is father/guardian presently employed or attending school? Yes no

Number of Other Household Dependents _____ Ages _____

Parents/Guardians Total Monthly Income \$ _____ Monthly Benefits Received Directly By Child(ren) \$ _____

Does child(ren) receive reduced breakfast/lunch? yes no

Does child(ren) receive free breakfast/lunch? yes no Do/es child(ren) live in public housing? yes no

(Please continue on reverse side)

Briefly explain why you are applying for financial assistance:

I understand that:

- This is an application for financial assistance only, not a promise of financial aid.
- City of Decatur residents only may apply for financial aid and I am required to provide verification of residency upon application in the form of a tax bill, utility bill, or rent receipt.
- To apply for **after school program financial assistance**, I am required to submit verification of income in the form of last year's filed taxes, 3 consecutive current paycheck stubs, letters of supplemental income or Medicaid letter. If I receive GTANF benefits, I must submit a copy of 3 consecutive recent GTANF check stubs or my GTANF award letter. If I do not have appropriate GTANF verification, I must sign a release to allow the department to obtain information regarding my benefits. If I receive SSI payments, I must submit copies of 3 consecutive recent check stubs or my SSI award letter. All information will remain confidential.
- If during the course of the program I move from the City, I understand that I will no longer be eligible for a financial assistance and must pay full non-resident tuition or withdraw my child from the program.
- If any fraudulent information is submitted, my financial assistance will be revoked and I will be responsible for paying full tuition for the time my child has attended the program.
- If awarded financial assistance, I understand that I will be responsible for making a reduced program payment. Failure to make payments will result in the revocation of the financial assistance and removal of my child from the program.
- I understand that my application must be complete with documentation of residency and income before it may be submitted.
- If I fail to qualify for financial assistance, I understand that my child may attend the program paying full tuition or I may receive a refund of my deposit.

Parent/Guardian Signature _____ Date _____

ALL DOCUMENTATION MUST BE SUBMITTED WITH APPLICATION

Verification of Residency:

(submit one VoR) Tax Bill Utility Bill Rent Receipt

Verification of Income: 3 Paycheck Stubs 3 GTANF check stubs

(submit one VoI) GTANF Award Letter 3 SSI check stubs

SSI Award Letter Medicaid Letter

Filed Tax Return

Application Accepted by: _____ Date _____

Authorization Forwarded _____ Income Verified By _____ Date _____

Financial Assistance: Denied _____ Approved _____ Staff _____

Applicant Notified: Phone _____ Date _____ Staff _____

Mail _____ Date _____ Staff _____

Tuition \$ _____ COD _____ DYF _____ DHA

Funds Transferred to Account # _____ Date _____

COMMENTS: _____