

Member Name _____

Membership # _____

Club Name: Boys & Girls Clubs of Benton County

Date: _____

Step 1: PARENT/GUARDIAN INFORMATION ONLY: All information **MUST BE COMPLETED** and legible. Please print clearly.

Parent/Guardian Name:	Street Address: (NO PO Box #'s)	Apt., Suite, Unit, Room:	City, State & Zip:
Home Number:	Mobile or Work Number:	Parent/Guardian SSN:	Parent/Guardian Date of Birth:

Step 2. _____ Provide the information in Step 3 and Step 4 to determine eligibility.**Step 3. _____**

- A.** Please check all the programs that apply **with at least one proof of eligibility:** (OR) **B.** Parent/Guardian: must provide one of the following:
- | | |
|--|---|
| <input type="checkbox"/> TEA (Transitional Employment Assistance) | <input type="checkbox"/> PREVIOUS YEAR'S TAX RETURN |
| <input type="checkbox"/> SNAP/FOOD STAMPS | <input type="checkbox"/> PAY VOUCHER |
| <input type="checkbox"/> FREE / REDUCED SCHOOL LUNCH (requires School Consent Form) | <input type="checkbox"/> CHECK STUB |
| <input type="checkbox"/> MEDICAID | <input type="checkbox"/> EMPLOYER STATEMENT (ON COMPANY LETTERHEAD) |

Step 4. _____ If you have used Step 3 B. to determine eligibility you must complete the back of this form.**Step 5. _____ MUST BE COMPLETED.** TANF-funded services are for the benefit of a family member who is:

- ☐ CITIZEN OF THE UNITED STATES; or
☐ LAWFUL PERMANENT RESIDENT (Alien Registration Number/USCIS # _____); or
☐ ALIEN AUTHORIZED TO WORK (Expiration Date mm/dd/yyyy: _____); or

Step 6. Parent/Guardian Authorized Signature and Date required.

Parent/Guardian, I certify that the information on this form is true and correct to the best of my knowledge. If the information changes I will notify a program staff person.

Signature of Parent/Guardian_____
Date signed**Club Staff Personnel Only:**Based on the information provided, this family is _____ Eligible **OR** _____ NOT Eligible for TANF-funded.

Name of staff: Print: _____ Signature _____ Date _____