E.L.I.T.E. Leadership Academy - Youth Ambassador Program

Empowered Leaders: Inspiring, Transforming & Excelling

Vision

The E.L.I.T.E Youth Ambassador Program is designed to become one of Next Level Development Center's premiere leadership initiatives, developing students recognized for character, scholarship, service, and leadership.

Mission

To develop outstanding young leaders who are committed to academic excellence, servant leadership, community engagement, and positive influence. ELITE Ambassadors represent Next Level Community Development Center in schools, the community, and throughout Middle Georgia while serving as role models for younger students and advocates for positive change.

Organization

Governed, by a Board of Directors, ***E.L.I.T.E.*** is a component of Camp Zion and falls under the auspices of Next Level Community Development Center, Inc., a 501©3 organization located in Macon, Georgia.

Core Values

Honor

Members will adhere to the honor code of not lying, cheating or stealing nor tolerate those who do. They will have a strong sense of integrity to do the right thing when no one is watching and have a lifelong commitment to moral and ethical behavior. They will evaluate the merit of criticism and provide constructive feedback when prompted.

Respect

Members will treat others with dignity and worth which eliminates any form of prejudice, discrimination or harassment (including but not limited to titles, position, race, color, and physical attributes). They will yield to those in authority and have a healthy regard for one self.

Humility

Members will maintain self-control and exalt the efforts and achievements of others.

Requirements:

- Current 8th-9th grade student
- A completed application
- A minimum of a cumulative 3.50 GPA (Current Report Card & Transcript)
- A commitment to a minimum of 20 hours of community service selected by Next Level
- A commitment to monthly leadership/abstinence meetings
- One page student leadership essay
- Signed Code of Conduct
- Signed Parent Agreement
- Counselor or Teacher Form with required signature

E.L.I.T.E. members interested in "Job Club" will automatically receive acceptance unless there has been a program violation.

Selection Process

- Review of completed application, transcripts and minimum requirements
- Review of student essay
- Invitation to interview based on minimum requirements met and student essay
- Panel Interviews including a 60-90 second introduction
- Review of Guidance Counselor or Teacher recommendation
- Final Selection
- Status letters mailed to all applicants

Next Level Community Development Center, DBA Camp Zion

E.L.I.T.E. 2026-2027

Upcoming Grade 2026-2027: _____ SCHOOL: _____

2025-2026 After-School Student? Yes No

Camp Zion 2026 Participant? Yes No

Current GPA _____

Indicate total completed community service hours in the past 2 years: _____hours

Must have child's GTID # _____

** If you do not have this number you can obtain it from your child's school.

Please Fill Out All Fields of This Form Using Pen (Balck or Blue) Check Fileds That Apply to You and Your Student Using a Check Mark by Pen.
Failure to Complete Form and Accurately Will Result in Application Process Delay. Providing False Information will alter your students Acceptance into the program.

Last:_____

First:_____

Middle: _____

Current Age: _____ Date of Birth:__/__/____
Month Day Year

List all Siblings:

First	Last	Current Age	Current Grade 2026-2027

*** If there is not adequate space to accept all children in the family, are you still interested in the summer camp for this particular child? Yes☐ No☐

Gender (check 1)

- ☐ Female
- ☐ Male

Primary Language (check 1)

- ☐ Data not available
- ☐ English
- ☐ Other
- ☐ Spanish
- ☐ Other_____

Ethnicity (check 1)

- ☐ American Indian /Alaskan Native
- ☐ Asian
- ☐ Black (not of Hispanic origin)
- ☐ Data Not Available
- ☐ Hispanic
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White (Not of Hispanic origin)
- ☐ Other _____

Housing Status (check 1)

- ☐ Live in housing serviced by Macon Housing Authority
- ☐ Do not live in Housing serviced by Macon Housing Authority

Does your child receive CAPS? (check 1)

- ☐ Yes
- ☐ No

Parents/Guardian Full Name — Name of Employer

1. _____ _____

2. _____ _____

Full Address: _____

_____

City: _____ Zip Code: _____

Preferred Contact Number: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Lives With (check 1)

- ☐ Both parents
- ☐ Single parent father
- ☐ Single parent mother
- ☐ Foster Care
- ☐ Relative care
- ☐ Grandparent(s)
- ☐ Guardian
- ☐ Joint Custody

Is you child assigned to a DFACS case manager? ☐ Yes ☐ No

Medical Issues:
(Allergies, Medications, diet, etc.)

Special Needs
(If yes, please specify:)

Does your Child Require:

- ☐ IEP
- ☐ EIP
- ☐ 504
- ☐ None of the above

Food Allergies:
(Please list all food allergies Ex. Peanuts)

I certify I've disclosed all medical diagnosis's concerning this applicant and listed all current medication

_____
Parent/Guardian Signature

Updated 07/2026

ADDITIONAL CONTACTS: List additional contacts for the child(ren) & use the check boxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. If no adults are listed below, & no boxes are checked, ONLY THE PARENT(S)/GUARDIANS listed on page one WILL be able to pick on the student(s).

Last Name	First Name	Home Phone	Cell Phone	Relationship	Pick Up?	Emergency Contact	Lives With?
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

[ ] Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick-up students per legal restrictions.

Last Name	First Name	Last Name	First Name

Parent/Guardian Permission For CLC *PLEASE READ CAREFULLY*		
Accept	Decline	
☐	☐	I give permission for the participant(s) listed to take part in CAMP ZION activities, which may include off-site events, academic assistance, & recreational programs.
☐	☐	If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant & will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand I will be responsible for any transportation charges & medical expenses incurred.
☐	☐	I agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify the CAMP ZION staff.
☐	☐	I hereby give my consent to the CAMP ZION Program to take the participant's photograph during program activities, to be used for education and public relations purposes in conjunction with the CAMP ZION Program.
☐	☐	I hereby give permission for my child's artwork, poetry or other work produced in conjunction with the Camp Zion Program to be used for education & public relations purposes.
☐	☐	I understand that the information to be posted may include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personal identifiable information such as my child's address, phone number, or social security number.
☐	☐	I further give my consent to the School District & the CAMP ZION Program share the participant's student records with each other for purposes of providing educational support & assistance.
☐	☐	I understand that the CAMP ZION Program will use participant records to evaluate individual progress & improvement, as well as to evaluate the impact of the program on student achievement & to obtain continued funding for the program.
☐	☐	I understand that the CAMP ZION Program will maintain a low teacher/student ratio & that it is possible that not all students will be enrolled immediately. I understand that student's information may be placed on a waiting list.
☐	☐	I/We understand that students will receive acceptance letters via US mail.
☐	☐	I agree to provide copies of all report card grades and current year Georgia Milestone scores.
☐	☐	I agree to follow mandated requirements set forth by the program.
☐	☐	I consent to allowing NLCDC to provide transportation to field trips, community service projects, enrichments, and home (if applicable) for my child as a participant in the program.
☐	☐	I hereby certify that I have read & do understand the above information.

I hereby certify that I have read & do understand the above information

Signed_____ Print Name_____ Date_____

Updated 07/2026

Georgia Division of Family and Children Services
Out of School Services
Youth Participation Eligibility Form

(DFCS funded Agency Name), and The Georgia Division of Family and Children Services (DFCS) is partnering to provide valuable out-of-school programs for youth in Georgia. The information provided on this form will help ensure that eligible youth benefit from the partnership. **Please complete this form in its entirety and return it to the identified staff 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 applicants are between the age of 4 and 17 years old; **OR**
☐ Youth applicants are 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 applicants are 18 - 19 years old and have a dependent child AND are the custodial parent

Note: Pre-K students (four-year-olds) must meet the DFCS PCS OSS income eligibility; enrollment requirements **AND** the students **CANNOT** receive CAPS subsidies. **Any student 12 years of age or younger, or up to 17 years of age (if the student has a qualifying disability or court ordered supervision receiving CAPS subsidies) are NOT PCS OSS program funded eligible.**

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)	☐	☐
B.	Supplemental Nutrition Assistance Program (SNAP) *(also known as Food Stamps)*	☐	☐
C.	Medicaid or Social Security Income (SSI)	☐	☐
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.*	☐	☐
E.	Peachcare for Kids	☐	☐

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.

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 Out of School Services Program Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Out of School Services Program Annual Household Income Guidelines **	DFCS Out of School Services Program Monthly Household Income Guidelines
1	$15,650.00	$46,950.00	$3,912.50
2	$21,150.00	$63,450.00	$5,287.50
3	$26,650.00	$79,950.00	$6,662.50
4	$32,150.00	$96,450.00	$8,037.50
5	$37,650.00	$112,950.00	$10,787.50
6	$43,150.00	$129,450.00	$12,162.50
7	$48,650.00	$145,950.00	$13,537.50
8	$54,150.00	$162,450.00	$14,912.50
Each additional person, add	$5,500	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) 2025 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: FR Vol. 90 No. 11, Page 5917-5918, Document Number: 2025-01218) ** 300 % of the federal poverty level in effect January 17, 2025.

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				

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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.

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/Summer Service Provider:

Total Income: $_____ Per: Week ☐ Every 2 Weeks ☐ Twice monthly ☐ Monthly ☐ **Household Size:** _____

***Annual Income Conversion*: First, get the average of paystubs received by adding up paystubs, then dividing by the number of paystubs received. Next, multiply by the conversion below, depending on how often they are paid:**
Weekly x 4.3333, Every 2 Weeks x 2.1666, Twice Monthly x 2, Monthly x 1. Lastly, multiply by 12 to obtain the converted Annual Income.

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

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

Authorized Program Staff Signature _____ Title _____ Date _____

** *See Appendix B for income verification proof sources*

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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;
- Employers 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 the 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 a 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 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 list 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.

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Georgia Division of Family and Children Services
Afterschool Care Program

NON-INCOME DECLARATION FORM

I, Mr. /Mrs. /Ms. _____

Parent and/or guardian of_____

hereby declare that I do not have any income at this time.

I have not received income from any of these sources:

- Wages from employment (Ex: commissions, tips, bonuses, fees etc.)
- Income from a business I own
- Rental income from the place I live or other property I own
- Interest of dividend from assets
- Social Security payments (including SSA or SSI), annuities, insurance policies, retirement funds, pension, or death benefits
- Unemployment or disability payments
- Public Assistance payments (Ex: TANF)
- Child support, alimony or gifts received from persons not living in my household
- Any other source not named above

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.

_____ _____
Signature of Parent/Guardian Date

Transportation Agreement

This is to certify that I give Next Level Community Development Center
Facility

Permission to transport my child_____
Child (ren) name

Monday through Thursday from his/her designated school to the program site located at 3268 Avondale Mill Road, Macon, Georgia 31216.

I, _____ give permission for Next Level Community Development Center Inc. to transport my child(ren) home in the event of an emergency and/or home should I live in one of the communities in which transportation is provided.

Signature (Parent/Guardian)_____Date_____

Student Data Information

This is to certify that I give Next Level Community Development Center

Permission to access student data for my child_____

Student Infinite Campus Login: _____

Student Infinite Campus Password: _____

Student T Shirt Size: YS, YM, YL, AS, AM, AL, XL, 2XL, 3XL, 4XL)

Student Jacket Size: YS,YM, YL, AS, AM, AL, XL, 2XL, 3XL, 4XL)

Community Service Information

Please indicate any community service completed in the past 2 years. Include the date, name of organization, brief description of service, and hours completed. Include a separate page if necessary.

1._____

2._____

3._____

Georgia Department of Human Services
Division of Family & Children Services
Afterschool Care Program

Photo/Video Release Agreement

Bibb County, Georgia
School/Organization Name: Next Level Community Development Center

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or videotape may be made of myself, my child(ren) by the Georgia Department of Human Services.

2. This release gives the Georgia Department of Human 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 Department of Human 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 DHS funded afterschool/summer program activities.

Children Participating in Program:

Name _____ Age _____

_____ _____

_____ _____

Parent/Guardian Signature _____ Date _____

Photographer or producer or witness: _____

Emergency Transportation Permission Agreement

I _____ hereby give permission for Next Level Community Development Center to transport my child _____ to an emergency relocation site for staff, teachers, and students when it is determined that it is unsafe to remain at the primary program site location. I further understand that normal safety rules will be followed, as much as possible, but the highest priority is to relocate to a safe location.

This agreement shall remain in effect until May 2027. This agreement may be terminated before this date by either party but only by written notification.

Print (student's) Name:_____

Home Address:_____

City: _____ GA: _____ Zip code: _____

Home phone ( ) _____ Cell phone: ( ) _____

Special Consideration for Emergency Transport: (medical consideration, etc.)

Sign and Date:

_____ _____
(Parent or legal guardian) Date

Parental Consent Form
Georgia Sexual Risk Avoidance Education Program
Participant Entry and Exit Surveys

Your child has been asked to take part in an evaluation of the Georgia Sexual Risk Avoidance Education Program. If they choose to participate, they will be asked questions about their knowledge and perceptions of abstaining from sexual activity until marriage, current and past sexual activity, consequences of engaging in sexual activity as a teen, as well as what they have learned in the program. The information gained from the evaluation may contribute to a better understanding of the abstinence program.

The information collected will be summarized and reported only in group form. Information that is gathered about your child will be confidential and not be reported to anyone outside of the evaluation that in any way identifies them.

You may refuse to take part in this evaluation, and if you choose for your child to take part they may stop at any time. If you refuse for your child to take part or your child decides to stop answering the questions, your child will not be penalized and will not lose any benefits from the abstinence program to which they are entitled.

By signing below, I acknowledge that I have read and understand the above,about the program and its evaluation components.

Please indicate your consent by checking the appropriate boxes:

☐ I agree for my child to participate in the Georgia Sexual Risk Avoidance Program.

☐ I agree for my child to participate as a subject in the Georgia Sexual Risk Avoidance evaluation.

_____
Child's Printed Name

_____	_____	_____
Parent Signature	Printed Name	Date
_____	_____	_____
Project Staff Signature	Printed Name	Date

This project was supported by Grant Number 93.235 from the Department of Health and Human Services, Administration for Children and Families and the Georgia Division of Family and Children Services. Its contents are solely the responsibility of **Next Level Community Development Center Inc.** and do not necessarily represent the official views of the Department of Health and Human Services, Administration for Children and Families or the Georgia Division of Family and Children Services.

Waiver and Release Form for Next Level Community Development Center Inc.
Liability Release and Parental Consent Form

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Next Level Community Development Center Inc., Bibb Mount Zion Baptist Church, Georgia Department of Human services – Afterschool Care, Georgia Department of Human Services-Office of Prevention, Georgia Department of Education, its officials, officers, employees, volunteers and agents from liability. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Also, in light of the national health emergency due to the COVID-19 pandemic, I hereby declare the following:

- ☐ I am fully and personally responsible for my child's safety and actions while and during their participation and I recognize that my child may be in any case at risk of contracting COVID-19.
- ☐ With full knowledge of the risks involved, I hereby release, waive, discharge the Next Level Community Development Center Inc., Bibb Mount Zion Baptist Church, Georgia Department of Human services – Afterschool Care, Georgia Department of Human Services-Office of Prevention, Georgia Department of Education, its officials, officers, employees, volunteers and agents and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of a related to any loss, damage, injury, or death, that may be sustained by my child related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.
- ☐ I agree to indemnify, defend, and hold harmless the Next Level Community Development Center Inc., Bibb Mount Zion Baptist Church, Georgia Department of Human services – Afterschool Care, Georgia Department of Human Services-Office of Prevention, Georgia Department of Education, its officials, officers, employees, volunteers and agents from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

Parental Consent (Complete if applicant is under 18) I give consent for my child _____
to participate in the above activities, and I execute the above liability release on their behalf.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Next Level Community Development Center Inc. will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent/Guardian Signature

Print Name Date

Updated 07/2026

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on _____ (date) by _____ ("Volunteer") releases Next Level Community Development Center Inc., a nonprofit corporation organized and existing under the laws of the State of Georgia and each of its directors, officers, partners, employees, and agents. The Volunteer desires to provide volunteer services for Next Level Community Development Center Inc. and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Nonprofit.

1. Waiver and Release: I, _____, release and forever discharge and hold harmless Next Level Community Development Center Inc. and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Next Level Community Development Center Inc. I understand and acknowledge that this Release discharges Next Level Community Development Center Inc. from any liability or claim that I may have against Next Level Community Development Center Inc. with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Next Level Community Development Center Inc. or occurring while I am providing volunteer services.

2. Insurance: Further I, _____ understand that Next Level Community Development Center Inc. does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Next Level Community Development Center Inc. beyond what may be offered freely by Next Level Community Development Center Inc. in the event of injury or medical expenses incurred by me.

3. Medical Treatment: I, _____ hereby Release and forever discharge Next Level Community Development Center Inc. from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Next Level Community Development Center Inc..

4. Photographic Release: I _____, grant and convey to Next Level Community Development Center Inc. all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Next Level Community Development Center Inc. in connection with my providing volunteer services to Next Level Community Development Center, Inc..

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

_____
Parent/Guardian Signature

_____ _____
Print Name **Date**

AFTERSCHOOL CARE PROGRAM

Participant Medical Information Form – Page 1

(To be maintained on site for each participant)

STUDENT INFORMATION

Legal Name of Child *(Last, First)*: | Date of Birth *(MM/DD/YYYY)*: | Age: | Sex *(check one)*: ❑ Male ❑ Female

Street Address: | Home Phone No:

P.O. Box/Apt #: | City: | State: | Zip Code:

INSURANCE INFORMATION

Does the child have health insurance coverage?
❑ Yes ❑ No

Name of insurance provider (if applicable):

MEDICAL INFORMATION

Does the child have any allergies? ❑ Yes ❑ No
If yes, please list them:

Does the child have any other medical conditions (disabilities, infections, viruses, diseases, etc.)? ❑ Yes ❑ No
If yes, please list them:

Is the child currently taking any medications (prescribed and non-prescribed)? ❑ Yes ❑ 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 Next Level Community Development Center to contact me if my child is injured and/or harmed in any way. I also authorize Next Level Community Development Center to 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 Next Level Community Development Center 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 & CHILDREN SERVICES
AFTERSCHOOL CARE PROGRAM

Field Trip Declaration Form FFY 2026

Name of Organization: Next Level Community Development Center Inc.
Address of Organization: 3268 Avondale Mill Rd.
Macon, Ga. 31216

Contact Phone Number for Organization: 478-781-0401

Declaration Statement

By signing below, I understand the youth who participate in the Next Level Community Development Center afterschool/summer program may participate in various fieldtrips throughout the contract period from October 1, 2026 ending September 30, 2027 funded by the DFCS Afterschool Care Program. In consideration of the youth for the opportunity to participate in field trips, Next Level Community Development Center hereby releases, indemnify and hold harmless the Georgia Department of Human Services from any liability, claim or demand resulting from such participation. I understand I am to mail a signed copy of this form to the DFCS Afterschool Care Program at the address provided below. I further understand this form must also be kept on file at the afterschool/summer site indicated above at all times.

Georgia Division of Family & Children Services
Afterschool Care Program
2 Peachtree Street, NW
26th Floor
Atlanta, Ga. 30303

Printed Legal Name of Contractor Authorized Staff	**Title**	**Date**

Signature of Contractor Authorized Staff

QUALITY CARE *for* CHILDREN

As a requirement of the **Child and Adult Care Food Program** (CACFP), this child care center is required to give **each household all of the documents in this packet every year regardless of your income.** This center is reimbursed by serving nutritious meals and snacks to all children enrolled for child care or afterschool care.

Parents/guardians should return all items with an asterisk (*) to your child care center main office.

A. Parent Letter with Frequently Asked Questions

B. **CACFP Meal Benefit Income Eligibility Statement***

C. **Sharing Information With Medicaid/SCHIP*** (optional to return)

D. **Infant Affidavit*** (required for all infants)

E. WIC

F. Building for the Future

G. Special Accommodations for Children with Dietary Needs

For children with special eating accommodations, the **Medical Statement to Request Special Meals and/or Accommodations** form must be completed by a physician or authorized medical authority. A parent note is not adequate documentation. Ask the center for a copy.

A

QUALITY CARE for CHILDREN

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. _____ offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached **CACFP Meal Benefit Income Eligibility Statement** (IES) form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced-price meals.

Quality Care for Children (QCC) is an administrative sponsor for CACFP and works with this child care center and/or afterschool program. QCC will help ensure our program operates and complies with USDA standards. For more information about QCC, go to www.qualitycareforchildren.org.

Frequently Asked Questions

1. **Do I need to fill out an Income Eligibility Statement (IES) for each of my children in day care?** You may complete and submit one [1] IES form for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to the center.**
2. **Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.
3. **Who can get reduced-price meals?** Your children can get reduced-priced meals if your household income is within the reduced-price limits on the Federal Income Eligibility Guidelines, shown on this application. Children in households participating in WIC may be eligible for reduced-price meals.
4. **May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.
5. **Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.
6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Eligibility Guidelines, the center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally receive overtime pay, include it, but not if you only work overtime on an occasional basis.
8. **What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Income Eligibility Statement but are not required to include payments received for the foster child as income.
9. **We are in the military; do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, regarding deployed service members, only that portion of a deployed service member's income

made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

10. **What if I disagree with the decision about the information I complete on this form?** You should talk to your sponsoring organization.

In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age, or disability.

If you have other questions or need help, call **404-479-4195** or **404-479-4197**.

Sincerely,

Caitlin Vadini

Caitlin Vadini, Director, Nutrition Services

2970 Clairmont Road • Suite 1000 • Atlanta, GA 30329 Main: 404-479-4200 Fax: 404-941-2939 www.qualitycareforchildren.org

The participant in the child care facility may qualify for free or reduced-price meals if your household income falls within the limits on the Annual Income Eligibility Guidelines.

ANNUAL INCOME ELIGIBILITY GUIDELINES

July 1, 2026 to June 30, 2027

	Reduced Price Meals – 185%			Free Meals – 130%		
Household Size	Annual Income	Monthly Income	Weekly Income	Annual Income	Monthly Income	Weekly Income
1	29,526	2,461	568	20,748	1,729	399
2	40,034	3,337	770	28,132	2,345	541
3	50,542	4,212	972	35,516	2,960	683
4	61,050	5,088	1,175	42,900	3,575	825
5	71,558	5,964	1,377	50,284	4,191	967
6	82,066	6,839	1,579	57,668	4,806	1,109
7	92,574	7,715	1,781	65,052	5,421	1,251
8	103,082	8,591	1,983	72,436	6,037	1,393
For each additional family member, add:	10,508	876	203	7,384	616	142

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the social security of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail**: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax**: (202) 690-7442; or
3. **Email**: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Name of Child Care Center: _____

CACFP Meal Benefit Income Eligibility Statement*

PART I: Child(ren) enrolled to receive day care

Name: (Last, First and Middle Initial)	Date of Birth (Optional) MM/DD/YY	SNAP, TANF, or FDPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. **Note:** Do not use EBT numbers. Write case number and proceed to Part II.	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs)				
			Head Start	Foster Child	Migrant	Runaway	Homeless
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐

PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information

A. Child Income - Sometimes children in the household earn or receive income. Please indicate the TOTAL income received by child household members listed in PART I here.

Child income/How often? $_____/_____

B. Other Household Members. List all household members even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only along with the frequency, i.e. twice a month, weekly, etc. **If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank, you are certifying (promising) there is no income to report.**

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often?	2. Subsidies, child support, alimony / How Often?	3. Social Security, pensions, retirement / How Often?	4. All other income / How Often?
(Example) Jane Smith	*(Example)* $ 200/week	*(Example)* $150/twice a month	*(Example)* $100/month	$_____/_____
1. _____	$_____/_____	$_____/_____	$_____/_____	$_____/_____
2. _____	$_____/_____	$_____/_____	$_____/_____	$_____/_____
3. _____	$_____/_____	$_____/_____	$_____/_____	$_____/_____
4. _____	$_____/_____	$_____/_____	$_____/_____	$_____/_____
5. _____	$_____/_____	$_____/_____	$_____/_____	$_____/_____

C. Total Household Members (Adults and Children) listed in Part I and Part II _____

D. Social Security Number. If Part II B is completed and household members are listed (with or without income), the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). **Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.** Last four Digits of Social Security Number XXX-XX_____ ☐ I do not have a Social Security Number

PART III: Enrollment Information: *Children Only*

My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm]. ☐ (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: **Sunday Monday Tuesday Wednesday Thursday Friday Saturday**

Circle the meals your child will normally receive while in care: **Breakfast AM Snack Lunch PM Snack Supper Evening Snack**

PART IV: Signature

*I certify that all information on this form is true and that **all** income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) listed on the form in Part I are enrolled for care. **If not completed fully and signed, the participant will be placed in the Paid category.***

Signature: X _____ **Print Name:** _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Phone:** _____

*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflects design best practices identified by USDA through focus testing and other research.

PART V: Participant's Ethnic and Racial Identities: The use of racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only. Providing information in Part V is voluntary. Your response or lack of response will not impact the participant's eligibility for meals.

Check (✓) one ethnic identity:	Check (✓) one or more racial identities:	
☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Hawaiian or other Pacific Islander ☐ White ☐ Multiracial	☐ I do not wish to provide this information

Official Use Only Section for QCC Staff: **Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12**

Total income: _____ per ☐ Week ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Year **Household Size:** _____

Categorical Eligibility: ☐ Check (✓) if applicable **Eligibility:** check(✓) one ☐ Free ☐ Reduced ☐ Paid **Day Care Homes Only:** Check (✓) one ☐ Tier I ☐ Tier II

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: _____ **Date:** _____ **Confirming Official's Signature** _____ **Date:** _____

Follow Up Official's Signature: _____ **Date:** _____

Instructions

Households that receive SNAP, TANF, FDPIR, SSI or Medicaid: Complete the following:

Part I: For family day care home and child care center, list participant's name and a SNAP, TANF, or FDPIR case number. **Note: foster children (children placed in the household by the court system) can be included in this section. A separate form is no longer needed for foster children. Note:** Children in Foster care, enrolled in Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Please refer to the Q&A section for a definition of each free categorical eligibility.

Part II: Skip this part.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: Sign the form. A Social Security Number is not necessary.

Part V: Answer this question if you choose to.

All other Households, including WIC households, complete the following:

Part I: For family day care home or child care center, list participant's name.

Part II: To report total household income from last month, complete the following:

A- Child Income: Please indicate the TOTAL income received by **Child** household members listed in PART I. Please list any child income and how often it is received in this section.

B – Adult Income: List the first and last name of each **Adult** person living in your household as an economic unit. You must indicate yourself and all other adult members living with you. Attach another sheet if necessary.

List Gross Income. Next to each person's name, list each type of income received last month, and how often it was received.

B-Column 1: List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

B-Column 2: List the amount each person got last month from welfare, child support, alimony.

B-Column 3: List Social Security, pensions, and retirement.

B-Column 4: List all other income sources including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits IVA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income from self-owned businesses, farming, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Social Security Number: If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or mark the "I don't have a Social Security Number" box.

If no income: If the person does not receive income from any source, write "0". If "0" is entered or any income field are blank, the person is certifying that there is no income to report. Please note that the last four digits of his or her Social Security Number is REQUIRED when/if **Part II B** is completed and household members are listed (with or without income).

<table>
<tr><th colspan="2">Sources of Income for Children</th><th colspan="3">Sources of Income for Adults</th></tr>
<tr><th>Sources of Child Income</th><th>Example(s)</th><th>Earnings from Work</th><th>Public assistance / Alimony / Child Support</th><th>Pensions / Retirement / All Other Income</th></tr>
<tr><td>-Earnings from work</td><td>-A child has a regular full or part-time job where they earn a salary or wages</td><td rowspan="4">-Salary, wages cash bonuses
-Net income from self-employment (farm or business)

If you are in the U. S. Military:
-Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
-Allowances for off-base housing, food and clothing</td><td rowspan="4">-Unemployment benefits
-Worker's compensation
-Supplemental Security Income (SSI)
-Cash assistance from State or local government
-Alimony payments
-Child support payments
-Veteran's benefits
-Strike benefits</td><td rowspan="4">Social Security (including railroad retirement and black lung benefits)
Private pensions or disability benefits
Regular income from trusts or estates
Annuities
Investment income
Earned interest
Rental income
Regular cash payments from outside household</td></tr>
<tr><td>-Social Security
•Disability Payments
•Survivor's Benefits</td><td>-A child is blind or disabled and receives Social Security benefits
-A parent is disabled, retired, or deceased, and their child receives Social Security benefits</td></tr>
<tr><td>-Income from person outside the household</td><td>-A friend or extended family member regularly gives a child spending money</td></tr>
<tr><td>-Income from any other source</td><td>-A child receives regular income from a private pension fund, annuity, or trust</td></tr>
</table>

C – Total Household Members. Please list the total number of all household members (children and adults) in this section.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: An adult household member must complete this section completely and then sign the form. Please refer back to Part II to ensure the last four digits of his/her social security number have been recorded or the box has been marked if he/she does not have one.

Part V: Answer this question if you choose to.

Privacy Act Statement: This explains how we use the information you give us.2

Section 107 of the Child Nutrition and WIC Reauthorization Act of 2004 (Act) amended section 9(b) of the Richard B. Russell National School Lunch Act to make runaway, homeless and migrant children categorically eligible for free meal benefits under the National School Lunch and School Breakfast Programs and is effective July 1, 2004.

Definitions for Part 1 of the CACFP Meal Benefit Income Eligibility Statement

Foster Care	Foster care means 24-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child-care institutions, and pre-adoptive homes. A child is in foster care in accordance with this definition regardless of whether the foster care facility is licensed and payments are made by the state or local agency for the care of the child, whether adoption subsidy payments are being made prior to the finalization of an adoption, or whether there is federal matching of any payments that are made.
Head Start **Early Head Start** **Proof required**	Children enrolled in federal and state-funded Head Start or Early Head Start Programs are categorically eligible to receive free meal benefits without further application or eligibility determination. Categorical eligibility means Meal Benefit Forms are not required. Eligibility determinations for the CNPs are made on an annual basis. As long as the child is enrolled in Head Start or Early Head Start at the time the annual eligibility determination is made, all reimbursable meals served to that child may be claimed at the free rate. Institutions, sponsors, and school food authorities may establish eligibility of all Head Start enrollees through documentation provided by the Head Start program. Forms of acceptable documentation include: o Approved Head Start application o Statement of Head Start enrollment o List of participants from a Head Start official
Migrant	Migrant family means, for purposes of CACFP eligibility, a family with children under the age of compulsory school attendance who changed their residence by moving from one geographic location to another, either intrastate or interstate, within the preceding two years for the purpose of engaging in agricultural work and whose family income comes primarily from this activity.
Runaway	The term "runaway", used with respect to a youth, means an individual who is less than 18 years of age and who absents himself or herself from home or a place of legal residence without the permission of a parent or legal guardian. https://definitions.uslegal.com/r/runaway-youth
Homeless	The term "homeless children" has the meaning given to "homeless children and youths" in section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)). "Homeless children" means: 1. individuals who lack a fixed, regular, and adequate nighttime residence; and 2. includes - a. Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; b. Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; c. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and d. Migratory children who qualify as homeless because they are living in circumstances described in a-c above.

C Sharing Information with MEDICAID/SCHIP

Name of Child Care Center: _____

Dear Parent/Guardian:

If your children qualify for free or reduced-price meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced-price meals, *unless you tell us not to.*** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to **the child care center office. It will be forwarded to Quality Care for Children, Nutrition Department, 2970 Clairmont Road, Suite 1000, Atlanta, GA 30329** right away. (Sending in this form will not change whether your children get free or reduced-price meals.).

☐ **No! I DO NOT** want information from my CACFP Meal Benefit Income Eligibility Statement shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

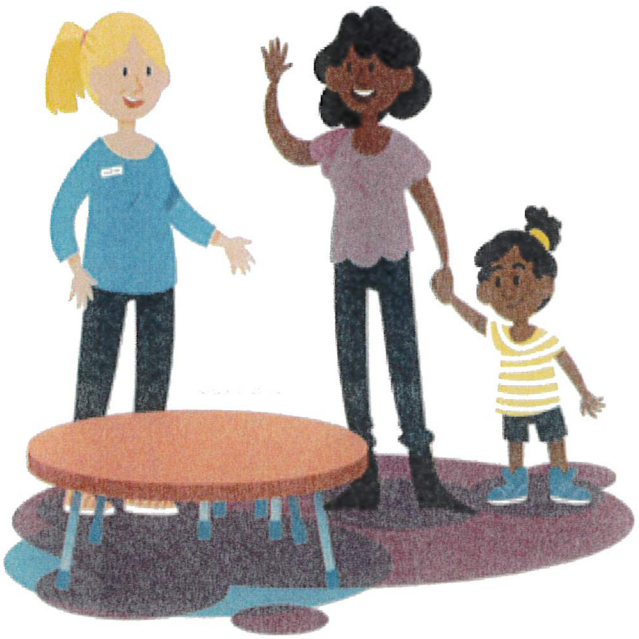
_____

For more information, you may call **Quality Care for Children** at 404-479-4255 or 404-479-4253.

F

Good nutrition today means a stronger tomorrow!

Building for the Future with CACFP



This day care receives support from the Child and Adult Care Food Program to serve healthy meals to your children.

Meals served here must meet USDA's nutrition standards.

Questions? Concerns?

Quality Care for Children
Nutrition Services
404-479-4253
www.qualitycareforchildren.org

Bright from the Start: Department of Early Care and Learning, Nutrition Services
404-656-5987
www.decal.ga.gov

Learn more about CACFP at USDA's website:

https://www.fns.usda.gov/

USDA is an equal opportunity provider, employer and lender.

United States Department of Agriculture
Food and Nutrition Service FNS-317
November 2019

Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, GA 30334
(404) 656-5957

Child and Adult Care Food Program and Summer Food Service Program
Racial and Ethnic Data Individual Collection Form for Families

This form may be completed by a parent or guardian. Collection of the racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only. Providing this information is voluntary. Your response or lack of response will not impact the participant's eligibility for meals. The data is kept confidential, accessible only to authorized personnel, and may be protected by the Privacy Act of 1974.

Instructions for completion: (Please Print)

1) In Section I, input the number of children in the household based on the two ethnic categories: a) of Hispanic or Latino origin; or b) not of Hispanic or Latino origin.
2) In Section II, input the number of children in the household by racial category based on the six categories listed.
3) **The total number of children by ethnic category (Section I, Item C) and the total number by racial category (Section II, Item H) should be equal.**

After completion, the participant, parent and/or guardian may return this form in-person to the Program site.

Section I

Ethnic Category	Number of Children
A) **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino)	
B) **Not Hispanic or Latino**	
C) **TOTAL NUMBER OF CHDREN BY ETHNIC CATEGORY**	

Section II

Racial Category	Number of Children
A) **American Indian/Alaskan Native** (A person having origins in any of the original peoples on North America, and who maintains cultural identification through tribal affiliation or community recognition [includes Aleuts and Eskimo)	
B) **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, for example Cambodia, China, India, Japan, Korea, the Philippine Islands, Thailand, Malaysia, Pakistan and Vietnam).	
C) **Black or African American** (A person having origins in the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American").	
D) **Native Hawaiian or other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).	
E) **White** (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East).	
F) **Multiracial** (A person having origins in two or more of the original peoples of Africa, Asia, Europe, Middle East, North America, or Pacific Islands).	
G) **Number of Unknown Responses** (Parent/guardian did not advise of a racial category)	
H) **TOTAL NUMBER OF CHILDREN BY RACIAL CATEGORY**	

I certify to the best of my knowledge and belief that the above information is collected in accordance with USDA guidelines and is accurate and complete. ***A signature is not required for non-enrolled participants.***

Signature _____ Date _____

Attachment 10

INCOME ELIGIBILITY FORM
FOR THE
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)

Please complete the following form using the instructions below. Sign the form and return it to:
_____ **[name of Sponsor]**

If you need help, call _____ **[phone number of Sponsor]**

Follow these instructions if your household gets SNAP TANF or FDPIR:

Part 1: List participant's name and a SNAP, TANF or FDPIR case number.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is NOT required.
Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.
Part 2: Please contact us at **[phone number of Sponsor]**
Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.
Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.
Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.
Part 2: Skip this part.
Part 3: Follow these instructions to report total household income from last month.

Column A–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B–Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C–Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.
Part 5: Answer this question if you choose to.

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last)	SNAP, TANF or FDPIR case # (if any). **Skip to Part 4 if you listed a case #.**

Part 2. Foster Child

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact _____ **[name of Sponsor]** at _____ **[phone number].** Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List **everyone** in household, including children)	**B. Gross income and how often it was received** *Example: $100/monthly $100/twice a month $100/every other week $100/weekly* 1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	**C. Check if no income**
(Example) Jane Smith	$200/weekly	$150/weekly	$100/monthly	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X Print name: Date:

Address: Phone Number:

Last four digits of Social Security Number: __ __ __ __ ☐ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
☐ Hispanic or Latino	☐ Asian	☐ American Indian or Alaska Native
☐ Not Hispanic or Latino	☐ White	☐ Native Hawaiian or Other Pacific Islander
	☐ Black or African American	

Do not fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year

Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Paid ___

Date Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:
In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

Name:_____
First Last

Academic Information

List all current classes (Fall & Spring 2026-2027 School Year)

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

List all current extra-curricular activities (Fall & Spring 2026-2027 School Year)

_____ _____ _____

_____ _____ _____

Do you plan to attend College? ☐ Yes ☐ No

If so, please list your probable college choices:

1) _____
2) _____
3) _____
4) _____

Please list probable College Majors:

1) _____
2) _____
3) _____

Do you plan to join the military? ☐ Yes ☐ No

If so, Please list your probable choice of military branch:

1) _____

If none of the above applies to you please describe your plans after high school below:

To be completed by your Guidance Counselor or Teacher…

Applicant (Print Full Name): _____

School Name: _____

Counselor/Teacher (Print Name): _____

Please complete if information is not provided on transcript.

Rank in class based on _____ **semesters,** ☐ **exactly** ☐ **Approximately in a class of** _____.

Grade point average _____ ***based on 4.0 scale.*** **(please convert as necessary)**

Counselor/Teacher Comments/Recommendation:

_____

_____

_____

_____

_____

_____

_____

_____

Counselor/Teacher (Signature): _____ **Title:** _____
(Signature is required or application will be considered incomplete)

Date_____

Guidance Office Telephone Number: _____

Guidance Counselor or Principal Email Address: _____

Student Essay
(Please include as an attachment)

Essay's criteria are the following:

- ☐ **Essay should be one paged typed (single spaced)**
- ☐ **Minimum of 4 paragraphs a maximum of 5 paragraphs**
  - ☐ **Introduction paragraph**
  - ☐ **At least two points in the body of the essay (2-3 paragraphs)**
  - ☐ **Conclusion**
- ☐ **Time New Roman is the required font**
- ☐ **Required font character size is 12 point**
- ☐ **Required one inch margins for page layout.**
- ☐ **Complete the sentence below**

☐ **Required subject matter: I would like to be a part of the E.L.I.T.E. Youth Ambassador Program because…**

*****(Please note that your essay will not be considered if all criteria standards are not met.)*****

E.L.I.T.E

Application Process Checklist

		Completed
Step # 1	Complete the E.L.I.T.E Application (Due September 28, 2026)	☐
Step # 2	Complete Student Essay (see application for instructions) (Due September 28, 2026) Must be included with application	☐
Step #3	Submit a copy of your transcripts and prior final report card (Due September 28, 2026)	☐
Step #4	Submit Guidance Counselor or Teacher Recommendation Form (see application) (Due September 28, 2026)	☐

Step #5 If selected for an interview please wear business attire. Be prepared to provide a 60-90 second introduction.
(Interview will be scheduled TBA)

Step #6 Applicants status letter will be mailed no later than October 14, 2026

Step #7 Accepted members will be required to attend all scheduled monthly meetings which are mandatory. All members will have input on the scheduled monthly meetings at the orientation.

- ✓ *Please complete all four steps to ensure that your application will be reviewed. Applications that have not been completed will not be reviewed.*
- ✓ *If minimum requirements are met, essay will be reviewed.*
- ✓ *Submission of application does not guarantee an interview or acceptance.*
- ✓ *No applications will be accepted after deadline date of September 28, 2026.*

If you have any questions please do not hesitate to contact the office (478) 781-0401.