



**Teens Engaged in Learning & Leadership
(Children Non- School Day Camps) Intake Form**

**Delhi Center
505 E. Central Ave.
Santa Ana, CA 92707
714-481-9600**

Statistical Information and Income Self-Certification Form

Federally funded Community Development Block Program (CDBG) participants must disclose statistical information in order to participate. The information on this application is necessary for federal reporting purposes. Please print and answer all questions completely.

First Name _____ Last Name _____ Date _____

Address (residence) _____ City _____ Zip Code _____

Telephone Number () _____ E-mail Address _____

Date of Birth _____ Age (6-13 years old) _____ Gender: Male Female

What school do you attend? _____

Name of Father: _____ Cell Phone #: _____ Email: _____

Name of Mother: _____ Cell Phone #: _____ Email: _____

In case of emergency call: _____ Relationship: _____ Phone: _____

Medical Insurance: _____ Policy #: _____ Group #: _____

The following persons are allowed to pick up my child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

WAIVER AND HOLD HARMLESS

I attest and verify that my child is physically able to participate in all activities included in the Delhi Center programs I have registered him/her for. I understand, that there are inherent risks involved in the activities and, knowing the risks, nevertheless, I agree to ASSUME ALL RISKS OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITLY, and DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSS OR DAMAGE TO PERSON OR PROPERTY OR DEATH, sustained while my child participates in Delhi Center programs. I agree if any claim for personal injury or wrongful death is commenced against Delhi Center, I will defend, indemnify and hold harmless Delhi Center, its officers, agents, and employees from any and all claims or causes of action for personal injuries, property damage or wrongful death that hereafter accrue, arise out of, result from, or are caused directly or indirectly by my child's attendance at Delhi Center programs.

PHOTOGRAPHY AND/ VIDEO RELEASE

Member of the media, including newspaper photographers and television camera crews, may visit our campus sometime during the school year to photograph and/or interview children. We would like your direction on whether or not you give permission for your child to participate. Except for a media request on a controversial matter about which we would notify you separately, the permission will cover the entire school year. Your signature also permits to use the photographs or interviews in publications, internet web site, and social media accounts.

I DO give my permission

I DO NOT give my permission

Parent's Name (Please Print)

Parent's Signature

Date

City of Santa Ana CDBG Program Statistical Information and Income Self-Certification Form

Federally funded Community Development Block Program (CDBG) participants must disclose statistical information in order to participate. The information on this application is necessary for federal reporting purposes. Please print and answer all questions completely.

First Name: _____ Last Name _____ Date: _____

Address (residence): _____

City: _____ Zip Code: _____

Telephone Number (____) _____ Email address: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Female Head of Household: Yes No

Ethnicity (must check one):

Hispanic Non-Hispanic

Race (must check one):

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Nat & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Amer. Ind./Alaskan Nat. & Black |
| <input type="checkbox"/> Nat. Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial |

FAMILY INCOME:

Income includes wages, salaries, tips; self-employment or business income, unemployment & disability income, retirement & insurance income, public assistance, interest & dividend income, alimony, child support, gift income, armed forces income for all family members 18 years of age and older.

FAMILY INCOME TABLE* (BELOW): Family income must include income for all family members 18 years of age and older.

- FIRST** circle the number of persons in your household
- THEN** go across and circle your household annual Income Category

Household Size	Extremely Low Income 0% to 30%	Low Income 31% - 50%	Moderate Income 51% - 80%	Above Moderate 81% and above
1 Person	\$0 to \$28,500	\$28,501 to \$47,450	\$47,451 to \$75,900	\$75,901 and above
2 Persons	\$0 to \$32,550	\$32,551 to \$54,200	\$54,201 to \$86,750	\$86,751 and above
3 Persons	\$0 to \$36,600	\$36,601 to \$61,000	\$61,001 to \$97,600	\$97,601 and above
4 Persons	\$0 to \$40,650	\$40,651 to \$67,750	\$67,751 to \$108,400	\$108,401 and above
5 Persons	\$0 to \$43,950	\$43,951 to \$73,200	\$73,201 to \$117,100	\$117,101 and above
6 Persons	\$0 to \$47,200	\$46,201 to \$78,600	\$78,601 to \$125,750	\$125,751 and above
7 Persons	\$0 to \$50,450	\$50,451 to \$84,050	\$84,051 to \$134,450	\$134,451 and above
8 or More	\$0 to \$53,700	\$53,701 to \$89,450	\$89,451 to \$143,100	\$143,101 and above

*** FY 2022 Income limits effective 4/18/2022**

Family Size Total: _____ = Children (0-17 years of age): _____ + Adults (18+ years of age): _____

CERTIFICATION: (Please read before signing)

This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statement to any department of the United States Government. By signing this Document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification. I also acknowledge that my failure to provide necessary documents within a reasonable period of time or falsification of this information shall be grounds for my termination from the program. I authorize the release of said information to local, State and/or Federal agencies and to City Santa Ana staff within five years of this date.

_____ Print Name (applicant)	_____ Signature	_____ Date
_____ Print Name (parent/guardian if applicant is a minor)	_____ Signature	_____ Date
_____ Staff Reviewer	_____ Staff Signature	_____ Date

**City of Santa Ana CDBG Program
Statistical Information and Income Self-Certification Form**

Federally funded Community Development Block Program (CDBG) participants must disclose statistical information in order to participate. The information on this application is necessary for federal reporting purposes for all household members.

First Name: _____ Last Name _____ Date: _____

Address
(residence): _____

Other Household Family Members:

First Name: _____ Last Name _____ Child Spouse Family Member

Date of Birth: _____ Age: _____ Gender: Male Female

Ethnicity (must check one):

Hispanic Non-Hispanic

Race (must check one):

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Nat. Hawaiian/Other Pacific Islander
- American Indian/Alaskan Nat & White
- Asian & White
- Black/African American & White
- Amer. Ind./Alaskan Nat. & Black
- Other Multi-Racial

First Name: _____ Last Name _____ Child Spouse Other

Date of Birth: _____ Age: _____ Gender: Male Female

Ethnicity (must check one):

Hispanic Non-Hispanic

Race (must check one):

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Nat. Hawaiian/Other Pacific Islander
- American Indian/Alaskan Nat & White
- Asian & White
- Black/African American & White
- Amer. Ind./Alaskan Nat. & Black
- Other Multi-Racial

First Name: _____ Last Name _____ Child Spouse Other

Date of Birth: _____ Age: _____ Gender: Male Female

Ethnicity (must check one):

Hispanic Non-Hispanic

Race (must check one):

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Nat. Hawaiian/Other Pacific Islander
- American Indian/Alaskan Nat & White
- Asian & White
- Black/African American & White
- Amer. Ind./Alaskan Nat. & Black
- Other Multi-Racial

First Name: _____ Last Name _____ Child Spouse Other

Date of Birth: _____ Age: _____ Gender: Male Female

Ethnicity (must check one):

Hispanic Non-Hispanic

Race (must check one):

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Nat. Hawaiian/Other Pacific Islander
- American Indian/Alaskan Nat & White
- Asian & White
- Black/African American & White
- Amer. Ind./Alaskan Nat. & Black
- Other Multi-Racial

City of Santa Ana CDBG Program Source of Income Documentation Form

Federally funded Community Development Block Program (CDBG) participants must disclose family income information and documentation. The information on this application is necessary for federal reporting purposes.

Must complete one form for each family member 18 years of age and older and submit documentation listed.

Source of Income	Yes/No	Documentation <i>If yes, please submit the most current documentation available for following:</i>
Salary, Wages, Tips	Yes No	Copies of the three (3) most current paychecks/paystubs; or Written verification of employment from employer including salary/wage information and number of hours worked each week and the last filed Federal Income Tax Returns.
Self-employed Profits	Yes No	Account records; or Most current quarterly income tax return
Unemployment Insurance	Yes No	Copy of award/benefit letter; or Copy of most recent check; or Three most recent bank statements showing deposits of award/benefit check
SSI/SSDI – Supplemental Security Income/Disability Aid	Yes No	
Pension	Yes No	
Cash Aid for Families with Children (CalWORKs)	Yes No	Award letter stating the amount of benefit; or Copy of most recent check; or Written statement from Caseworker stating the benefit amount
Alimony	Yes No	Copy of weekly or monthly check; or Court decree establishing payments; or Affidavit of child support
Child Support	Yes No	
Interest & Dividend Income	Yes No	Bank statement showing last 12 months of interest; or Investment statements indicating the amount of dividends earned
Rental Property Income	Yes No	Recent rent check; or Copy of rental agreement signed by current tenant
Other Sources of Income	Yes No	Please Describe:

Certification: (Please read before signing)

This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statement to any department of the United States Government.

By signing this Document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification. I also acknowledge that my failure to provide necessary documents within a reasonable period of time or falsification of this information shall be grounds for my termination from the program, and that I may be subject to prosecution under the law. I authorize the release of said information to local, State and/or Federal agencies and to City Santa Ana staff within five years of this date.

Print Name

Signature

Date