

**CLARKSTON AREA YOUTH ASSISTANCE
VIRGINIA WALTER'S CHILDREN'S FUND REQUEST**

Mission Statement: To strengthen youth and families and to reduce the incidence of delinquency, abuse and neglect through volunteer involvement.

PARENT/GUARDIAN NAME: _____ **EMAIL:** _____

ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____ **WORK PHONE:** _____

DATE: _____ **ANNUAL INCOME \$:** _____ **MARITAL STATUS:** _____

CHILD SUPPORT RECEIVED \$: _____ **SOCIAL SECURITY RECEIVED \$:** _____

NAME AND AGE OF CHILD(REN) IN NEED OF ASSISTANCE: _____

NAME AND AGE OF OTHER CHILD(REN) IN THE HOME: _____

PAST CAYA ASSISTANCE: **FAMILY:** _____ **CHILD:** _____

REFERRED BY: _____

AMOUNT REQUESTED \$: _____ **REASON:** _____

NOTES: _____

EXECUTIVE COMMITTEE INFO: **DATE REVIEWED:** _____ **APPROVED** **NOT APPROVED** *Please Circle*

EXECUTIVE COMMITTEE MEMBER SIGNATURE _____

NOTES: _____

CAYA TREASURER INFO: **PARENT NAME** _____ **CHILD NAME** _____

APPROVAL AMOUNT \$: _____ **PAYABLE TO:** _____

INVOICE NO.: _____ **CAYA CHECK NO.** _____

YOUTH ASSISTANCE REGISTRATION FORM

Today's Date

____/____/____

1. Youth Assistance Area Name: Clarkston Area Youth Assistance

2. Type of Program: (Please check one)

- Parenting Recreation Camp
 Skill building PLUS Other: CHOICES

3. How did you learn about this program? (Check as many as apply) This will help YA promote services.

- your children school teacher/counselor school flier
 friend, neighbor, another parent YA worker newspaper
 other: _____

4. Person filling out form: _____

FIRST NAME	MIDDLE NAME	LAST NAME
ADDRESS	CITY	ZIP CODE
		Township or City
WORK PHONE() _____	HOME PHONE() _____	S.S.# _____

5. PEOPLE LIVING IN YOUR HOUSEHOLD: *Questions 5-7 for statistical purposes only

Check all who will participate in this program	Name (First and Last)	Relation to you H=Husband W=Wife C=Child S=Stepchild OA=Other Adult OC=Other Child	Birth date (mo/day/yr)	Gender (Circle One) M=Male F=Female	Race W=White AA=Afro-Am H=Hispanic A=Asian ME=Mid.Est NA=Nat.Am. O=Other	For ALL: Last Grade Completed
		Self	/ /	M F		
			/ /	M F		
			/ /	M F		
			/ /	M F		
			/ /	M F		
			/ /	M F		
			/ /	M F		
			/ /	M F		

6. Family's income range: Some YA programs receive financial support depending on the income of the people served. Please √ the income that closest matches your household income.

- | | | | |
|--|--|---|--|
| Number of People in Household
1
2
3
4
5
6
7
8 | <input type="checkbox"/> \$14,700
<input type="checkbox"/> \$16,800
<input type="checkbox"/> \$18,850
<input type="checkbox"/> \$20,950
<input type="checkbox"/> \$22,650
<input type="checkbox"/> \$24,350
<input type="checkbox"/> \$26,000
<input type="checkbox"/> \$27,700 | Total Household Income
<input type="checkbox"/> \$24,450
<input type="checkbox"/> \$27,950
<input type="checkbox"/> \$31,450
<input type="checkbox"/> \$34,950
<input type="checkbox"/> \$37,750
<input type="checkbox"/> \$40,550
<input type="checkbox"/> \$43,350
<input type="checkbox"/> \$46,150 | <input type="checkbox"/> \$39,150
<input type="checkbox"/> \$44,750
<input type="checkbox"/> \$50,350
<input type="checkbox"/> \$55,900
<input type="checkbox"/> \$60,400
<input type="checkbox"/> \$64,850
<input type="checkbox"/> \$69,350
<input type="checkbox"/> \$73,800 |
|--|--|---|--|

7. Marital Status of Biological Parents: Never Married, Married, Separated, Divorced Widowed