

**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:** _____

PLEASE PROVIDE PROOF OF INCOME DOCUMENTATION.

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

Please note: This request cannot be reviewed until adequate proof of income has been submitted.

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:** _____

REFERED BY: _____

AMOUNT REQUESTED \$: _____ **FOR:** _____

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 \$14,900
 2 \$17,050
 3 \$19,150
 4 \$21,300
 5 \$23,000
 6 \$24,700
 7 \$26,400
 8 \$28,100

Total Household Income

- \$24,850 \$39,750
 \$28,400 \$45,450
 \$31,950 \$51,100
 \$35,500 \$56,800
 \$38,350 \$61,350
 \$41,200 \$65,900
 \$44,000 \$70,450
 \$46,850 \$75,000

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