

THE SALAMA INSTITUTE

PLEASE READ THIS FIRST!

The Salama Institute is funded by grants and private donations. The information requested is needed to satisfy reporting requirements for government funders. All information will be kept confidential.

Before you submit this application, please complete the following checklist to ensure you have provided all documentation.

Required Forms of Proof of Income

- | | |
|---|---|
| <input type="checkbox"/> Employment | 3 most recent pay stubs <u>AND</u> 1st 2 pages of <u>most recent</u> federal tax return for Yourself and Spouse |
| <input type="checkbox"/> Social Security or SSI | Most recent award letter |
| <input type="checkbox"/> Pension | Current Pension award letter |
| <input type="checkbox"/> Self-Employed | Last 2 years income tax statements |
| <input type="checkbox"/> Unemployment | Unemployment Verification form, Separation Notice |
| <input type="checkbox"/> No Income | "Zero Income Verification Form" witnessed by program staff |

Other Required Documentation

- Records of all untaxed income, including Child Support, TANF and Veterans Benefits (you can get this from your DHS case worker)
- Records of all other untaxed federal benefits, including WIC and Food Stamps (you can get this from your DHS case worker)
- Proof of Address (utility bill- water, gas, or electric) *If you don't have utilities in your name, provide a copy of your lease agreement.

APPLICANT INFORMATION

Requested point of entry: Summer 2022 Fall 2022 Spring 2023

Name of Applicant: _____ Application Date: _____

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

Current School: _____ Current Grade: _____ Dismissal Time: _____

Home Address: _____ City: _____ Zip Code: _____

Please list any allergies, behavioral, or medical conditions: _____

Does the applicant have an IEP? Yes No *Please Note: All records of an IEP will be kept confidential.

Does the applicant have an incarcerated parent? Yes No Mother Father

We offer Spiritual Development instruction to students weekly during the school year and daily during summers. Please check here if you prefer for your child NOT to participate in this instruction.

EMERGENCY CONTACT AND AUTHORIZED PICK-UP

Please list contacts to call in case of an emergency and legal guardian cannot be reached.

Primary Contact: _____ Relationship: _____ Phone: _____

Second Contact: _____ Relationship: _____ Phone: _____

Third Contact: _____ Relationship: _____ Phone: _____

The following persons are authorized to pick-up my child from Salama:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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GUARDIAN INFORMATION

Parent/Guardian Name: _____ Relationship to applicant: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Do you receive benefits from any of the federal benefit programs listed below (Mark all that apply):

SSI Food Stamps Free/Reduced Lunch TANF Social Security WIC

Which best describes your housing status? Home Owner Rent/Lease Section 8 Public Housing

Disclaimer and Signature: I certify that my answers to the questions on this application are true to the best of my knowledge. I understand that providing false or misleading information could result in termination of financial aid.

Guardian's Signature: _____

Date: _____

APPLICANT PROGRAM WAIVER

Student Name: _____

Grade: _____

Please read the statements below and initial to give consent.

I, the parent or legal guardian of the minor child named above, hereby give my permission for my child to participate in The Salama Institute programs. I hereby waive, relieve, and release Salama Urban Ministries, Inc., its Directors, Officers, Employees, Volunteers, and all persons assisting in the Ministry activities, from any and all liability from an accident or injury while taking part in these activities. I agree to indemnify all of the parties described above from all claims made by or asserted on behalf of the child.

_____ Initial here to give permission to The Salama Institute to take whatever action they may consider appropriate under the circumstances involved regarding the health and safety of the minor child named above and to obtain emergency medical or dental services, if necessary, at guardian's expense.

_____ Initial here to give permission for your child to ride the bus for participation in the program. (i.e. transportation from school during school year and field trips during program activities)

_____ Initial here to give permission for your child to be photographed for website, newsletters, or local newsletters.

_____ Initial here to give permission for representatives of The Salama Institute to discuss your child's academic records with his/her school. (i.e. obtaining copies of report cards and communicating with teachers regarding child's academic struggles) *covers the 2022-2023 school year

Parent/Guardian Signature:

Print Name: _____

Signature: _____

Date: _____

For information on the Admission Process, please contact Tiffany Harris:

Phone: (615) 251-4050 x. 113

Fax: 615-251-3040

Email: tharris@salamaserves.org

Program Name: _____

**EXHIBIT A
MDHA SUMMER YOUTH ENRICHMENT AND WORK PROGRAMS**

**Self-Declaration Form
For**

(Name of Program)

We received a portion of our summer youth program funding from Community Development Block Grant (CDBG) funds. Documentation of family income is a requirement for us to receive these funds. Please give us an honest account of your family's income (before taxes come out). Your child will not be disqualified for this program because of income, so please be as accurate and honest as possible. Thank you!

NAME OF PARTICIPATING YOUTH: _____
(Please Print)

ADDRESS OF YOUTH: _____
Street Address Zip Code

DO YOU RESIDE IN PUBLIC HOUSING? ___ YES ___ NO

IF YOU ANSWERED "YES", PLEASE GIVE NAME OF THE MDHA PROPERTY WHERE YOU LIVE

Please enter the appropriate number of persons and the level of gross (before taxes are taken out) annual income that applies to your household

<u>Number in Household</u>	<u>Annual Gross Income</u>
_____ persons	_____

I certify that the information on this form is accurate and to the best of my knowledge.

AUTHORIZATION TO RELEASE PROGRAM PHOTOGRAPHS:

I authorize your organization and the Metropolitan Development and Housing Agency to utilize photographs, which may include my child/children, to be used in media releases.

Parent/Guardian's Signature

Date

Telephone Number _____

FOR SUMMER YOUTH PROGRAM AGENCY USE ONLY:

Please indicate the income level category for this application based on the income limits by family size for the 2022 program year:

___ 30% AMI ___ 50% AMI ___ 80% AMI ___ over 80% AMI

PARTICIPANT DATA

We must report expenditure of funds by race/ethnic group, disability and head-of-household to HUD each year. Please check the appropriate line in each of the following categories (1-5).

1. Everyone Please Check One

- Hispanic
- Non-Hispanic

2. Everyone Please Check One

- Single Race (If you check this line, please go to #3)
- Multi-Race (For example, Mother is White, Father is African-American) (If you check this line, please go to #4)

3. If you checked Single Race, Please Check One

- Alaskan, Native or American Indian
- Asian
- Black or African-American
- Pacific Islander
- White

4. If you checked Multi-Race, Please Check One

- Alaskan/Native or American Indian AND White
- Asian AND White
- Black or African-American AND White
- Alaskan, Native American Indian AND Black or African American
- Others _____

5. Please let us know if the head of household has a disability.

- The head of household has a disability
- The head of household does not have a disability

THANK YOU FOR YOUR ASSISTANCE!



PLEASE READ FRONT/BACK PAGES CAREFULLY AND SIGN.

Fall and Spring Sessions

The hours of operation for the school year are 3:00-5:45pm, Monday through Friday.

Attendance Policy:

All students must maintain 80% attendance per month. If you know in advance that your child will be absent, please inform Tiffany Harris at 251-4050 x. 113 so drivers can be informed not to pick up your child at school. Any student who is absent without valid excuses for five (5) or more days per month is *truant*. Students who are reported as truant three (3) or more times over the course of a semester, is a *habitual truant*. The following actions will be taken when a student is a reported truant:

- Five (5) days absent: Written Warning
- Six (6) days absent: Parent conference requested to discuss absenteeism
- Seven (7) days absent: Two weeks probation; two or more absences during probation is a violation
- Eight (8) days absent: Parent conference requested to discuss possible termination from program

Summer Session

The hours of operation for the summer program are 7:00am-4:30pm, Monday through Friday.

Attendance Policy:

All students must maintain 80% attendance per month. If you know in advance that your child will be absent, please inform Tiffany Harris at 251-4050 x. 113 so teachers can plan accordingly. Any student who is absent without valid excuses for three (3) or more days per two-week period is *truant*. Students who are reported as truant two (2) or more times over the six-week period, is a *habitual truant*. The following actions will be taken when a student is a reported truant:

- Three (3) days absent: Written Warning
- Four (4) days absent: Parent conference requested to discuss absenteeism
- Five (5) days absent: Two weeks probation; two or more absences during probation is a violation
- Six (6) days absent: Parent conference requested to discuss possible termination from program

Excused Absences

- **Illness:** Student, parent/guardian, and immediate family members. Parents' personal excuses are accepted for excusing students; however, documentation from physician may be requested.
- **Death:** Immediate and extended family members
- **Appointment:** Conflicts that prevent parent pick-up and student participation (i.e. school conferences, parent appointment)
- **Standardized Tests:** Practice tests, prep sessions, and test days scheduled during program hours of operation
- **School Events:** All school events that prevent parent pick-up and student participation must be pre-approved to be excused
- **Religious:** Holidays and special functions
- **Trips:** Trips that qualify as educational enhancement opportunities should be pre-approved (i.e. foreign language program, performance in Core Subject area or the Arts). Students shall be granted an excused absence for up to five (5) days.

Lack of Class Attendance and Participation

Students receiving excessive excused absences must be mindful that their experience with the Institute can be adversely affected for lack of class attendance and participation. Students with excessive unexcused absences or frequent early dismissals may be terminated from the program due to lack of attendance/participation.

Dismissal Procedure & Late Fee Policy

All students must be signed out daily by persons authorized to pick up your child/children. If you are aware that your child needs to be picked up early from Salama, please call Tiffany Harris at 251-4050 x. 113 or email at tharris@salamaserves.org so that staff members may be informed. There is \$1 per minute late fee applied for all students not picked up by 6pm in school year and 5pm in summer. Late fee payments are due at time of pick-up.



Parent's Covenant

I understand and agree that it is **expected** that my child/children participate at an 80% level in attendance. I will make every effort to communicate my family's needs and concerns with staff as they arise, so that we are all of one mind to help my child/children to succeed in life.

I also understand upon enrolling my child that homework time is only for the 1st hour of programming and will end daily at 4:20pm. I recognize and understand that my child may not be able to complete homework at Salama and may come home after programming with homework to complete.

Recognizing that two hours after school is a very short amount of time to achieve the high academic expectations and goals we have set for your child, it is expected that your child attend Salama activities **until dismissal at 5:45pm.**

During the summer session, students are expected to stay until dismissal at 4:30pm.

Failure to comply with the above requests may result in your child being unable to participate in Salama activities.

Child/Children's Name:

1. _____
2. _____
3. _____
4. _____
5. _____

Parent Signature

Date