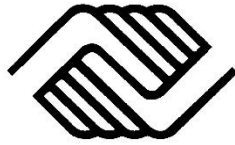


New _____
Renew _____



**BOYS & GIRLS CLUBS**  
INDIANA ALLIANCE



**Indiana Kids**  
**Intake Assessment Form 2019 - 2020**

Club/Unit Name: \_\_\_\_\_

Child's First Name	Middle Initial	Last Name	Suffix (Ex: Jr.)
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Child's Home Address	City	State	Zip
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Home Telephone Number	Parent's Email Address
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\_\_\_\_\_ Gender (Please check one):  Male  Female  
Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Are you interested in receiving email messages/alerts/updates?  Yes  No

Race  African American  Asian  American Indian/Alaskan  
 Caucasian  Native Hawaiian/Pacific Island  
 Multi-Racial  Other, please specify: \_\_\_\_\_

Ethnicity (Please check one):  Hispanic/Latino  Non-Hispanic/Latino

Member lives with \_\_\_\_\_ Two Parents (2 biological parents, parent and step-parent or domestic partners)  
(please check one):  Mother Only  Aunt/Uncle  Guardian  
(do not include  Father Only  Grandparents  
Siblings)  Other, please specify: \_\_\_\_\_

**Education Information:**

Child's Grade on September 1, 2019 (please circle): 1 2 3 4 5 6 7 8 9 10 11 12

Name of School Child Attends: \_\_\_\_\_

Is your child enrolled in 21<sup>st</sup> Century Scholars?  Yes  No  
Does your child struggle or have problems in Reading/English?  Yes  No  
Does your child struggle or have problems in Math?  Yes  No  
Did your child take ISTEP last year?  Yes  No  
If yes, did your child pass ISTEP?  Yes  No  
Is your child enrolled in Special Education?  Yes  No

Has your child been diagnosed with any of the following:  
 Attention Deficit/Hyperactivity (ADHD) or Attention Deficit (ADD)  
 Learning Disability  Other Disabilities, please specify: \_\_\_\_\_

Do you have any current concerns regarding your child (behavior, education, social, etc)? Explain: \_\_\_\_\_

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Child's Name (first and last): \_\_\_\_\_

**Eligibility Determination:**

Do you or your child participate in any of the following? Please check all that apply.

	<u># of Family Members</u>	<u>Annual Income</u>
_____ TANF (Temporary Aid for Needy Families)		
_____ Food Stamps	1	\$31,225
_____ Medicaid/Hoosier Healthwise	2	\$42,275
_____ Free Lunch Program	3	\$53,325
_____ Reduced Lunch Program	4	\$64,375
_____ Reside in Public Housing (HUD or Section 8)	5	\$75,425
_____ Provisional School/Community Eligibility	6	\$86,475
_____ Income Eligibility – less than 250% - see chart	7	\$97,525
_____ None of the Above	8	\$108,575

I authorize that the above information is accurate to the best of my knowledge. In addition, by signing below, I agree that Boys & Girls Clubs can share my child's information with ServeIndiana, Indiana Department of Workforce Development and Indiana Family Social Services Administration. **By signing this form, I grant the school my student attends permission to disclose to the Boys & Girls Club the following information. I also grant permission to the Boys & Girls Club to re-disclose the following information to the re-disclosure parties.**

- 1. Records Disclosure:** Registration Information/Demographic Data, Assessment Data, Survey Data
- 2. Disclosure Parties:** Boys & Girls Club
- 3. Boys & Girls Club Re-disclosure Parties:**
  - Indiana Department of Education
  - IDOE contracted statewide evaluator
  - United States Department of Education
  - Indiana Youth Institute
  - IYI Contracted statewide evaluator
  - Corporation for National and Community Service
- 4. Purpose of Each Disclosure:** Collect data to calculate the impact Indiana Kids, 21<sup>st</sup> CCLC and AmeriCorps has on student performance, activity levels, and knowledge of program specific content.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the Boys & Girls Clubs and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization. This authorization, to receive services from the Boys & Girls Club and to exchange confidential information, shall remain in effect for the period of my student's enrollment in the Boys & Girls Club, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the Boys & Girls Club has already acted in reliance upon this consent. Written revocations shall be sent to: Lana Taylor, State Alliance Director, Indiana Alliance of Boys & Girls Clubs, 973 N Shadeland Avenue, Box 296, Indianapolis, IN 46219, Phone: (317) 356-2308 and Fax: (317) 356-2320, Email: [ltaylor@indianabgc.org](mailto:ltaylor@indianabgc.org). I understand the Boys & Girls Club program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

**I have read this authorization before signing and I fully understand the contents, meaning, and impact of this release.**

Student Name: (Please Print) \_\_\_\_\_

Parent/Guardian Name: (Please Print) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Staff Printed Name

\_\_\_\_\_  
Date