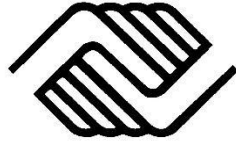


New _____
Renew _____



BOYS & GIRLS CLUBS
INDIANA ALLIANCE



Indiana Kids
Intake Assessment Form 2024 - 2025

Club/Unit Name: _____

Child's First Name _____ Middle Initial _____ Last Name _____ Suffix (Ex: Jr.) _____

Child's Home Address _____ City _____ State _____ Zip _____

Home Telephone Number _____ Parent's Email Address _____

_____ Date of Birth _____ Current Age Gender (Please check one): _____ Male _____ Female _____ Other

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 July 1, 2024 (please circle): 1 2 3 4 5 6 7 8 9 10 11 12

Name of School Child Attends: _____

Does your child struggle or have problems in Reading/English? _____ Yes _____ No

Does your child struggle or have problems in Math? _____ 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: _____

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	\$37,650
_____ Medicaid/Hoosier Healthwise	2	\$51,100
_____ Free/Reduced Lunch Program	3	\$64,550
_____ Anthem or Blue Cross/Blue Shield or Anthem Medicaid Insurance	4	\$78,000
_____ Reside in Public Housing (HUD or Section 8)	5	\$91,450
_____ Provisional School/Community Eligibility	6	\$104,900
_____ Income Eligibility – less than 250% - see chart	7	\$118,350
_____ None of the Above	8	\$131,800

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 Indiana Department of Education, Indiana Department of Child Services, 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. Education Records:** Report cards, IEPs, Assessment Scores such as iLearn, iREADY (or school specific tests), and attendance.
- 3. Disclosure Parties:** Boys & Girls Club, Local School District/Schools
- 4. Boys & Girls Club Re-disclosure Parties:**
 - Indiana Department of Education/Indiana Department of Child Services/Indiana Learns
 - Contracted statewide evaluators
 - United States Department of Education
 - Indiana Youth Institute (IYI)
 - Praxis Evaluation
 - AmeriCorps
 - The Mind Trust
- 5. Purpose of Each Disclosure:** Collect data to calculate the impact Indiana Kids, 21st CCLC, HB 1008 Learning Recovery Grant Program, REACH, Indiana Learns 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, Executive Director, Indiana Alliance of Boys & Girls Clubs, 6929 E 10th street, # 296, Indianapolis, IN 46219, Phone: (317) 408-2133 and Fax: (317) 356-2320, Email: 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