New Renew INDIANA EVERTIMATOR CHILD SERVICES	BOYS & GIR INDIANA ALLIANCE Indiana Kids Intake Assessment Form 20)23 - 2024		ndiana KIBS
Child's First Name	Middle Initial		Suff	ix (Ex: Jr.)
Child's Home Address	City		State	Zip
Home Telephone Number	Parent's Email Address			
Race African Americ Caucasian Caucasian Multi-Racial Ethnicity (Please check one) Member lives with	ng email messages/alerts/updates? can Asian Native Hawaiian/Pac Other, please specify : Hispanic/Latino Two Parents (2 biological parents, p	ific Island /: _ Non-Hispanic/ arent and step-	No American /Latino parent or dor	Indian/Alaskan
(please check one): (do not include	Mother Only Aunt/l Father OnlyGrand Other, please specify:	Jncle parents	Guar	dian
Education Information:				
Child's Grade on July 1, 202	3 (please circle): 1 2 3 4	5 6 7 8	9 10 11	12
Name of School Child Attend	ds:			
Is your child enrolled in 21 st (Does your child struggle or h Does your child struggle or h Is your child enrolled in Spec	ave problems in Reading/English? ave problems in Math?	Yes Yes Yes Yes		
	ed with any of the following: activity (ADHD) or Attention Deficit (Other Disabilities, ple			

Eligibility Determination:

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

TANF (Temporary Aid for Needy Families)	<pre># of Family Members</pre>	Annual Income
Food Stamps	1	\$36,450
Medicaid/Hoosier Healthwise	2	\$49,300
Free/Reduced Lunch Program	3	\$62,150
Anthem or Blue Cross/Blue Shield or Anthem	4	\$75,000
Medicaid Insurance	5	\$87,850
Reside in Public Housing (HUD or Section 8)	6	\$100,700
Provisional School/Community Eligibility	7	\$113,550
Income Eligibility – less than 250% - see chart None of the Above	8	\$126,400

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:
 - a. Indiana Department of Education/Indiana Department of Child Services/Indiana Learns
 - b. Contracted statewide evaluators
 - c. United States Department of Education
 - d. Indiana Youth Institute (IYI)
 - e. Praxis Evaluation
 - f. AmeriCorps
- 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) 356-2308 and Fax: (317) 356-2320, Email: <u>Itaylor@indianabgc.org</u>. 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

Indiana Kids Program Indiana Alliance of Boys & Girls Clubs