



# Youth Membership Information Form

710 W. Percy Baker Ave  
 Peoria, IL 61605  
 309-839-0722

**Confidentiality:** Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks(\*)

**Parent or Guardian (Please Print)**

**First Name:\***  **Last Name:\***  **Gender:\***  
 Male  Female

**Family Income:\***  
 0 - 10,000  
 10 - 20,000  
 20 - 30,000  
 30 - 50,000  
 50 - 75,000  
 Over 75,000

**Address:\***  
 (Line 1)   
 (Line 2)   
 (City)  (State)  (Zip Code)

**Address Type:\***  
 Home  Work  \_\_\_\_\_

**Phone Number:\***  
 ( )  -    
 ( )  -

**Phone Type:\***  
 Home  Work  \_\_\_\_\_  
 Home  Work  \_\_\_\_\_

**Family Size:\***  **E-Mail Address:\***

**E-Mail Type:\***  
 Home  Work  \_\_\_\_\_

**Employer:\***  **Job Title:\***

**Military Branch:\***  **Status:\***  **Start Date:\***  **End Date:\***

**Parents / Guardian (Please Print)**

**First Name:\***  **Last Name:\***  **Gender:\***  
 Male  Female

**Address:\***  
 (Line 1)   
 (Line 2)   
 (City)  (State)  (Zip Code)

**Address Type:\***  
 Home  Work  \_\_\_\_\_

**Phone Number:\***  
 ( )  -    
 ( )  -

**Phone Type:\***  
 Home  Work  \_\_\_\_\_  
 Home  Work  \_\_\_\_\_

**E-Mail Address:\***

**E-Mail Type:\***  
 Home  Work  \_\_\_\_\_

**Employer:\***  **Job Title:\***  **Occupation:**

**Military Branch:**  **Status:**  **Start Date:**  **End Date:**

**Member Information ( Please Print )**

**First Name:\***  **Middle Name:**  **Last Name:\***

**Nick Name:**  **Birth Date:\***  **Social Security Number: Last 4:**

**Gender:\***

Male  
 Female

**Ethnicity:\***

African-American/Black  Asian  
 Caucasian-American/White  
 Hispanic  Multi - Racial  Other

**Membership Type:\***

After School  
 Skills USA  
 Summer Camp  
 Other Program

**Pick up Authorization Password:**

**School:\***

**Grade:\***

**Clothing Size:**

**Family Setting:**

1 Parent  2 Parent

**Referring Organization:**

n/a  Peoria Public Schools  Walk In

Other (Please specify Below):

**Check all that Apply:**

TANF  
 Food Stamps  
 General Assistance  
 SSDI  
 SSI  
 School Lunch  
 Medicaid  
 Can Swim

**Phone Number:\***

(  )  -

**Phone Type:\***

Home  Work  \_\_\_\_\_

**E-Mail Address:**

**E-Mail Type:**

Home  Work  \_\_\_\_\_

**Member Medical Information ( Please Print )**

**Insurance Company:**

**Medications:\***

**Medical Problems/Allergies:\***

**Hospital:**

**Hospital Phone:**

**Disabilities:**

**Pick Up Information ( Please Print )**

**Two people authorized to pick up member -**

**1.) First Name:**

**Last Name:**

( )

-

Home  Work

\_\_\_\_\_

Acquaintance

\_\_\_\_\_

Emergency Contact

Primary Emergency Contact

Lives With Member

**2.) First Name:**

**Last Name:**

( )

-

Home  Work

\_\_\_\_\_

Acquaintance

\_\_\_\_\_

Emergency Contact

Primary Emergency Contact

Lives With Member

I have read the completed application, understand the rules of the George Washington Carver Center and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the George Washington Carver Center will not be responsible for any accident to the boy/girl while on the George Washington Carver Center premises or while engaged in any of its activities away from the George Washington Carver Center. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the George Washington Carver Center may care to use them.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

## 2022 CDBG PUBLIC SERVICES - SERVICE APPLICATION FORM



*This program is partially funded with Community Development Block Grant (CDBG) funding, which is provided to the City of Peoria by the U.S Department of Housing and Urban Development (HUD). HUD asks for the following information from each participant to make sure the funding is being properly used for low-income residents of the City of Peoria (per CFR 570.208 a 2 A/B). This form will be kept confidential.*

Program Name: \_\_\_\_\_

<b>Participant's Name:</b>	
<b>Current Address:</b>	
<b>City, State, Zip:</b>	
<b>Date of Birth:</b>	

Race (circle one ONLY):				
White	Black/African American	Asian	American Indian	Hawaiian
American Indian & White	Asian & White	American Indian & Black/African American	Black/African American & White	Other Multi-Racial

Circle ALL that apply:					
Hispanic	Yes	No	Elderly (62+)	Yes	No
Live in Public Housing	Yes	No	Have a Disability	Yes	No
Female Head of Household and/or Single Parent	Yes	No			

Circle the total number of people who live in your home. Then, across from that number, circle your household's annual income range.

Total Number in Household	Household Income Range	30% Extremely Low Income	50% Very Low Income	80% Low Income
1	⇒	\$0-\$16,050	\$16,051-\$26,750	\$26,751-\$42,750
2	⇒	\$0-\$18,350	\$18,351-\$30,550	\$30,550-\$48,850
3	⇒	\$0-\$21,960	\$21,961-\$34,350	\$34,351-\$54,950
4	⇒	\$0-\$26,500	\$26,501-\$38,150	\$38,151-\$61,050
5	⇒	\$0-\$31,040	\$31,041-\$41,250	\$41,251-\$65,950
6	⇒	\$0-\$35,580	\$35,581-\$44,300	\$44,301-\$70,850
7	⇒	\$0-\$40,120	\$40,121-\$47,350	\$47,351-\$75,750
8	⇒	\$0-\$44,660	\$44,661-\$50,400	\$50,401-\$80,600

*This information is correct to the best of my knowledge:*

Participant Signature (or Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

*NOTE: This is the first version of this form for 2022. An updated version will be available when HUD provides their annual household income updates.*