



6323 Manchester Avenue • Kansas City, Missouri 64133 • Phone: 816.358.6868 • Fax: 816.358.0143

www.caagkc.org

Dear Customer,

This letter is in response to your request for Youth Services.

Community Action Agency of Greater Kansas City (CAAGKC) provides Youth Services to cater to youths and their families within Jackson, Clay, and Platte counties. Services include - but not limited to - tutoring support, PAVE the Way program (education, and character development, soft skills), College Tours, Scholarships, Student Summer Internships, Occupational Skills Training (EMT, CNA, Phlebotomy), and Summer Enrichment Programs (Summer Camps).

Enclosed, you will find the following documents:

- **CAAGKC Intake Application** Family Intake Assessment and (Referral Form if applicable)
- **CAAGKC Acknowledgment and Consent Forms**
- **Self-Declaration of Zero Income Form**

Please keep the following in mind as you complete these forms:

- Due to the COVID Pandemic, in addition to automated electronic submission, “drop-off applications” will be accepted at this time,
- All information is confidential and will be kept securely within our organization.
- Email us at YouthSrvcs@caagkc.org if you have questions about completing these forms.
- Carefully read and complete each form; missing or incomplete information will result in an “Unable to Assist” determination.

After you have completed and saved the required documents (see *Enrollment/Eligibility document Checklist* on page 2), please notify us via email with your contact information at YouthSrvcs@caagkc.org. A CAAGKC staff member will email you a secure link you can use to upload a copy of your current Photo I.D., Social Security card, and completed application packet.

Please ensure all required documents are included at the time of submittal. Applications will be reviewed in the order they are received. Please note: If incomplete packets are received or no customer response after numerous contacts from CAAGKC, your packet will be delayed in processing and may result in an “Unable to Assist” determination.

Sincerely,

Lamont Hale, Director of Programs



WHAT PROGRAMS ARE YOU INTERESTED IN?

- ☐ P.A.V.E. the Way Program
- ☐ College Tour Program
- ☐ Scholarship Program
- ☐ Back Snack Program
- ☐ REALL Simulation
- ☐ Freedom Schools
- ☐ Summer Enrichment Program (Sponsoring children to attend summer camps)
- ☐ Occupational Skills Training Program

Clear Form

Print Form



YOUTH SERVICES ENROLLMENT/ELIGIBILITY CLIENT FILE CHECKLIST

PROGRAM:

CASE MANAGER:

PARENT NAME:

STUDENT NAME:

- ☐ Family Intake Assessment Referral Form
- ☐ Photo ID for all household members 18 years and over
- ☐ Zero income form (anyone 18 & over with no income – if applicable)
- ☐ Social Security Cards for all household members
- ☐ Proof of Residency Documentation (utility bill or document no later than 30 days mailed to address where client resides)
- ☐ CAAGKC acknowledgment and Consent Forms all household members 18 and over
- ☐ Case Notes and Contact Log Sheet

Family Intake Assessment and Referral Form

EXPLANATION OF ABBREVIATIONS & TERMS LISTED BELOW:

REL: Relationship to Head of Household **Race:** (B) Black (W) White (AI) American Indian (O) Other (OI) Other Islander (A) Asian

| Head of Household Name | REL | Race | Education | Disabled | Insurance | Gender | Social Security # | Date of Birth |
|------------------------|------|------|-----------------------|-----------|---|--------|-------------------|---------------|
| 1. | SELF | | Last Grade Completed: | Yes No | Check all that apply: Medicaid Private Medicare MC+ None | | | |

Email:

| | | | | | |
|--------------|---------------------------------------|-------|----------|-------------------------|---------------------------------------|
| Home Address | City | State | ZIP Code | Ethnicity | |
| | | MO | | Hispanic/Latino: Yes No | |
| Phone | Housing - Please Check One | | | Benefits | |
| | Own | Rent | Homeless | Public Housing | Other |
| | *Has your residence been weatherized? | | | Yes No | SNAP / Food Stamps: No Yes Amount: |

List all monthly income (before taxes) & sources of income in the household: \$

| | | | |
|---|---------------|--------------|---------|
| Wages | SSI/SSA | TANF | Pension |
| Unemployment | Child Support | Other Income | |
| *Is any member in the household a veteran? Yes No | | | |

| Other Household Member Name | REL | Race | Education | Disabled | Insurance | Gender | Social Security # | Date of Birth |
|-----------------------------|-----|------|-----------------------|-----------|---|--------|-------------------|---------------|
| 2. | | | Last Grade Completed: | Yes No | Check all that apply: Medicaid Private Medicare MC+ None | | | |
| 3. | | | Last Grade Completed: | Yes No | Check all that apply: Medicaid Private Medicare MC+ None | | | |
| 4. | | | Last Grade Completed: | Yes No | Check all that apply: Medicaid Private Medicare MC+ None | | | |
| 5. | | | Last Grade Completed: | Yes No | Check all that apply: Medicaid Private Medicare MC+ None | | | |
| 6. | | | Last Grade Completed: | Yes No | Check all that apply: Medicaid Private Medicare MC+ None | | | |
| 7. | | | Last Grade Completed: | Yes No | Check all that apply: Medicaid Private Medicare MC+ None | | | |

Do you need help with any of the following? Check all that apply (Yes/No)

| | | |
|-----------------|-----------------------|--|
| Utilities? | Employment/Education? | Do you have children between the ages of 5-24 years? Would you be interested in our Youth Services Program? Yes No |
| Housing? | Unmet health needs? | |
| Child Care? | Food Assistance? | Are you currently receiving Child Support Services? (Please check one of the following.) Yes No N/A |
| Transportation? | Other? | |

I understand the information provided is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of my application. I authorize this agency; their agents and employees to receive or provide information for the purpose of completing the application and hereby release the foregoing of and from any liability for services provided. I consent to the release of pertinent information to concerned social service agencies and vendors as necessary to complete services for my household or to provide statistics on emergency assistance or as a guard against duplication of assistance. I hereby authorize my fuel supplier or other vendors related to my household to release information concerning my fuel or other accounts as necessary to ensure timely processing of this application. I acknowledge, by my verbal consent, the information entered on this form is true and correct to the best of my knowledge.

| | | | |
|------------------------------------|-------|--------------------|-------|
| Applicant's Signature: | Date: | Staff's Signature: | Date: |
| CV-19, Customer verbal attestation | | | |

| | | |
|-------------------------------------|----|----|
| OFFICE USE - Please list referrals: | 1. | 2. |
| Annual Income: | 3. | 4. |
| Monthly Total x = | 5. | 6. |



SELF-DECLARATION OF ZERO INCOME FORM

I certify that I do not receive income from any of the following sources:

- Wages from employment
- Income from operation of a business
- Rental income from real or personal property
- Interest or dividend from assets
- Supplemental Security Income (SSI), Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment or disability payments
- Public assistance payments
- Periodic allowances such as alimony, child support, or gifts from persons not living in my household
- Sales from self-employment resources
- Any other income sources not listed above

I certify that the information presented in this certification is true and correct to the best of my knowledge. I understand that falsified or fraudulent information may result in the rejection of my application. I further understand that by signing this certification and knowingly giving false information constitutes an act of fraud.

Head/Member of Household Name

CV-19, Customer verbal attestation

Head/Member of Household Signature

Date

Staff Signature

Date



Acknowledgment and Consent Forms

CLIENT CONFIDENTIALITY / RELEASE OF INFORMATION ACKNOWLEDGEMENT AGREEMENT

Under the terms of this Agreement, CLIENT agrees to release to CAAGKC information that is confidential and proprietary to CLIENT - Confidential Information to be used solely for the Agency's related statistics, services and programs. Confidential Information refers to any and all information of a confidential, proprietary, or secret nature which is or may be related in any way to the family, medical records, job history, present or future, of CLIENT or any related data. Confidential Information includes, for example, but not limited to: spouses or other family members, ages, salaries, financial standings, criminal records, medical records and all other pertaining to the family information. CAAGKC will consider all information received from CLIENT to be strictly confidential, as required by the Privacy Act, and subject to the restrictions of this Agreement; except for information that is (i) generally known to the public, (ii) in the possession of CAAGKC before receipt from the CLIENT, (iii) obtained later by the Agency from a third party without restriction on violation of Agreements.

CAAGKC will not disclose CLIENTS Confidential Information to any party without the prior written consent of CLIENT. CAAGKC may, however, disclose Confidential Information to its employees and/or programs but only if the employee has a legitimate need to know and has agreed to terms similar to those in this Agreement. Community Action Agency may also disclose this Confidential Information (i) to medical personnel in an emergency; (ii) to qualified personnel for research, audits, or program evaluation, as long as CLIENT identities are not identified; (iii) to a third party based on court orders; and (iv) to appropriate authorities in cases of suspected child abuse or neglect. CAAGKC will be responsible for any use or disclosure of Confidential Information by any of its employees or agents to third parties who should not share this information.

☐ YES ☐ NO

PHOTO, VIDEO, MEDIA RELEASE ACKNOWLEDGEMENT AGREEMENT

I hereby give Community Action Agency of Greater Kansas City (CAAGKC) permission to interview, videotape, or photograph me with the purpose of using said words or images in the media, in agency publications such as newsletters, brochures, and advertisements, or other printed or broadcast material. I understand that portions of my words, photos, or video may be edited or altered by CAAGKC or the news media without my expressed knowledge or approval. I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for CAAGKC use of any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

☐ YES ☐ NO

CUSTOMER GRIEVANCE/COMPLAINT POLICY ACKNOWLEDGEMENT AGREEMENT

Community Action Agency of Greater Kansas City customers are treated fairly without regard to race, color, sex, national origin/ancestry, religion, disability, veteran status, and any other characteristic protected by applicable affirmation laws. It is our intent to provide professional services to customers who apply for individual programs we administer. If a customer has a grievance/complaint he/she should immediately contact the manager of the program involved for resolution. Contact information will be provided by the Receptionist of CAAGKC.

 YES NO

Participant or Head of Household Signature:

Date:

CAAGKC Staff Signature:

Date: