



IMPORTANT NOTICE

REGISTRATION AT SLAM MIAMI FOR ALL PARENTS/GUARDIANS:

Wednesday, May 22nd, 2024

Parents who do not have the mandatory required documents, the application will not be reviewed, and will be returned.

Registration Information

**Place: SLAM Miami
542 N.W. 12 Ave,
Miami, FL 33136
Slam 2 Cafeteria**

Date: Wednesday, May 22nd, 2024

Time: 4:00pm – 6:00pm

NO EXCEPTIONS! STRICTLY ENFORCED!!

DOCUMENTS REQUIRED TO BE TURNED IN

- Filled Application
- Emergency Contact Form
- Kiwanis Liability Waiver
- Copy of 2023 Taxes
- Copy of Birth Certificate
- Intake Form + accompanying documents *

If the required documents are not received, the child will not be allowed in the camp.

Kiwanis of Little Havana Office
1400 S.W. 1st Street Miami, 33135, 10AM – 4PM.



DIA DE REGISTRO PARA TODOS LOS PADRES/GUARDIANES:

Miércoles, 22 de Mayo 2024

Padres que no entreguen los documentos requeridos no se les va a aceptar la aplicación.

Información para el Dia de la Registración

**Lugar: SLAM Miami
542 N.W. 12 Ave,
Miami, FL 33136
Cafetería de Slam 2**

Dia: Miercoles, 22 de Mayo 2024

Hora: 4:00 – 6:00pm

¡ESTRICTAMENTE OBLIGATORIO! ¡SIN EXCEPCIONES!

Entrega de los Documentos Requeridos

- Aplicación completada
- Documento de Contacto de Emergencia
- Kiwanis Liability Waiver
- Documento de Impuesto Anual 2023
- Partida de Nacimiento del niño/niña
- “Intake Form” + documentos suplementarios *

Si los documentos relacionados no son entregados el niño/a no será permitido en el Campamento.

Oficina Kiwanis of Little Havana
1400 S.W. 1st Street Miami, 33135, 10AM – 4PM.



JUNIOR COUNSELORS
Ages 14 - 17
Kiwaniis of Little Havana Foundation
June 10th – August 2th, 2024
SLAM Miami *SLAM!*
542 N.W. 12th Ave

Name: _____

Age: _____ Date of Birth: _____

Home Address: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Email: _____

School: _____

Medical History: _____

Sports Training:

_____ Baseball _____ Soccer _____ Swimming _____ Volleyball _____ Dodge Ball

_____ Basketball _____ Other(s): _____

SHIRT SIZE: S M L

Field Experience:

Have you worked at the KCLH summer camp before? YES / NO

If yes, for how many years _____

If your answer is YES, state age group that you have worked with in the past _____

Please briefly express why you desire to be a Junior Counselor at the KCLH summer camp.

Signature: _____

Date: _____/_____/2024



**KIWANIS OF LITTLE HAVANA FOUNDATION
HEALTHY KIDS SUMMER CAMP 2024**

EMERGENCY CONTACT FORM

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ ZIP CODE: _____

CELL PHONE: _____ WORK #: _____

EMAIL: _____

1. NAME OF CAMPER: _____

MEDICAL PROBLEMS: _____

DOCTOR'S NAME: _____ TELEPHONE: _____

2. NAME OF CAMPER: _____

MEDICAL PROBLEMS: _____

DOCTOR'S NAME: _____ TELEPHONE: _____

3. NAME OF CAMPER: _____

MEDICAL PROBLEMS: _____

DOCTOR'S NAME: _____ TELEPHONE: _____

4. NAME OF CAMPER: _____

MEDICAL PROBLEMS: _____

DOCTOR'S NAME: _____ TELEPHONE: _____

**IN CASE OF EMERGENCY CONTACT THE FOLLOWING
AUTHORIZED PERSONS**

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Parent/Guardian Signature

Print Full Name

Date



Kiwanis of Little Havana Foundation Healthy Kids Summer Camp 2024

JR COUNSELOR REGULATIONS

As summer camp Jr. Counselors, you will help provide active, hands-on, fun, and cooperative outdoor programming designed to develop respect for self, others, and the environment. Most importantly, you will have the opportunity to impact children's lives. You will be continually challenged to find new ways of teaching, motivating, and playing all summer. You will be a leader and held to high expectations as you will be the best resource camp will ever have in delivering our mission! You must have the confidence to positively impact anyone you meet or interact with at camp this summer!

All applicants must agree to these regulations. You are expected to abide by each and every one of them.

- You must have the desire and ability to work with the youth outdoors for extended periods of times.
- Camp safety is of utmost importance. Be extremely careful in all activities.
- Be willing to embody activities and habits that are associated with positive role models for campers.
- You must treat all campers with respect. Respect the children, respect the parents, and respect each other.
- Be patient and kind.
- You must be on time. Working hours are from 8:00 A.M. – 4:00 P.M.
- Take experiences as learning opportunities and teachable moments.
- Have a willingness to listen, learn, and be considerate of others.
- Be a part of a community built upon trust, caring attitudes, and enthusiasm.
- Be able to plan, lead, and teach games.
- Be able to work cooperatively with other staff in a team-oriented environment.
- You must have good character, integrity, adaptability, enthusiasm, sense of humor, patience, and self-control.
- Be able to accept and provide guidance and supervision.
- You may not take the children off premises except for planned activities.
- Your primary responsibility is to take care of the campers; campers must be supervised at all times; you must remain with your group always.
- You may not consume or have in your possession illegal drugs, alcoholic beverages or any tobacco products.

- You are responsible for reporting injuries suffered by any camper to the Counselors or Camp Director immediately.
- You may not have any visitors during camp hours.
- You must wear your Jr. Counselor uniform daily. Shorts must be of appropriate length, NO DROPPED PANTS! Upon First incident you will be reprimanded – Second incident will result in expulsion.
- Cell phone usage will be restricted to break times and emergencies only.
- When going on field trips to the waterpark, females must wear one piece bathing suits.
- Please pick-up all equipment from the field. Equipment must be put away for use the following day no later than 3:30 PM. Lunch area must remain clean; make sure that your group picks up any trash prior to leaving the area.
- Games in the game room are for the campers, not for Jr. Counselors. You may join the campers and play with them but not with each other.
- Roster of campers in your group must remain up to date always.

I _____ accept the above outlined Jr. Counselor regulations and I further understand that a violation of the regulations will result in the termination of my community service as a camp Jr. Counselor at the Kiwanis of Little Havana Foundation Healthy Kids Summer Camp 2023.

Signature

Date



WAIVER AND RELEASE LIABILITY
KIWANIS OF LITTLE HAVANA HEALTHY
KIDS SUMMERCAMP
WAIVER AND RELEASE OF LIABILITY



Custodial Parent/Guardian: _____ Home Phone: _____

Home Address: _____

City/State/Postal Code: _____

1. Camper Name: _____ Birthdate: _____ Age at Camp: _____

2. Camper Name: _____ Birthdate: _____ Age at Camp: _____

3. Camper Name: _____ Birthdate: _____ Age at Camp: _____

4. Camper Name: _____ Birthdate: _____ Age at Camp: _____

This Waiver and Release of Liability; Indemnification and Hold Harmless Agreement (the "Agreement") contains important information and provides for the release of significant legal rights related to participation by the Camper/Participant identified above in the KIWANIS OF LITTLE HAVANA FOUNDATION HEALTHY KIDS SUMMER CAMP ("Summer Camp") operated by KIWANIS OF LITTLE HAVANA FOUNDATION in Miami, Florida. The term "Camper" or "Participant" refers to the participant in Summer Camp activities and includes children in participating in the Summer Camp Program. By executing this document the undersigned (i) agree to Camper's participation in the Summer Camp; (ii) acknowledge that Summer Camp involves a risk of injury or death to Camper; and (iii) agree to the limited release and indemnification provisions, all as more fully set forth below. The undersigned agree to all of this in exchange for KIWANIS OF LITTLE HAVANA FOUNDATION'S agreement to allow Camper to participate at no cost in the Summer Camp. This Agreement binds all parties who have executed this agreement, including the Camper/Participant, as well as Camper's Parent(s) and/or Legal Guardian(s).

PLEASE REVIEW THE PROVISIONS BELOW CAREFULLY AS THEY INCLUDE IMPORTANT DETAILED INFORMATION REGARDING THE PROVISIONS OF THIS DOCUMENT. (Write your initial on the line next to each point to indicate your understanding.)

- 1) Acknowledgement of Risk. Camper, Parent(s) and/or Legal Guardian(s) acknowledge and fully understand that there are inherent risks of serious injury or death associated with Summer Camp activities. Camper, Parent(s) and/or legal Guardian(s) further acknowledge that there may be other sources of risks at the Summer Camp which may include activities conducted away from the Summer Camp location ("Off-site Activities"). These may include trips to museums, amusement parks and other similar activities. The KIWANIS OF LITTLE HAVANA FOUNDATION may arrange for bus, van or private car

transportation to facilitate such activities and I authorize Camper's participation in such off-site activities, including transportation to and from such activities by whatever means are deemed reasonable and appropriate by the KIWANIS OF LITTLE HAVANA FOUNDATION.

- _____
- 2) **Camper Waiver of Rights and Release of Liability.** Camper, Parent(s) and/or Legal Guardian(s) hereby release, waive and discharge the KIWANIS OF LITTLE HAVANA FOUNDATION, its agents, employees, and volunteers from all loss damage, injury, or liability arising in connection the Summer Camp including all Summer Camp activities, use of Summer Camp facilities and equipment. This waiver extends to, but is not limited to those risks described in paragraph #1 above.
- _____
- 3) **Indemnification and Hold Harmless.** Camper, Parent(s) and/or Legal Guardian(s) further agree to indemnify and hold harmless the KIWANIS OF LITTLE HAVANA FOUNDATION, its agents, employees and volunteers, from and against all losses, damages, monetary awards and expenses, including all costs and attorney's fees incurred by the indemnified parties in connection with any and all claims asserted against the KIWANIS OF LITTLE HAVANA FOUNDATION, its agents, employees or volunteers, brought by Camper, Parent(s) and/or Legal Guardian(s), and their respective heirs successors, assigns and legal representatives for any injury, illness, disease death, or damage to or loss of property, arising in connection with Summer Camp.
- _____
- 4) **Photographs and Audio/Digital Recordings.** Camper, Parent(s) and/or Legal Guardian(s) further grant to the KIWANIS OF LITTLE HAVANA FOUNDATION & KIWANIS CLUB OF LITTLE HAVANA the right to take photographs and audio/digital recordings of him or her while participating in any activities during the Summer Camp and authorizes the KIWANIS CLUB OF LITTLE HAVANA & KIWANIS OF LITTLE HAVANA FOUNDATION, its agents, employees and volunteers, to copyright, use and publish the photographs in print or electronically. The undersigned further agree that the KIWANIS CLUB OF LITTLE HAVANA & KIWANIS OF LITTLE HAVANA FOUNDATION may use such photographs for any lawful purpose including publicity, illustration, advertising, and website content and waive any right of compensation or ownership thereto. Your child's name or any other personal information will not be disclosed with the photograph.
- _____
- 5) **Miscellaneous.** The parties agree that the provisions of this Agreement shall be deemed severable and that the invalidity or unenforceability of any one or more of the provisions of clauses hereof shall not affect the validity and enforceability of the other provision or clauses hereof except as specifically set forth herein. The terms of this Agreement constitute the entire agreement and

I CERTIFY THAT I HAVE READ THIS AGREEMENT AND THAT I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS AND ASSUMING SUBSTANTIAL RESPONSIBILITIES BY SIGNING IT, AND THAT I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name

Participant's Signature

_____/_____/2024
Date Signed

**FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF PARTICIPATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the KIWANIS CLUB OF LITTLE HAVANA & KIWANIS OF LITTLE HAVANA FOUNDATION, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and holds harmless the KIWANIS CLUB OF LITTLE HAVANA & KIWANIS OF LITTLE HAVANA FOUNDATION, from any and all liabilities incident to my minor child's involvement or participation in these events and activities associated with the KIWANIS CLUB OF LITTLE HAVANA & KIWANIS OF LITTLE HAVANA FOUNDATION HEALTH KIDS SUMMER CAMP.

Name of Parent/Guardian

Parent/Guardian Signature

_____/_____/2024
Date Signed

Emergency Phone Number: _____



Kiwanis of Little Havana Foundation

General Program Eligibility Intake Form

INSTRUCTIONS

To qualify for the KLHF programs/projects, you are required to provide updated information regarding your income, assets, deductions, and family circumstances. Please **carefully read** and complete the attached packet according to the following instructions:

1. Complete the attached Application for Initial Eligibility
 - Read each question carefully and provide an answer or the requested information.
 - Provide your family composition and answer **Yes** or **No** to each question.
 - Read the instructions carefully after you answer **Yes** to any question. Instructions can be found above or below the question.
2. You and all household members aged 18 and older **must sign** the following documents:
 - Page 4, Certification Statement, Authorization of Release of Information, and General Consent
3. Gather the following documents and present them to the KLHF Office.
IMPORTANT: All documents must be authentic, legible, and current.
 - Verification of Social Security numbers for all household members.
 - Birth Certificates for all household members receiving assistance.
 - Photo identification for adult labeled head of household.
 - Declaration of Citizenship Form (proof of eligible immigration status for eligible non-citizens)
 - Latest tax returns and/or two (2) current and consecutive paycheck stubs for all adult members that are employed.
 - Current Statement from all sources of income including but not limited to:
 - i. SSI, Social Security,
 - ii. TANF assistance, (food stamps, cash assistance, etc.)
 - iii. unemployment,
4. Submit eligibility packet to the KLHF office.
5. A KLHF staff member or volunteer will review your packet and documentation at the registration. If additional information is requested, please provide promptly to prevent processing delays. After you have been determined eligible for the program, you will receive an acceptance letter via email.
6. The information collected by this intake form is necessary for the Kiwanis of Little Havana Foundation to acquire funding for various sources.



Date: _____

Head of Household Name: _____

Mailing Address: _____ Apt: _____ City: _____ State: _____ Zip _____

Cell Phone: _____ Home Phone: _____ E-Mail: _____

Language Preference (You may select one): [] English [] Spanish Other: _____

- I. **FAMILY COMPOSITION:** List head of household first followed by the names of ALL persons who will live or are expected to live in the unit during the next 12 months where this will be their primary residence.
- Note 1:** For "Relation", please provide if you are the head of household's spouse, domestic partner, co-head, son, daughter, foster child/adult, live in aide or other adult.
- Note 2:** Use one of the following to designate your "Race": Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander or White.
- Note 3:** Use one of the following to designate your Education Level: Advanced Degree (Master's/Bachelor's), Associate degree/vocational school, High school graduate/GED, 8th grade or less, current student (indicate grade level).
- Note 4:** Use one of the following to designate your legal status: U.S Citizen, Lawful Permanent Resident, Alien asylum pending, Alien refugee, Alien paroled, Alien deportation withheld, Alien tourist visa, Alien no status.

1. Head of Household							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
							Self
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number	
Education		Nationality		Legal Status			

2. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation to Head
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number	
If member is over 18 and is a full-time student, list school name and address:				Nationality			
Education							

3. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation to Head
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number	
If member is over 18 and is a full-time student, list school name and address:				Nationality			
Education							

4. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation to Head
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number	
If member is over 18 and is a full-time student, list school name and address:				Nationality			
Education							



5. Household Member

Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation to Head
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>		U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>		Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Security Number		Alien Registration Number		If member is over 18 and is a full-time student, list school name and address:			
Education				Nationality			

II. INCOME INFORMATION:

Earned income includes employment and wages of any kind (full-time, part time, seasonal, self-employment, temporary employment, or cash payments). If you work at a temp agency, list below and estimate your pay.

1. Does any household member receive earned income? Yes No

If yes, please complete the income section below for each household member that receives earned income.

VERIFICATION: Provide two (2) current and consecutive paystubs, a payroll print-out/summary, or employer letter (on letterhead) dated with 60 days; for self-employed, provide a copy of your most recent tax return (1040, 1040A) or a Profit and Loss statement dated within 60 days.

Household Member Name	Name and Full Address of Income Source	Phone Number /Fax Number	Pay Rate	Frequency*

II.a Other Income Information

You must report all sources of unearned income. Does any household member have income (such as those listed below)? If yes, check the appropriate box(es):

- Social Security, Supplemental Social Security, annuities, retirement payments, pension or veterans/disability/death benefits
- Unemployment and disability compensation, worker's compensation and/or severance pay
- Regular contributions or gifts received from organizations or persons not residing in the dwelling
- Armed Forces pay
- Student financial assistance that is more than tuition - not including any type of loan
- TANF - Cash Assistance and/or Food Assistance (circle one or both)
- Alimony and/or child support payments - Docket Number for Child Support Case(s): _____
- Rental income from owned home or real estate property

If yes, indicate the type, source and amount of income for each household member in the spaces below and submit statement(s) dated with the last 60 days for each source of income:



Household Member Name	Type of Income	Name and Full Address of Income Source	Phone Number	Amount (\$)	Frequency*

*Frequency Types:
 Hourly, Weekly, Bi-Weekly (every 2 weeks), Semi Monthly (fixed payment dates such as: 1st and 15th or 5th and 20th), Monthly, or Annually

III. CERTIFICATION STATEMENT, AUTHORIZATION OF RELEASE OF INFORMATION, AND GENERAL CONSENT

I certify and consent to the following:

- The information provided to Kiwanis of Little Havana Foundation regarding household composition, income, and immigration status is accurate and complete to the best of my knowledge and belief.
- I understand that this information will be used by the Kiwanis of Little Havana Foundation to verify my initial or continued eligibility and level of benefits.
- I understand that this information is protected by law and cannot be released/requested without my written consent unless otherwise provided by law. I further understand that this consent may be revoked by me, in writing at any time, except if the information has already been released or obtained.
- I hereby authorize and release my information to be used/released by the Kiwanis of Little Havana Foundation for purposes of acquiring funding from various sources.

 Head of Household (HOH) Name:

 Signature:

 Date:

 Spouse/Co-Head Name

 Signature

 Date

 Other Adult Household Member Name

 Signature

 Date

 Other Adult Household Member Name

 Signature

 Date

 Other Adult Household Member Name

 Signature

 Date

 Other Adult Household Member Name

 Signature

 Date



Kiwanis of Little Havana Foundation

General Program Eligibility Intake Form

INSTRUCCIONES

Para calificar para los programas / proyectos de KLHF, debe proporcionar información actualizada sobre sus ingresos, activos, deducciones y circunstancias familiares. Lea **atentamente** y complete el paquete adjunto de acuerdo con las siguientes instrucciones:

1. Complete la Solicitud de Elegibilidad Inicial adjunta
 1. Lea cada pregunta cuidadosamente y proporcione una respuesta o la información solicitada.
 2. Proporcione su composición familiar y responda **Sí** o **No** a cada pregunta.
 3. Lea atentamente las instrucciones después de responder **Sí** a cualquier pregunta. Las instrucciones se pueden encontrar encima o debajo de la pregunta.
2. Usted y todos los miembros del hogar mayores de 18 años **deben firmar** los siguientes documentos:
 1. **Página 4, Declaración de certificación, autorización de divulgación de información y consentimiento general**
3. Reúna los siguientes documentos y preséntelos a la Oficina de KLHF.
IMPORTANTE: Todos los documentos deben ser auténticos, legibles y actuales.
 1. Verificación de números de Seguro Social para todos los miembros del hogar.
 2. Certificados de nacimiento para todos los miembros del hogar que reciben asistencia.
 3. Identificación con foto para adulto etiquetado como cabeza de familia.
 4. Formulario de Declaración de Ciudadanía (prueba de estatus migratorio elegible para no ciudadanos elegibles)
 5. Últimas declaraciones de impuestos y/o dos (2) talones de cheques de pago actuales y consecutivos para todos los miembros adultos que están empleados.
 6. Estado actual de todas las fuentes de ingresos, incluidos, entre otros:
 1. SSI, Seguridad Social,
 2. Asistencia de TANF, (cupones de alimentos, asistencia en efectivo, etc.)
 3. desempleo
4. Entregue el paquete de elegibilidad en la oficina KLHF.
5. Un miembro del personal o voluntario de KLHF revisará su paquete y documentación en el registro. Si se solicita información adicional, proporcione con prontitud para evitar retrasos en el procesamiento. Una vez que se haya determinado que es elegible para el programa, recibirá una carta de aceptación por correo electrónico.
6. La información recopilada por este formulario de admisión es necesaria para que Kiwanis of Little Havana Foundation adquiera fondos de diversas fuentes.



Fecha: _____

Nombre de cabeza de la familia : _____

Dirección postal:Apt:City: _____ State _____ : _____ Zip _____

Teléfono celular: _____ Teléfono residencial _____ Correo electrónico: _____

Preferencia de idioma (puede seleccionar uno): [] Inglés [] Español Otro: _____

1. **COMPOSICIÓN FAMILIAR:** Enumere primero al cabeza de familia seguido de los nombres de TODAS las personas que vivirán o se espera que vivan en la unidad durante los próximos 12 meses cuando esto será su residencia principal.
- Nota 1:** Para "Relación", indique si usted es el cónyuge de la cabeza de familia, pareja doméstica, codirector, hijo, hija, niño adoptivo / adulto, vive en asistente u otro adulto.
- Nota 2:** Use una de las siguientes opciones para designar su "raza": negro/afroamericano, indio americano/nativo de Alaska, asiático, nativo hawaiano/otro isleño del Pacífico o blanco.
- Nota 3:** Use uno de los siguientes para designar su nivel de educación: Grado avanzado (maestría / licenciatura), título asociado / escuela vocacional, graduado de la escuela secundaria / GED, 8° grado o menos, estudiante actual (indique el nivel de grado).
- Nota 4:** Use uno de los siguientes para designar su estado legal: ciudadano estadounidense, residente permanente legal, asilo de extranjero pendiente, refugiado extranjero, extranjero con parole, extranjero con retención de deportación , visa de turista extranjero, extranjero sin estatus.

1. Cabeza de familia

Apellido		Nombre		MI	Fecha de nacimiento	Sexo (H/M)	Relación
							Propio
Discapacidad Sí <input type="checkbox"/> No <input type="checkbox"/>	Ciudadano estadounidense Sí <input type="checkbox"/> No <input type="checkbox"/>	Estudiante de tiempo completo Sí <input type="checkbox"/> No <input type="checkbox"/>	Raza	Hispano/Latino Sí <input type="checkbox"/> No <input type="checkbox"/>	Número de Seguro Social	Número de registro de extranjero	
Educación		Nacionalidad		Estatus legal			

2. Miembro del hogar

Apellido		Nombre		MI	Fecha de nacimiento	Sexo (H/M)	Relación
							Propio
Discapacidad Sí <input type="checkbox"/> No <input type="checkbox"/>	Ciudadano estadounidense Sí <input type="checkbox"/> No <input type="checkbox"/>	Estudiante de tiempo completo Sí <input type="checkbox"/> No <input type="checkbox"/>	Raza	Hispano/Latino Sí <input type="checkbox"/> No <input type="checkbox"/>	Número de Seguro Social	Número de registro de extranjero	
Educación		Nacionalidad					

3. Miembro del hogar

Apellido		Nombre		MI	Fecha de nacimiento	Sexo (H/M)	Relación
							Propio
Discapacidad Sí <input type="checkbox"/> No <input type="checkbox"/>	Ciudadano estadounidense Sí <input type="checkbox"/> No <input type="checkbox"/>	Estudiante de tiempo completo Sí <input type="checkbox"/> No <input type="checkbox"/>	Raza	Hispano/Latino Sí <input type="checkbox"/> No <input type="checkbox"/>	Número de Seguro Social	Número de registro de extranjero	
Educación		Nacionalidad					

4. Miembro del hogar

Apellido		Nombre		MI	Fecha de nacimiento	Sexo (H/M)	Relación
							Propio
Discapacidad Sí <input type="checkbox"/> No <input type="checkbox"/>	Ciudadano estadounidense Sí <input type="checkbox"/> No <input type="checkbox"/>	Estudiante de tiempo completo Sí <input type="checkbox"/> No <input type="checkbox"/>	Raza	Hispano/Latino Sí <input type="checkbox"/> No <input type="checkbox"/>	Número de Seguro Social	Número de registro de extranjero	
Educación		Nacionalidad					



5. Miembro del hogar							
Apellido		Nombre		MI	Fecha de nacimiento	Sexo (H/M)	Relación
							Propio
Discapacidad Sí <input type="checkbox"/> No <input type="checkbox"/>	Ciudadano estadounidense Sí <input type="checkbox"/> No <input type="checkbox"/>	Estudiante de tiempo completo Sí <input type="checkbox"/> No <input type="checkbox"/>	Raza	Hispano/Latino Sí <input type="checkbox"/> No <input type="checkbox"/>	Número de Seguro Social	Número de registro de extranjero	
Educación				Nacionalidad			

1. INFORMACIÓN DE INGRESOS:

Los ingresos del trabajo incluyen empleo y salarios de cualquier tipo (tiempo completo, tiempo parcial, estacional, trabajo por cuenta propia, empleo temporal o pagos en efectivo). Si trabaja en una agencia temporal, enumere a continuación y calcule su salario.

1. ¿Algún miembro del hogar recibe ingresos del trabajo? Sí No

Si eligió Sí, complete la sección de ingresos a continuación para cada miembro del hogar que recibe ingresos del trabajo.

VERIFICACIÓN: Proporcione dos (2) recibos de pago actuales y consecutivos, una copia empresa / resumen de payroll o una carta del empleador (con membrete) con fecha de 60 días; para trabajadores por cuenta propia, proporcione una copia de su declaración de impuestos más reciente (1040, 1040A) o una declaración de pérdidas y ganancias con fecha dentro de los 60 días.

Nombre del miembro del hogar	Nombre y dirección completa de la fuente de ingresos	Número de teléfono / Número de fax	Tasa de pago	Frecuencia*

1. Otra información sobre ingresos

Debe informar todas las fuentes de ingresos no ganados. ¿Algún miembro del hogar tiene ingresos (como los que se enumeran a continuación)? En caso afirmativo, marque la(s) casilla(s) apropiada(s):

- Seguro Social, Seguro Social Suplementario, anualidades, pagos de jubilación, pensiones o beneficios de veteranos / discapacidad / muerte
- Compensación por desempleo e invalidez, compensación laboral y / o indemnización por despido
- Contribuciones regulares o donaciones recibidas de organizaciones o personas que no residen en la vivienda
- Pago de las Fuerzas Armadas
- Asistencia financiera para estudiantes que es más que matrícula, sin incluir ningún tipo de préstamo
- TANF – Asistencia en efectivo y/o asistencia alimentaria (marque uno o ambos)
- Pagos de pensión alimenticia y / o manutención infantil – Número de expediente para casos de manutención infantil: ___
- Ingresos por alquiler de viviendas o bienes inmuebles propios

En caso afirmativo, indique el tipo, la fuente y la cantidad de ingresos para cada miembro del hogar en los espacios a continuación y presente declaraciones con fecha de los últimos 60 días para cada fuente de renta:



Nombre del miembro del hogar	Nombre y dirección completa de la fuente de ingresos	Número de teléfono / Número de fax	Tasa de pago	Frecuencia*

* Tipos de frecuencia:

Por hora, semanal, quincenal (cada 2 semanas), semestral (fechas de pago fijas como: 1ª y 15ª o 5ª y 20ª), mensual o anual

1. DECLARACIÓN DE CERTIFICACIÓN, AUTORIZACIÓN DE DIVULGACIÓN DE INFORMACIÓN Y CONSENTIMIENTO GENERAL

Certifico y doy mi consentimiento a lo siguiente:

1. La información proporcionada a Kiwanis of Little Havana Foundation con respecto a la composición del hogar, los ingresos y el estado migratorio es precisa y completa a mi leal saber y entender.
2. Entiendo que esta información será utilizada por a Kiwanis of Little Havana Foundation para verificar mi elegibilidad inicial o continua y el nivel de beneficios.
3. Entiendo que esta información está protegida por la ley y no puede ser divulgada / solicitada sin mi consentimiento por escrito a menos que la ley disponga lo contrario. Además, entiendo que este consentimiento puede ser revocado por mí, por escrito en cualquier momento, excepto si la información ya ha sido divulgada u obtenida.
4. Por la presente autorizo y divulgo mi información para ser utilizada / divulgada por a Kiwanis of Little Havana Foundation con el propósito de adquirir fondos de diversas fuentes.

Nombre la cabeza de familia:

Firma:

Fecha:

Nombre del cónyuge/ codirector

Firma

Fecha

Nombre de otro miembro adulto del hogar

Firma

Fecha

Nombre de otro miembro adulto del hogar

Firma

Fecha

Nombre de otro miembro adulto del hogar

Firma

Fecha

Nombre de otro miembro adulto del hogar

Firma

Fecha