

# MEMBER EMERGENCY CONTACTS

## Boys & Girls Clubs of Gloucester County

Member's (Child) Name: \_\_\_\_\_

<b>PRIMARY CONTACT</b>	<b>SECONDARY CONTACT</b>
Name: _____ Relationship to Member: _____ Parent/Guardian: <input type="checkbox"/> Yes Authorized to Pickup Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Address H: _____ Phone: _____ Type: <u>home / cell</u> Phone: _____ Type: <u>home / cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call <input type="checkbox"/> Yes	Name: _____ Relationship to Member: _____ Parent/Guardian: <input type="checkbox"/> Yes Authorized to Pickup Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Address H: _____ Phone: _____ Type: <u>home / cell</u> Phone: _____ Type: <u>home / cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call <input type="checkbox"/> Yes
Name: _____ Relationship to Member: _____ Parent/Guardian: <input type="checkbox"/> Yes Authorized to Pickup Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Address H: _____ Phone: _____ Type: <u>home / cell</u> Phone: _____ Type: <u>home / cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call <input type="checkbox"/> Yes	Name: _____ Relationship to Member: _____ Parent/Guardian: <input type="checkbox"/> Yes Authorized to Pickup Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Address H: _____ Phone: _____ Type: <u>home / cell</u> Phone: _____ Type: <u>home / cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call <input type="checkbox"/> Yes
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# County of Gloucester 2022 CDBG Self-Certification Form

This program receives assistance from County of Gloucester's Community Development Block Grant Program. The Program, funded by the U.S. Department of Housing and Urban Development (HUD), requires us to collect specific information about our program participants. This information will be kept confidential and will only be provided to HUD in summarized reports.

CDBG Program Name: Boys & Girls Clubs of Gloucester County's Youth Services

Program Participant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Household Size: \_\_\_\_\_ (number of people in household)

In the first column of the chart below, find your family size then check the box next to the income level that best describes your family's current annual income. Total family income includes income from all sources (wages, unemployment, social security, public assistance, interest and dividends, worker's comp, etc.) for all members of your family who are at least 18 years of age. A family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

Household Size	Extremely Low Income	Low Income Limits	Moderate Income	Other
1 Person	\$22,150 or less	\$22,151 to \$36,900	\$36,901 to \$59,050	Above \$59,051
2 Person	\$25,200 or less	\$25,201 to \$42,200	\$42,201 to \$67,450	Above \$67,451
3 Person	\$28,450 or less	\$28,451 to \$47,450	\$47,451 to \$75,900	Above \$75,901
4 Person	\$31,600 or less	\$31,601 to \$52,700	\$52,701 to \$84,300	Above \$84,301
5 Person	\$34,150 or less	\$34,151 to \$56,950	\$56,951 to \$91,050	Above \$91,051
6 Person	\$37,190 or less	\$37,191 to \$61,150	\$61,151 to \$97,800	Above \$97,801
7 Person	\$41,910 or less	\$41,911 to \$65,350	\$65,351 to \$104,550	Above \$104,551
8 Person	\$46,630 or less	\$46,631 to \$69,600	\$69,601 to \$111,300	Above \$111,301

**Race of Program Participant (must check one):**

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Asian White
- Black/African American & White
- Asian/Pacific Islander
- American Indian/Alaskan Native & Black/African American
- Other multi-racial
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White

**Ethnicity of Program Participant (must check one):**

- Hispanic
- Non-Hispanic

**Financial Hardship from COVID-19 & Certification:**

I attest my household has lost employment or income either permanently or temporarily due to the COVID-19 pandemic. I attest that the information provided is true and correct to my knowledge. I understand that the information listed on this form may be subject to verification by the County of Gloucester and/or by the U.S. Department of Housing and Urban Development (HUD), the Office of the Inspector General, or their authorized representatives.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.