City of Reno
Parks, Recreation and Community Services
Youth Sierra Kids and Camps Scholarship for Reduced Fees

To Qualify:

- A Delegate Agency Enrollment form must be filled out completely, signed and dated (this form is 2-sided)
- Parents/Legal Guardians MUST be working.
- Participating child(ren) must be US citizens or legal residents
- Parents/Legal Guardians income falls within guidelines
- A Purpose of Care form must filled out completely for each Parent/Legal Guardian.
  Do not complete a form for adults not responsible for the children, such as grandparents or roommates.

Delegate Agency Enrollment Form Instructions (below is a brief explanation for each section)

Adults:

→ List information on all adults who currently live in the home.

→ Adults social security numbers are not required, but it would be helpful for processing if the information is provided.
(If you do not have SS#, please enter "N/A" in the SS# field)

Children (Under the age of 18)

→ List information on all children under age 18 living in the household and their relationship to the person applying for the scholarship.

→ You are not required to give the child's social security number but the child must be a US citizen or legal resident, and your child must also be current on their immunization. These two questions must be answered on the application.

→ Children 18 years old will only be included in household size if they are still attending high school. Proof of high school enrollment must be included.

Employment:

→ Provide verification of all employment income earned in the 30 days prior to the signature date on application.

→ If you have just started work or starting work soon, you can obtain a signed letter with company letterhead from your employer with date work began, hours worked and pay per hour.

Child Support:

→ Do any of the children in your household have a parent(s) not living in the home?
Check YES if you are a single parent household, then complete the information for the non-custodial parent,
Check NO if both parents are in the home.

→ Check YES or NO to receiving child support. If **YES**, a proof of child support document must be attached to the application, such as a copy of a court order. If it is a private agreement, a statement from the parent paying the child support is required to be dated and received in the past 30 days. If **NO**, you need to have an open child support case in the State of Nevada and a proof of open child support case must be attached to the application.

Other Household Income:

→ Check types of other income received in the 30 days prior to the signature date on application. We need verification of other income received during that period.

→ Check if receiving Housing Assistance/Food Stamps, but verification of this income does not need to be included.

Sign and Date

→ **Application must be signed and dated by all required adult household members**. This means, if there are two parents in the household, both parents must sign.

Processing time (10 business days) starts when ALL completed forms and verification are received.
Be sure to apply well in advance of registering for a program

Return application to one of the following locations:

Parks, Recreation & Community Services Administration Office – 1E 1st Street, 11th floor Reno, NV 89501 (775-334-2260)
Neil Road Recreation Center – 3925 Neil Road, Reno, NV 89502
Northeast Community Center - 1301 Valley Road Reno, NV 89512

Purpose of Care Form

Name of Program: _____

Name of Parent/Guardian: _____

Please use one form for each parent/guardian, if this is a two parent/guardian household.

Name of Child(ren): _____

Employment / Training:

Average hours per week _____

Please specify the days of the week that you are regularly scheduled to work/attend training:

Sunday	From _____	AM / PM	To _____	AM / PM
Monday	From _____	AM / PM	To _____	AM / PM
Tuesday	From _____	AM / PM	To _____	AM / PM
Wednesday	From _____	AM / PM	To _____	AM / PM
Thursday	From _____	AM / PM	To _____	AM / PM
Friday	From _____	AM / PM	To _____	AM / PM
Saturday	From _____	AM / PM	To _____	AM / PM

OR

If the parent/guardian has a varied/rotating schedule, what is the maximum number of scheduled days per week? _____.

College / University:

Number of credits being taken this semester _____

Student GPA _____

Please specify the days of the week that you are regularly scheduled to attend college/university

Sunday	From _____	AM / PM	To _____	AM / PM
Monday	From _____	AM / PM	To _____	AM / PM
Tuesday	From _____	AM / PM	To _____	AM / PM
Wednesday	From _____	AM / PM	To _____	AM / PM
Thursday	From _____	AM / PM	To _____	AM / PM
Friday	From _____	AM / PM	To _____	AM / PM
Saturday	From _____	AM / PM	To _____	AM / PM

Travel time from program site to work/training/school? _____

I verify that to the best of my knowledge the above information is true and correct. I will notify the program if these days and times change in the future.

Parent//Guardian Signature: _____Date: _____

If parent/guardian was unable to 1-111 out and sign this form in person, the agency may verify purpose of care via phone, email, fax or other means; however, agency representative must sign below.

Agency's Signature _____Date: _____

DELEGATE AGENCY ENROLLMENT FORM

Program/Site Requested _____

FILL IN ALL BLANKS FOR <u>EVERYONE WHO CURRENTLY LIVES IN THE HOME</u> WITH YOU, WHETHER OR NOT YOU CONSIDER THEM HOUSEHOLD MEMBERS OR NOT.

CODES: **Race/Ethnicity**: Please Check one of these boxes: ☐Hispanic/Latino ☐Non-Hispanic/Latino **AND** enter one of the following ethnicity codes for each household member in the appropriate box below**: A**-Asian; **B**-Black or African American; **H**-Hispanic or Latino; **I**-American Indian or Alaska Native; **N**-Native Hawaiian or Pacific Islander; **W**-White; **O**-Other
Marital Status: **S**-Single; **M**-Married; **N**-Separated; **D**-Divorced; **W**-Widowed

ADULTS:

Full Name	Relationship to You	SEX	Date of Birth	Social Security Number	Race/ Ethnicity	Marital Status	Highest Grade Completed
	Self						

CHILDREN (Under the age of 18)

Full Name	Relationship to You	SEX	Date of Birth	US Citizen or Legal Resident?	Current on Immun?	Social Security Number	Race/ Ethnicity	Special Needs?	Need Care?
				Yes ☐ No ☐	Yes ☐ No ☐			Yes ☐ No ☐	Yes ☐ No ☐
				Yes ☐ No ☐	Yes ☐ No ☐			Yes ☐ No ☐	Yes ☐ No ☐
				Yes ☐ No ☐	Yes ☐ No ☐			Yes ☐ No ☐	Yes ☐ No ☐
				Yes ☐ No ☐	Yes ☐ No ☐			Yes ☐ No ☐	Yes ☐ No ☐
				Yes ☐ No ☐	Yes ☐ No ☐			Yes ☐ No ☐	Yes ☐ No ☐

Home Address	City State Zip	
Mailing Address	City State Zip	
Phone **Home** ☐ **Cell** ☐ **Work** ☐ **Other** ☐	Alternative Phone: **Home** ☐ **Cell** ☐ **Work** ☐ **Other** ☐	E-mail Address

EMPLOYMENT: Please list current employer for each adult. This includes self-employment, in-kind activities and odd jobs.

Household Member	Employer Name Address and Telephone Number	Rate of Pay/Hours per wk	Pay Frequency	Stub Amounts-Gross pay
			☐ Weekly	$
		$ per HR	☐ Bi-Weekly	$
		Hours/WK=	☐ Semi-Monthly	$
			☐ Monthly	$
			☐ Weekly	$
		$ per HR	☐ Bi-Weekly	$
		Hours/WK=	☐ Semi-Monthly	$
			☐ Monthly	$

CHILD SUPPORT: **Do any of the children in the household have a parent(s) NOT living in the home? ____Yes ___ No**
If yes, please complete the information below for the non-custodial parent.

Child's Name	Name and address of Parent not residing in the Household	Receiving Child Support	How Often	Amount	Received through which source?
		□ Yes □ No	□ Weekly □ Bi-Weekly □ Semi-Monthly □ Monthly		□ D.A.'s Office □ Court Agreement □ Private Agreement
		□ Yes □ No	□ Weekly □ Bi-Weekly □ Semi-Monthly □ Monthly		□ D.A.'s Office □ Court Agreement □ Private Agreement
		□ Yes □ No	□ Weekly □ Bi-Weekly □ Semi-Monthly □ Monthly		□ D.A.'s Office □ Court Agreement □ Private Agreement

OTHER HOUSEHOLD INCOME: All income received in the last 30 days

□ 01 – TANF
□ 02 – *SNAP (Food Stamps)
□ 03 – *Housing Assistance
□ 04 – Foster Care Payments
□ 05 – Veteran's Benefits
□ 06 – Lump Sum Payments
□ 07 – Military Allotments
□ 08 – Worker's Compensation
□ 09 – Temporary Disability Insurance
□ 10 – *Educational Assistance/ Pell Grants
□ 11 – Unemployment
□ 12 – Contributions to the Household
□ 13 – Railroad Retirement
□ 14 – Insurance Settlements
□ 15 – Tips
□ 16 – Loans
□ 17 – Dividends
□ 18 – Royalties
□ 19 – Interest
□ 20 – Winnings
□ 21 – Alimony
□ 22 – *Supplemental Security Income
□ 23 – Social Security Disability
□ 24 – Social Security Survivors
□ 25 – Social Security Retirement
□ 26 – Pension/Retirement Trust Income
□ 27 – Adoption Subsidies

□ Other: _____

Income Type #	Amount	How Often is the Income Received	Who Receives the Income
Example: 02	*$250*	*Monthly*	*Family*

Please complete the following information for any adults participating in a training program or attending school. In addition, please provide verification of schedule.

Student Name	Training Site Name	Training Site Address	Schedule

AUTHORIZATION/RESPONSIBILITY: I hereby authorize and consent to the release of any and all information concerning me or my household members to the Child Care Program by the holder of the information regardless of the manner of form held, including, without limitation, wage information, information made confidential by law or otherwise and patient information privileged under NRS 49.225 or any other provision of law or otherwise. I hereby release the holder of such information from liability, if any, resulting from disclosure of the required information. A reproduced copy of this authorization legally constitutes an original copy.

I understand the questions on this application and the penalty for hiding or giving false information. In addition, I understand that if I make a false or misleading statement, conceal or withhold facts to establish or maintain program eligibility, my benefits may be reduced, denied, or terminated; I may be disqualified from program participation, criminally prosecuted, or otherwise penalized according to state and federal law. Furthermore, I understand that failure to pay my co-pays to the provider and/or follow through on re-payment agreements will result in termination of subsidy benefits.

I understand any individual may apply for the Subsidy Contract Program. No person shall be discriminated against for any reason (such as race, age, color, religion, sexual orientation, disability, political belief or national origin). To file a complaint, I may contact Jamie Burnett, Program Director of the Children's Cabinet located at 1090 S. Rock Blvd. Reno, NV 89502. I also have the right to request a hearing with the DWSS and will be provided information on the appeal process upon request.

In addition, I understand the providers listed above reflect the choice made by me, the parent/caretaker, and by signing below, I agree to indemnify and hold harmless the State of Nevada, the Child Care Subsidy Program, their officers, agents, board members and employees from all claims, litigation, costs, expenses and liabilities arising out of, or in any way connected with the provider chosen by me.

I certify under penalty of perjury, my answers are true, correct and complete to the best of my knowledge and ability

Applicants Signature _____ Date _____

Co-Applicants Signature _____ Date _____

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW,
WOULD YOU LIKE TO REGISTER TO VOTE HERE TODAY?

(Please check one)

☐ YES ☐ NO

If you do not check either box, you will be considered to have decided not to register to vote at this time.

The NATIONAL VOTER REGISTRATION ACT provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, contact The Children's Cabinet for assistance. The decision whether to seek or accept help is yours. You may fill out the application form in private.

IMPORTANT NOTICE: Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance you will be provided by this agency.

_____

Signature Date

CONFIDENTIALITY: Whether you decide to register to vote or not, your decision will remain confidential.

IF YOU BELIEVE SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, Capitol Complex, Carson City, Nevada 89710.

1090 S. Rock Blvd | Reno, NV 89502 | Ph 775-856-6200 | Toll Free 800-753-5500 | Fax 775-856-6208 |
www.childrenscabinet.org

SECRETARY OF STATE ROSS MILLER
STATE OF NEVADA
VOTER REGISTRATION APPLICATION

Application No.
HA

BOX 3 - NAME Please write your name exactly as it appears on the Nevada driver's license, I.D. card, or Social Security card referenced in Box 8. If you do not have any of these forms of identification, please see the instructions for Box 8.

BOX 4 - HOME ADDRESS Your home address is the street address assigned to the location at which you actually reside. If you reside at a location that has not been assigned a street address, a description of the location at which you actually reside must be provided. A P.O. Box cannot be listed as a home address.

BOX 8 - IDENTIFICATION REQUIREMENTS Federal and state law require you to provide your NV driver's license or NV ID number. If you do not have either, you must provide the last 4 digits of your social security number (SSN). If you do not have any of these three forms of identification, please contact your County Clerk/Registrar after you have completed and returned this form.

BOX 10 - PARTY REGISTRATION Mark your choice of a qualified party, "Nonpartisan" or "Other." If you mark "Other," you may print the name of an unlisted political party. If you register with a minor political party or as a nonpartisan, you will receive a nonpartisan ballot for the Primary Election.

BOX 13 - ASSISTING IN THE COMPLETION OF THIS FORM If you are assisting a person to register to vote, you must complete Box 13. FAILURE TO DO SO IS A FELONY.

DEADLINES FOR SUBMITTING APPLICATION

- ★ By Mail—postmarked by Saturday, 31 days before an Election.
- ★ In Person at DMV—by Saturday, 31 days before an Election.
- ★ In Person At County Clerk's or Registrar's Office—by Tuesday, 21 days before an Election (for Municipal Elections, in person at City Clerk's).
- ★ For Special/Recall Elections—contact your County Clerk or Registrar.

NOTICE You are urged to return your application to register to vote to the County Clerk/Registrar in person or by mail. If you choose to give your completed application to another person to return to the County Clerk/Registrar on your behalf, and the person fails to deliver the application to the County Clerk/Registrar, you will not be registered to vote. Please retain the duplicate copy or receipt from your application to register to vote.

INTERESTED IN BEING A POLL WORKER? Please contact your local County Clerk or Registrar's Office. See Reverse.

☐ **CHECK THIS BOX TO RECEIVE A SAMPLE BALLOT IN LARGER TYPE**

USE BLACK INK — PLEASE PRINT CLEARLY

WARNING: GIVING FALSE INFORMATION IS A FELONY AND INCLUDES A CIVIL PENALTY OF UP TO $20,000.

1 Are you a citizen of the United States of America? ☐ Yes ☐ No
Will you be 18 years of age or over on or before Election Day? ☐ Yes ☐ No
If you checked "no" in response to either of these questions, do not complete this form.

2 Check boxes that apply and complete items 3-13
☐ New Registration ☐ Party Affiliation Change
☐ Name Change ☐ Address Change

3 Last Name (Only) | First Name (Only) | Middle Name (Only) | Jr. Sr. II III IV

4 Home Street Address (No P.O. Box/Business Address. See Instructions.) | Apt. # | City | State | Zip Code

5 Mailing Address—If different from above. (P.O. Box or Mail Service Address)

6 Birth Date (M/D/YR)

7 Place of Birth(State or Country)

8 NV Driver's License or NV ID Card Number (If neither, last 4 digits of your SSN)

9 Telephone No.(Opt.)

10 Party Registration—Check Only One Box
☐ Democratic Party
☐ Independent American Party
☐ Libertarian Party
☐ Republican Party
☐ Other Party – Write In Below
_____
☐ Nonpartisan (no party affiliation)

11 "I swear or affirm • I am a U.S. citizen • I will be at least 18 years old by the date of the next election • I will have continuously resided in Nevada at least 30 days in my county and at least 10 days in my precinct before the next election • The present address listed herein is my sole legal place of residence and I claim no other place as my legal residence • I am not laboring under any felony conviction or other loss of civil rights that would make it unlawful for me to vote. I declare under penalty of perjury that the foregoing is true and correct."

⬇ SIGNATURE OF APPLICANT (REQUIRED) ⬇ ⬇ DATE (REQUIRED) ⬇

___/___/___

12 Your name and residence address where you were last registered to vote. (Name Used, Street, Apt. #, City, State & Zip Code of Former Residence)

13 Important! If you are assisting a person to register to vote and you are not a field registrar appointed by a County Clerk/Registrar or an employee of a voter registration agency, you MUST complete the following. Your signature is required. Failure to do so is a felony.

Name | Mailing Address | City/State/Zip Code | Signature

VALIDATING AGENCY USE ONLY. DO NOT WRITE IN THE SHADED AREA BELOW.

AGENCY STAMP HERE

☐ AGENCY
☐ FIELD REGISTRAR
☐ MAIL
☐ OTHER

CANCELLED
INACTIVE
PRECINCT

APPLICATION NO. HA
RECEIVED BY:

Detach Here

NAME OF PERSON RETAINING THIS APPLICATION

AGENCY STAMP OR NAME OF AGENT, ELECTION OFFICIAL OR PERSON RETAINING APPLICATION

PRINT NAME OF PERSON RETAINING FORM

Detach Here

ELECTION OFFICIAL OR AGENCY
Contact Information, Address, Telephone, Fax

Detach Here

VOTER APPLICATION RECEIPT
(Please Retain Receipt)

If you do not receive a *Nevada Voter Registration Card* in the mail within 10 days, please call or visit your County Election Department.

APPLICATION NO. HA

(Revised 8.2012)

NEVADA COUNTY CLERKS AND REGISTRARS Mail or deliver your application to the office in the county where you reside.		
CARSON CITY CLERK 885 East Musser Street, Suite 1025 Carson City, Nevada 89701-4475 (775) 887-2087	CHURCHILL COUNTY CLERK 155 North Taylor Street, Suite 110 Fallon, Nevada 89406-2748 (775) 423-6028	CLARK COUNTY REGISTRAR 965 Trade Drive Suite A P.O. Box 3909 Las Vegas, Nevada 89127-3909 (702) 455-VOTE (8683)
DOUGLAS COUNTY CLERK 1616 8th Street, 2nd Floor P.O. Box 218 Minden, Nevada 89423-0218 (775) 782-9023	ELKO COUNTY CLERK 550 Court Street 3rd Floor Elko, Nevada 89801-3700 (775) 753-4600	ESMERALDA COUNTY CLERK Corner of Crook & Euclid P.O. Box 547 Goldfield, Nevada 89013-0547 (775) 485-6367
EUREKA COUNTY CLERK County Courthouse, Main Street P.O. Box 677 Eureka, Nevada 89316-0677 (775) 237-5262	HUMBOLDT COUNTY CLERK 50 West 5th Street, #207 Winnemucca, Nevada 89445-3199 (775) 623-6343	LANDER COUNTY CLERK 315 South Humboldt Street Battle Mountain, Nevada 89820-9998 (775) 635-5738
LINCOLN COUNTY CLERK 181 North Main Street, Suite 201 P.O. Box 90 Pioche, Nevada 89043-0090 (775) 962-5390	LYON COUNTY CLERK 27 South Main Street Yerington, Nevada 89447-2571 (775) 463-6501	MINERAL COUNTY CLERK 105 South "A" Street, Suite 1 P.O. Box 1450 Hawthorne, Nevada 89415-0400 (775) 945-2446
NYE COUNTY CLERK 101 Radar Road P.O. Box 1031 Tonopah, Nevada 89049-1031 (775) 482-8127	PERSHING COUNTY CLERK 398 Main Street P.O. Box 820 Lovelock, Nevada 89419-0820 (775) 273-2208	STOREY COUNTY CLERK 26 South “B” Street Drawer "D" Virginia City, Nevada 89440-0139 (775) 847-0969
WASHOE COUNTY REGISTRAR 1001 East Ninth Street, Room A135 P.O. Box 11130 Reno, Nevada 89520 (775) 328-3670	WHITE PINE COUNTY CLERK 801 Clark Street #4 Ely, Nevada 89301-1994 (775) 293-6509	

OFFICIAL ELECTION MAIL
Authorized by the U.S. Postal Service