

**CITY OF LOS ANGELES- DEPARTMENT OF RECREATION AND PARKS
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
2011 SELF-CERTIFICATION FORM**

Information on annual family income is required to determine participant eligibility for public services funded by the City of Los Angeles through the Community Development Block Grant (CDBG) program. Each participant must indicate the number of persons in their family, and then circle the box that contains the amount of their annual family income level. Information provided is subject to verification by the agency providing services, the U.S. Department of Housing and Urban Development (HUD), and/or the City of Los Angeles.

NOTE: "Income" is the total annual income of all family members as of the date that federal-funded assistance is provided. All income for all persons in the family **must** be included in calculating family income whether or not a family member receives assistance. Additional expected sources of income and the amount expected during the period of federal assistance must be included in this calculation of annual family income.

2011 CDBG Income Guidelines

Circle family size and appropriate income level:

Family Size	Total Annual Family Income is	Total Annual Family Income is
1 Person	\$0 - \$47,850	\$47,851+
2 Person	\$0 - \$54,650	\$54,651+
3 Person	\$0 - \$61,500	\$61,501+
4 Person	\$0 - \$68,300	\$68,301+

Family Size	Total Annual Family Income is	Total Annual Family Income is
5 Person	\$0 - \$73,800	\$73,801+
6 Person	\$0 - \$79,250	\$79,251+
7 Person	\$0 - \$84,700	\$84,701+
8 Person	\$0 - \$90,200	\$90,201+

Race (check one of the following 10 categories):

American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

American Indian or Alaskan Native AND White	<input type="checkbox"/>
Asian AND White	<input type="checkbox"/>
Black/African American AND White	<input type="checkbox"/>
American Indian/Alaskan Native AND Black/African-American	<input type="checkbox"/>
Balance / Other	<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Ethnicity (check one):

Hispanic / Latino	<input type="checkbox"/>
Not Hispanic / Latino	<input type="checkbox"/>

APPLICANT STATEMENT: I certify that the information provided on this form is accurate and complete, and that I am a resident of the City of Los Angeles. I further acknowledge that eligibility for services funded through the CDBG program is based upon having a qualifying annual family income level or belonging to a group that is presumed to be low- or moderate- income, and that the income levels and/or status I have indicated in this self-certification may be subject to further verification by the agency providing services, the City of Los Angeles and/or HUD. I acknowledge that providing false information shall be grounds for termination from the program. I therefore authorize such verification, and will provide supporting documents if requested.

Parent Consent: I give permission for my child, whose name is listed below, to participate in the L.A. Kids Program. I authorize the City to make, procure or use photographs, film, tapes or other likenesses or Minor's physical image and/or voice as may be needed for use with program's publicity material. I agree to hold harmless the City of Los Angeles, Department of Recreation and Parks. **I understand that the City of Los Angeles carries no insurance.** I also understand the L.A. Kids Program reserves the right to dismiss a child for any conduct detrimental to the program.

AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR AT AN AUTHORIZED HOSPITAL IN CASE OF EMERGENCY, ILLNESS OR ACCIDENT: I (We) the undersigned, parent(s) of the Minor, whose name is listed above, do hereby authorize the L.A. Kids Program as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Participant Name (Please Print): _____ **Age** _____ **Gender:** M _____ F _____

Address _____ **City** _____ **Zip** _____

Phone _____ **Emergency Phone** _____

Parent/Guardian Signature _____ **Date** _____

-----STAFF USE ONLY-----

Recreation Center _____ Region _____ District _____

OFF TRACK YOUTH ENRICHMENT PROGRAM: 3-Track (Concept 6) 4-Track (90/30) Single Track

L.A. KIDS CLASSES (√ session and list classes below): Spring Summer Fall Winter

Class Title	Day	Time	Class Title	Day	Time
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Staff Name: _____ Staff Name (Signature): _____ Date: _____