

UCLA UniCamp/ The Village Nation

CAMPER REGISTRATION PACKET INSTRUCTIONS

In your hands/ or on your computer screen, you have an application packet to this summer's (2017) "The Village Session". This session of camp is focused on empowering African American campers to achieve both academically and holistically by providing a platform to take ownership of their identity, legacy, and community. This week of camp will serve as a culmination of the efforts of TVN's efforts throughout the school year and will be lead by a group of compassionate, open-minded and close-knit volunteers and campers who are passionate about creating a safe space together: to get to know one another, recognize the leader within themselves and have an open dialogue about shaping our community. Campers also have the opportunity to have fun and be themselves through traditional camp activities such as archery, swimming, climbing, mountain biking, hiking, and much more.

How to complete your registration:

- 1) Download/ obtain the Camper Application
- 2) Completely fill out ALL sheets in the Camper Application. *(This can be done electronically before printing by clicking the grey boxes and typing in each line. **Please Note:** Signature fields cannot be filled out electronically because we require ink signatures).*
- 3) Once you have completed the Registration Packet scan it.
- 4) Please save the file as: "Camper'sName.TVN.CamperApplication.file"
- 5) Once you have scanned a completed Camper Application, email it to tvn@unicamp.org
PLEASE NOTE:
 - Emailing your scanned application does not enroll your camper until we get applications with ink signatures in hand.
 - Any application with incomplete pages will be placed on a waitlist until completed.
- 6) Turn in complete "ink signature" version of your camper application to UCLA UniCamp or The Village Nation designated personnel.
METHODS TO TURN IN COMPLETE, INK SIGNED CAMPER APPLICATIONS:
 - *(Preferred Method)* Hand in completed, signed applications to The Village Nation Camp Orientation Sessions
 - San Fernando Valley Orientation: July 5, 6:30 – 7:30PM
@ Cleveland Charter HS – 8140 Vanalden Ave. Reseda, CA 91355
 - Los Angeles Orientation: July 6, 6:30 – 7:30PM
@ Holman United Methodist Church – 3320 W. Adams Blvd. LA, CA 90018
 - Bring completed, signed application to the bus on your drop off date.
- 7) Complete payment for your UCLA UniCamp/ The Village Nation camp experience.
 - Once your Camper Application has been emailed to tvn@unicamp.org and determined to be complete, UCLA UniCamp will create a GivEffect page for your camper.
 - GivEffect is a fundraising platform that will enable you to:
 - Pay for your camper to attend camp on your own.
 - Ask Friends and Family to help support your camper by sending out your camper's GivEffect page link and ask them to contribute.
 - Once you have reached the campers personal goal on the page, you will have completed the registration process.

(DO NOT RETURN THIS SHEET)



THE VILLAGE NATION WEEK at UCLA UniCamp Big Bear

CULTURE! CHARACTER! COLLEGE!

JULY 23-29, 2017

**Apply there
June 30!**

Made possible in part
by a generous donation
from the
**Will and Jada Smith
Family Foundation**

**African American
Cultural Excellence,
Unity, Empowerment**



**Campfire,
Swimming,
Hiking**

**Salute to the Global
African Family**

**Teamwork,
Leadership
Development**

**Arts, Spoken Word,
Guest Performers**



**STEM in Nature
and Culture**

**Fun Fitness
Challenge**

**College and Career
Exploration**

**Support Network to Reach
Your Academic
and Personal Goals**

Ages 13-17, \$170 *
**Fee covers transportation, meals,
materials and all activities.**

LIMITED SPACE!

Apply at:

www.unicamp.org

DEADLINE: June 30

Need Help? 844 – UniCamp/Ext 0

tvn@unicamp.org



**"You are the summation of
your ancestors' prayers."**

Fundraising tips – www.thevillagenation.com
Questions: about the culture component?
info@thevillagenation.com

*\$225 if not eligible for federal reduced lunch.
See application for fair share option.



Medications: List ALL medications taken (including over-the-counter or non prescription drugs). Bring enough to last the entire session. Keep it in the original packaging or bottle that identifies the prescribing physician, the name of the medication, dosage, & frequency.

Med: _____ Dose: _____ Time of day: _____
Reason for taking: _____

Med: _____ Dose: _____ Time of day: _____
Reason for taking: _____

Med: _____ Dose: _____ Time of day: _____
Reason for taking: _____

Identify any meds taken during the school year that the participant may not take during the summer:

Immunization	Which of the following has the participant had? <input type="checkbox"/> Measles <input type="checkbox"/> Chicken Pox <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C	Please give all dates of immunization for:						
	TB Mantoux Test: Test Date: _____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Vaccine:	Date:	Mo/ Yr	Mo/ Yr	Mo/ Yr	Mo/ Yr	Mo/ Yr
		DTP:	_____	_____	_____	_____	_____	_____
		TD (<i>tetanus/diphtheria</i>):	_____	_____	_____	_____	_____	_____
		Tetanus:	_____	_____	_____	_____	_____	_____
		Polio:	_____	_____	_____	_____	_____	_____
		MMR:	_____	_____	_____	_____	_____	_____
		or Measles:	_____	_____	_____	_____	_____	_____
		or Mumps:	_____	_____	_____	_____	_____	_____
		or Rubella:	_____	_____	_____	_____	_____	_____
		Haemophilus influenza B:	_____	_____	_____	_____	_____	_____
		Hepatitis B:	_____	_____	_____	_____	_____	_____
		Varicella:	_____	_____	_____	_____	_____	_____

RESTRICTIONS: (The following restrictions apply to this individual)
 Cannot eat: Red Meat Pork Dairy Peanuts Seafood Eggs Wheat/ Gluten Others _____
 Provide a signed doctors note for food allergies or mark the box to the right that food restrictions are for religious beliefs. Religious Food Restrictions
 Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary): _____

GENERAL QUESTIONS: Has/ does the participant...?

1. Had any recent injury, illness, or infection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	14. Been diagnosed with a heart murmur?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have a chronic illness/ condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	15. Had back or joint problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Ever been hospitalized?	Yes <input type="checkbox"/> No <input type="checkbox"/>	16. Have a orthodontic appliance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Ever had surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>	17. Have any skin problems (itching, rash, acne)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have frequent headaches?	Yes <input type="checkbox"/> No <input type="checkbox"/>	18. Have diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Ever had a head injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>	19. Have asthma?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Ever been knocked unconscious?	Yes <input type="checkbox"/> No <input type="checkbox"/>	20. Had mononucleosis in the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Wear glasses or contacts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	21. Had issues with diarrhea/ constipation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Had frequent ear infections?	Yes <input type="checkbox"/> No <input type="checkbox"/>	22. Have a history of sleepwalking?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Passed out/ felt dizzy during exercise?	Yes <input type="checkbox"/> No <input type="checkbox"/>	23. Have a history of bed-wetting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Ever had seizures?	Yes <input type="checkbox"/> No <input type="checkbox"/>	24. Ever had an eating disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Ever had high blood pressure?	Yes <input type="checkbox"/> No <input type="checkbox"/>	25. (<i>If female</i>) have abnormal menstrual history?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Ever had emotional difficulties for which professional help was sought?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please explain any 'yes' answers, noting the question # _____

Use this space to provide additional information about the participant's behavior and/or physical, emotional, or mental health about which UCLA UniCamp should be aware: _____

Screening Record (camp use only)	Date Screened: _____ Screened by: _____
	Updates to Health History Form? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what? _____
	Meds Received: _____
	Current health needs identified: _____
	Observational Notes: _____



UCLA UniCamp Parent/ Guardian Medical Consent Form

Last Name: _____
First Name: _____
Session: _____
Age: _____
Cabin: _____
(Camp office use only)

Whereas the California Legislature has authorized consent, in advance, by parents or legal guardians for such treatment (Section 6910 of the California Family Code) to medical treatment, I, the parent or legal guardian of _____ (my Child) agree that while my Child is in the care of University Camps Inc. (dba UCLA UniCamp) going to, attending, and returning from UCLA UniCamp, should an accident or emergency occur which requires immediate attention without sufficient time to contact parents or legal guardians, I authorize the following:

- I, authorize UCLA UniCamp as an agent for me to consent to pay any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care to be rendered under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Dental Practice Act and the Medical Practice Act or of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said hospital or at others near the facilities of UCLA UniCamp.
- I understand that this authorization is given in advance of any specific diagnosis or treatment or hospital care being required, but is given to provide authority and power to UCLA UniCamp to give specific consent to any and all such diagnoses, treatments, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.
- I understand that I will assume full financial responsibility for all expenses accrued for any of the foregoing services. This authorization shall remain effective for 12 months from the date signed; unless sooner revoked in writing delivered to UCLA UniCamp.
- I hereby certify that:
 - The camper’s medical history as provided by me to UCLA UniCamp is correct, and my Child has permission to engage in all prescribed camp activities except as noted;
 - The licensed medical and nursing personnel of UCLA UniCamp may, if necessary in their sole discretion, administer first aid treatment and over-the-counter medication including but not limited to the following conditions: cold, headaches, stomach aches, allergies, and asthma;
 - I understand that if an emergency arose and my Child needs to be picked up from camp, the camp staff will call the home number, the work number, and the emergency numbers that I have provided. Should these steps fail to provide timely (within one hour) transportation to my Child’s home, UCLA UniCamp may be forced by law, to turn the camper over to the Department of Children and Family Services or local enforcement agencies as practicable;
 - I understand that it is impossible for UCLA UniCamp to continue to retain custody of my Child if my Child has not been picked up at the end of the camp session. If I fail to arrive at the designated pick-up location, the camp staff will attempt to use the same procedure as used in an emergency situation: Staff will call the home number, the work number, and then the emergency numbers. Should these steps fail to provide timely (within one hour) transportation to my Child’s home, my Child must, by law, be turned over to the Department of Children and Family Services or local enforcement agencies as practicable.
- I acknowledge that UCLA UniCamp’s only responsibility in the event of an emergency, or at the end of the camp session, is to attempt once to make contact at the telephone numbers provided, and then deliver the child to the Department of Children and Family Services or local enforcement agencies. I, along with my Child, hereby waive and release UCLA UniCamp of all claims and agree to hold UCLA UniCamp harmless from any liability arising from its adherence to this policy.
- I understand that if my Child is sent home early from UCLA UniCamp for any reason, I will be responsible for arranging transportation or I will be charged for transportation cost.

- **ACKNOWLEDGEMENT OF RISKS:** I recognize that there is an inherent danger in and there are significant elements of risk in any adventure, sport, activity, or training associated with outdoors or wilderness, including environmental education, camping, hiking, and swimming (*referred to herein as "activity"*) and the use of any related equipment. These risks may result in serious injury or loss of life, and include but are not limited to: 1) falls; 2) cold weather related injuries; 3) heat related illness; 4) altitude related sicknesses; 5) an "act of nature"; 6) river crossings, fording, or travel to or from activity; 7) risk associated with crossing, climbing, or down climbing rocks; 8) equipment failure; 9) vector exposure; 10) changing water flow or currents, submerged and/ or semi-submerged objects, varying wind, water, and weather conditions, the presence of other water craft, the speed at which I travel, the stability characteristics of a water craft, and my balance and ability to control the craft or follow directions; and that I may suffer accidents or illnesses in remote places where I realize that personal property may be lost or damaged, that certain foreseeable and unforeseeable events can contribute to the unpredictability of the risks, dangers and hazards of the activity, that wearing a U.S. Coast Guard-approved personal flotation device is a basic safety precaution while operating water craft; that wearing a helmet and appropriate clothing and footwear is a basic safety precaution while engaged in rock climbing/ mountaineering activities; that using the "buddy-system" is a basic safety precaution while swimming or snorkeling; and that I should ask about other potential dangers and hazards and recommend precautions and procedures.
- I realize that personal property may be lost or damaged, that certain foreseeable and unforeseeable events can contribute to the unpredictability of the risks, dangers, and hazards of the activity.
- **EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** In recognition of the inherent risks (those risks, which are not the result of UniCamp's negligence) of the activity, which I will engage in, I confirm that I am physically and mentally capable of participating in the activity and/ or using equipment. I acknowledge that during the activity I may experience fatigue, chill and/ or dizziness, which may diminish my reaction time and increase the risk of accident. I will only participate willingly. I will assume financial responsibility for personal injury or accident. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.
- **COVENANT OF GOOD FAITH:** I realize that UniCamp, as a provider of goods and/or services, operates under a covenant of good faith and fair dealing, but that UniCamp may find it necessary to terminate an activity due to forces of nature, medical necessities or problems in the groups; and/or refuse or terminate, the participation of any person UniCamp deems to be incapable of meeting the rigors or requirements of participating in the activity. I accept UniCamp's right to take such actions for my safety.

I HAVE HEREBY READ AND UNDERSTOOD THE FOREGOING ACKNOWLEDGEMENT OF RISKS, ASSUMPTIONS OF RISK AND RESPONSIBILITY.

Camper Name: _____

Signature: _____ **Date:** _____
(optional)

I HAVE HEREBY READ AND UNDERSTOOD THE FOREGOING ACKNOWLEDGEMENT OF RISKS, ASSUMPTIONS OF RISK AND RESPONSIBILITY.

Parent/ Guardian Name: _____

Signature: _____ **Date:** _____



UCLA UniCamp
Activity Permission Form

Last Name:
(Camp office use only)

PLEASE NOTE: Your child will not be considered for attendance of UCLA UniCamp unless this form is complete. Your child's ability to participate in the following activities will be evaluated and taken into consideration before and during the actual activity.

Along with typical resident camp activities, I, the legal parent or guardian of (my Child) authorize (initial each line) my Child to participate in the following activities:

- Bus service contracted by University Camps Inc. dba UCLA UniCamp to transport to and from the campsite in the San Bernardino National Forest. Initial:
Participate in a 2.2-mile hike during the week and on the day of arrival and/ or departure. Initial:
Participate in and climb a 50' Alpine Climbing Tower Initial:
Participate in group problem solving on a low-ropes challenge course. Initial:
Camp overnight in the out-of-doors, off camp property. Initial:
Sleep in open-air summer sleeping structures with no electricity. Initial:
Rock climbing with rope/ helmet/ harness supervised by trained instructors. Initial:
Ride mountain bikes on a guided tour in the San Bernardino National Forest. Initial:
Swim in the camp pool supervised by certified lifeguards. Initial:
Pass a swim test once allowed entrance to the camp pool. Initial:
Participate in recreational activities and sports as outlined on our webpage. Initial:
Leave campsite for activities such as nature walks, hikes, or other group activities. Initial:
Participate in camp community service projects such as maintaining hiking trails, litter removal, erosion control, and/ or other improvement projects. Initial:
Help with camp community chores such as: dining hall cleanup, dish washing, restroom, shower, and cabin cleanup, and helping maintain the overall natural beauty of the campsite. Initial:
Leave the campsite in order to attend lake activities such as: sailing, canoeing, zip lining. Initial:

First Name:

Session:

Age:

Cabin:

IN ADDITION: "I understand that..."

- if my Child is unable to attend for any reason, there will be no refund of "fees" paid. Initial:
if my Child misses the scheduled departure time for camp, my Child's registration is non-transferable. This may also affect future opportunities to attend UCLA UniCamp. Initial:
my Child can only attend camp if he/she is at least 10 years old but not older than 17. Initial:
I will be required to arrange for transportation from the campsite if the camp personnel determine any early departure is necessary for my Child prior to the end of the session.
I may be asked to do so for the following:
o Taking another person's property without permission.
o Leaving camp without permission.
o Possessing firearms, weapons, alcohol, drugs, cigarettes, lighters, or matches at camp.
o Exhibiting a medical or behavioral condition that UCLA UniCamp is not equipped, or prepared. Initial:
o Acting in an inappropriate or harmful manner. Initial:
if camp staff is unable to reach the parents/ guardians or emergency contact at the numbers provided, camp staff may be forced by law to turn the camper over to the Department of Children and Family Services or local enforcement agencies as practicable. Initial:
if camp staff require early departure for my Child, my Child will not be able to participate in any camp activities between the time camp staff required my Child to be transported from camp early and my Child's departure from the campsite. Initial:
camp staff are authorized to search my Child's belongings, with my Child present, when the health, well being and/ or safety of my Child or others warrant the action. Initial:

- although the camp employs a full-time registered nurse, I understand that the traveling distance to the next level of medical care is 45 minutes on mountainous roads with no delays. Initial: _____
- I must drop off and pick-up my Child at the designated "pickup" site, in a timely manner. Initial: _____
- If my Child is photographed or filmed at camp or any University Camp Inc. sponsored activities, the pictures and/ or film may be used for any camp purposes including but not limited to: brochures, newspaper articles, advertisements, websites, social media posts, or television broadcasts. Initial: _____
- All of the lost and found articles collected during my Camper's camp experience will return on the buses and What remains will be donated to another charity within five days of my Camper's return. Initial: _____
- it is impossible for UCLA UniCamp to continue to retain custody of my Child if my Child has not been picked up at the end of the camp session. If I fail to arrive at the designated pick-up location, the camp staff will attempt to use the same procedure as used in an emergency situation: Staff will call the home number, the work number, and then the emergency numbers. Should these steps fail to provide timely (within one hour) transportation to my Child's home, my Child must, by law, be turned over to the Department of Children and Family Services or local enforcement agencies as practicable. Initial: _____

MY SIGNATURE BELOW IS MY ENDORESMENT THAT:

- **I have read the program descriptions above;**
- **I have discussed going to camp with my Parent/ Guardian;**
- **I am excited to have a UCLA UniCamp experience this summer.**

Camper Name: _____

Signature: _____ **Date:** _____
(optional)

MY SIGNATURE BELOW IS MY ENDORESMENT THAT:

- **I have read the program descriptions above;**
- **I have discussed going to camp with my Child;**
- **Both I and my Child want a UCLA UniCamp experience for my Child;**
and
- **I have legal authority to provide this authorization.**

Parent/ Guardian Name: _____

Signature: _____ **Date:** _____

**SUMMER FOOD SERVICE PROGRAM
LETTER TO PARENTS**

Dear Parent/Guardian:

Providing nutritious meals to children at a reasonable cost is an increasing growing challenge. To assist our program in offsetting the costs for meals served to the children, we receive federal reimbursement funds through the Summer Food Service Program (SFSP). This reimbursement allows us to afford and offer better service to children. Please complete, sign, and return the attached confidential *Income Eligibility Form for Camps and Enrolled Sites* as soon as possible.

Instructions for completing the eligibility information are on the reverse side of the form. Please contact jlou@unicamp.org if you have questions or need assistance in completing form.

The chart below is used to determine the children's/child's eligibility to receive SFSP meals. If the children's/child's family household income is at or below the dollar amount in the chart, the children/child are/is eligible to receive free Summer Food Service Program meals.

Please complete the attached form and return it to your agency representative.

Thank you for your participation and cooperation.

THIS SCALE DOES NOT APPLY TO HOUSEHOLDS THAT RECEIVE CALFRESH, CALWORKS, FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), WORKFORCE INVESTMENT ACT (WIA), OR KIN-GAP BENEFITS. THOSE CHILDREN ARE AUTOMATICALLY ELIGIBLE FOR FREE MEAL BENEFITS.

ELIGIBILITY SCALE FOR CAMPS AND CLOSED ENROLLED SITES July 1, 2016–June 30, 2017					
HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$ 21,978	\$ 1,832	\$ 916	\$ 846	\$ 423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,106	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add:	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

* A household of one means a child who is his or her sole support. Foster children are one-member households only if the welfare or the placement agency maintains legal responsibility for the child. Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expenses.

(DO NOT RETURN THIS SHEET)

HOW TO COMPLETE THE INCOME ELIGIBILITY FORM

Using the instructions below, please complete, sign, and return the Income Eligibility Form to your agency representative. If you need help, email jliou@unicamp.org.

1. CHILD INFORMATION:

- a) Print your child's name.
- b) Check a box in the right column to identify a foster child.

2. CATEGORICAL ELIGIBILITY: Complete this section and sign the form in section #4.

- a) List your current CalFresh, CalWORKs, FDPIR or Kin-GAP case number(s) for your child(ren).
- b) Sign the form in section #4. An adult household member must sign. You do not have to list a SSN.

3. HOUSEHOLD INCOME: Complete this section if the child does not qualify as Categorical Eligibility and sign the form in section #4.

Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for, and all other household members. **If your household includes any foster children formally placed by a state child welfare agency or a court, you may choose to include the child(ren) in this list.**

- a) Write the amount of income each person received last month before taxes or anything else was taken out **and** where it came from, such as earnings, CalWORKs, pensions, and other income (see examples below for types of income to report). **If you have chosen to include any foster children in your care, only the personal use income is to be listed. Foster payments you receive from the placing agency for the care of the child do not need to be reported.** Each income amount should be entered in the appropriate column on the form. If any amount **last month** was more or less than usual, write that person's usual monthly income.
- b) If anyone is self-employed, write the amount of income that person earns from self-employment. Please call the number listed at the top of the form if you need help.
- c) Sign the form and include the last four digits of your SSN in section #4. *If you do not have a SSN, check the box "Check here if no SSN."*

4. LAST FOUR DIGITS OF SSN AND SIGNATURE:

- a) The form must have a **signature** of an adult household member.
- b) The adult household member who signs the statement must include the last four digits of his/her **SSN**. *If he/she does not have a SSN, check the box "Check here if no SSN".* The last four digits of your SSN is not needed if you listed a CalFresh, CalWORKs, FDPIR, or Kin-GAP case number.

5. RACIAL/ETHNIC IDENTITY: You **are not required** to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Work	Pensions/Retirement/Social Security	Other Monthly Income
<ul style="list-style-type: none"> • Wages/salaries/tips • Strike benefits • Unemployment compensation • Worker's compensation • Net income from self-employment • Public assistance payments • CalWORKs payments • Alimony/child support payments 	<ul style="list-style-type: none"> • Pensions • Supplemental security income • Retirement income • Veteran's payments • Social Security 	<ul style="list-style-type: none"> • Disability benefits • Cash withdrawn from savings • <i>Interest dividends</i> • Income from estates/trusts/investments • Regular contributions from persons not living in the household • Net royalties/annuities/net rental income • Military allowance for off-base housing • Any other income

"FOR AGENCY USE ONLY" SECTION

The sponsor must complete this section to indicate whether the enrolled participant is or is not eligible to receive meals. Failure to complete this final step could cause loss of reimbursement.

(DO NOT RETURN THIS SHEET)

UCLA UniCamp
Camp and Closed Enrolled Site Income Eligibility Form

Last Name: _____
 (Camp office use only)
 First Name: _____
 Session: _____
 Age: _____
 Cabin: _____

1. CHILD INFORMATION

(List names of all enrolled children)

	Last	First	M.I.	Check box to identify a foster child (Legal responsibility of welfare agency/court)
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>

If all children listed above are foster children, go to section #4 to sign this form.

2. CATEGORICAL ELIGIBILITY: If you are getting CalFresh, CalWORKS, Food Distribution Program on Indian Reservations (FDPIR), or Kin-Gap benefits for your child, list the case number. If your child participates in the Workforce Investment Act (WIA) check the box.

CalFresh Case Number:
CalWORKS Case Number:
FDPIR Case Number:
Kin-Gap:
WIA: <input type="checkbox"/>

If you listed a case number or checked a box in section 2, DO NOT complete #3. Go to section #4.

3. HOUSEHOLD INCOME: Complete this section if you DID NOT complete #2.

List ALL household members & their income. Proceed to #4 after.

NAMES OF ALL HOUSEHOLD MEMBERS (INCLUDE THE CHILDREN LISTED ABOVE)	EARNINGS FROM WORK BEFORE DEDUCTIONS	CHILD SUPPORT, ALIMONY	PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	EARNINGS FROM ANY OTHER INCOME
	Amount/ How Often	Amount/ How Often	Amount/ How Often	Amount/ How Often
1.	\$ /	\$ /	\$ /	\$ /
2.	\$ /	\$ /	\$ /	\$ /
3.	\$ /	\$ /	\$ /	\$ /
4.	\$ /	\$ /	\$ /	\$ /
5.	\$ /	\$ /	\$ /	\$ /
6.	\$ /	\$ /	\$ /	\$ /
7.	\$ /	\$ /	\$ /	\$ /
8.	\$ /	\$ /	\$ /	\$ /
9.	\$ /	\$ /	\$ /	\$ /

For Agency Use Only

CATEGORICAL ELIGIBILITY

CalFresh/ CalWORKS/ FDPIR/ Kin-GAP household categorically eligible: Yes No

Foster Child Automatically Eligible: Yes No

INCOME ELIGIBILITY – Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: _____ Household size: _____

Eligibility Classification: Eligible Not Eligible

Determining Official (Print Name): _____

Determining Official Signature: _____

Certification Date: _____

4. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SSN) AND SIGNATURE:

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, FDPIR, Kin-GAP, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is provided for the receipt of federal funds; that agency officials may verify the information on the Income Eligibility Form for Camp and Enrolled Sites and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name:	
Last Four Digits of SSN:	<input type="checkbox"/> Check here if no SSN
Signature of Adult:	Date:

Privacy Act Statement: Unless you list the child's CalFresh, CalWORKs, FDPIR, WIA or Kin-GAP case number, Section 9 of the National School Lunch Act (NSLA) requires that you include the last four digits of the SSN for the household member signing the form, or indicate that the household member signing the form does not have a SSN. You do not have to list the last four digits of a SSN, but if they are not listed, or the "Check here if no SSN" is not marked, we cannot approve your child for free or reduced price meals. The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, FDPIR, or Kin-GAP office to determine current certification for CalFresh, CalWORKs, FDPIR, or Kin-GAP benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

5. RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so, please mark one or more of the following **racial** identities:

- American Indian or Alaska Native Asia Black or African American
 Native Hawaiian or Other Pacific Islander White

Please mark one of the following **ethnic** identities: Hispanic or Latino Not Hispanic or Latino

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) Fax: 202-690-7442
- (3) E-mail: program.intake@usda.gov

This institution is an equal opportunity provider.



"The Village Nation" Documentary Project The Village Nation Organization/ UCLA UniCamp Talent Release Form

Last Name: _____
(Camp office use only)

First Name: _____

Session: _____

Age: _____

Cabin: _____

I authorize the following to make use of my child's appearance on/in:

- "The Village Nation" Documentary (working title), Laura Raab, Producer, 323-370-5749
- The Village Nation organization archival and promotional materials, Joyce Germaine Watts, Acting Executive Director, jgwatts@thevillagenation.com
- UCLA UniCamp archival and promotional materials, Wally Wirick, Executive Director wwirick@unicamp.org

DATES OF TAPING: July 23 – 29, 2017

I understand that neither I, nor my child, is to receive compensation for the appearance my child is making in the archival and promotional materials or in "The Village Nation" Documentary in association with UCLA UniCamp at Camp River Glen. The Producer of "The Village Nation", their company, associates and representatives, shall have complete ownership of the images recorded by their staff. The Village Nation organization and UCLA UniCamp shall have complete ownership of the images recorded by their respective staffs. I give The Producer of "The Village Nation" documentary, their company, associates and representatives, as well as The Village Nation organization and their associates and UCLA UniCamp and their associates, the right to use my child's name, likeness and biographical material to publicize this program and the services in "The Village Nation" documentary project and the organizations' archival and promotional material. The Producer of "The Village Nation" documentary project, The Village Nation organization and/ or UCLA UniCamp may:

- 1) Photograph me and record my child's voice and likeness for the purposes mentioned above, whether by film, videotape, magnetic tape, digitally or otherwise;
- 2) Make copies of the photographs and recordings so made;
- 3) Use my child's name and likeness for the purposes of archiving, promotion or advertising of the sale or trading in the photographs, recordings and any copies so made.
- 4) If my child is photographed or filmed at UCLA UniCamp Inc. sponsored activities, the pictures and/ or film may be used for any camp purposes including but not limited to; brochures. Newspaper articles, advertisements, websites, social media posts, or television broadcasts.

I further understand the master tape remains the property of the Producer of "The Village Nation" documentary project, The Village Nation organization and/or UCLA UniCamp and that there is no restriction on the number of times that my child's name and likeness may be used in perpetuity.

Child's Name (please print): _____ Age: _____ School: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Talent Signature or Parent/ Guardian Name (please print): _____

Signature: _____ Date: _____



UCLA UniCamp Frequently Asked Questions

WHAT SHOULD MY CHILD BRING TO CAMP/ PACKING LIST?

Your child will need a sack lunch for the trip to camp. The average temperature can range from 40 degrees at night to over 90 degrees during the day. With swimming, recreation rotation, hiking and such, kids can go through clean clothes quickly. **Please limit your child to two pieces of luggage.** The following is a list of items and recommended clothing (included in the count is what your child will wear to camp):

- 7 pair of underwear
- 7 pair of socks
- 3 – 4 pair of durable pants
- 3 – 4 pair of shorts
- 6 T-shirts
- 1 jacket
- 2 sweatshirts/ sweaters
- 1 swim suit (one piece)
- 1 pair CLOSED TOE shoes
- 1 pajama
- 2 towels
- 1 water bottle
- 1 pair sunglasses (*optional*)
- 1 cheap camera (*optional*)
- 1 hat
- 1 flashlight
- 1 pillow
- 1 WARM sleeping bag
- 2 towels
- Toiletries (in a small bag)
 - unscented soap
 - toothbrush & toothpaste
 - comb or brush
 - unscented shampoo
 - deodorant
 - sunscreen
 - bug spray
 - chap stick/ lip balm

LUGGAGE?

Please pack your child's bag with them so they know that they brought, along with where it is. Make sure luggage is sturdy and clearly marked with their name on the outside. We suggest masking tape and a marker. We also suggest packing two smaller bags instead of one large bag that the camper may not be able to lift.

Please limit your child to two pieces of luggage.

CAN MY CHILD TAKE FOOD?

Every child needs to bring a sack lunch for the first day of camp. Children will not arrive at camp until after lunch so they will need to eat lunch along the way. Aside from a sack lunch, outside food is not permitted at camp and will be taken away upon arrival.

WHAT IF MY CHILD TAKES MEDICATION?

If your child has medications, they must be brought in their original prescription packaging! We cannot administer medication without the child's name on the original packing from the doctor.

WHAT NOT TO BRING TO CAMP?

The following items are not needed at camp and we have prohibited campers from having them:

- weapons (of any type)
- fireworks (or anything of the type)
- alcohol
- drugs or any controlled substance
- toys (small stuffed friends are OK)
- any video games
- portable music players
- matches/ lighter
- tobacco or vaping products
- marking pens/ markers
- revealing clothing/ clothing with profanity
- pets

**Any of these items can earn your child an early trip home at your expense.
Know what your child is bringing!**

(DO NOT RETURN THIS SHEET)