

ABCD YOUTH SERVICES — ELIGIBILITY DOCUMENTATION

In order to complete your application, you **MUST** submit **ALL** documents listed to ABCD Youth Services, **19 Temple Place, 5th Floor**. Youth are encouraged to submit via the online application website limited appointments are available for in person drop offs. Documents will be reviewed to determine eligibility. **If you cannot provide some/any of these documents please contact Youth Services at 617.348.6548 for further assistance.**

APPLICATIONS WILL BE ACCEPTED ON A ROLLING BASIS. START DATES VARY.

FOR PROOF OF:

PLEASE BRING:

Age / Identification:

- BPS ID **IF** in school **AND**
- Social Security Card **AND**
- US Birth Certificate OR US Passport OR USCIS Card
– Documents **CANNOT** be expired

Residency:

- Preprinted bill or postmarked envelope dated within the last 30 days
 - Name on bill can be any household member

Household Size:

Regardless of age, every person who lives in the household must be listed and documented.

- Birth Certificate/ID **OR** Health Insurance Card for each household member **OR**
- **If** Everyone is listed under the following document
 - HUD Sheet – Current Year
 - Public Assistance Letter (Dated within the last 6 months)
 - Current Year Tax Return (Pg 1-2 of 1040, **MUST** be signed)

Household Income:

All income must be noted on application and verified. Income verification must be dated within the last 6 months. Everyone in the household over the age of 18 must provide income verification.

- Current HUD Sheet – *Current Year*
- Paystubs – *With year-to-date amount (biweekly pay = 2 paystubs, weekly = 4 paystubs) – dated within the last 30 days*
- Current TAFDC DTA Letter – *dated last 6 months*
- Current Social Security Statement – *dated this year*
- ***If type of income is not listed please contact Youth Services for further assistance***

Selective Service:

- ***If you are male 18 or older you must register for the selective service at www.sss.gov/regist.htm***

Out of School Status:

- High School Diploma
- Transcript
- GED or HiSET Certificate
- If none of the above apply, will complete applicant statement

Other forms:

- Signed Application
- CORI Release Form
- Signed Media Release Form

ABCD MAY REQUIRE ADDITIONAL DOCUMENTS / CLARIFICATIONS UPON REVIEW OF APPLICATION
Additional Documents may be needed for enrollment in Career Explorations/Get Started



ABCD MEDIA RELEASE FORM

ABCD requests your written consent to use your (and/or your child/children's) image, likeness and voice in various print, electronic and broadcast media. You are not required to give this consent in order to participate in ABCD programs or to receive services or benefits from or through ABCD.

PLEASE CHECK ALL BOXES THAT APPLY, COMPLETE THE BLANKS AND SIGN AND DATE BELOW:

I am 18 years of age or older and am signing this form on my own behalf:

Print Full Name: _____ Phone Number: _____

Email address: _____

Organization and Title (if representing an organization): _____

I am the parent or legal guardian of the child or children named below, who are under 18, and I am signing this form on their behalf.

Print Child/Children's Full Name(s): _____

I DO CONSENT

I hereby grant permission to Action for Boston Community Development, Inc. (ABCD) to photograph, video or record me (and, if checked above, my child/children) and to use for nonprofit purposes my (and, if checked above, my child/children's) image, likeness, and voice in media of all types, including but not limited to photographs, audio and video recordings, and print and online publications throughout the world in perpetuity without further authorization from, or payment to, me. Media may include but are not limited to: all print media (such as annual reports and publications); all electronic media (such as ABCD's website, ABCD's YouTube channel and ABCD social media (Twitter, Instagram, and Facebook)) as well as all broadcast media (such as television and radio).

I expressly release ABCD, its subsidiaries, its affiliates, and their agents, employees, officers, directors, licensees, and assigns from and against any and all claims which I or my child/children may now or at any time in the future have for invasion of privacy, defamation, or any other cause of action arising out of production, distribution, broadcast, or exhibition of my (or my child/children's) name, image, likeness or voice.

I also consent to ABCD's use of (check all that apply): my name the name(s) of my child/children listed above in connection with the photograph(s), video(s) or recording(s) described above.

I DO NOT CONSENT

I do not grant permission to ABCD to photograph, video or record me or my child/children or to use the name, image, likeness or voice of me or my child/children in media of any kind.

I have read this release before signing below, and I fully understand its contents and meaning. I also understand that I am free to address any specific questions regarding this release prior to signing it by calling ABCD's General Counsel at 617-348-6587.

Signature: _____ Date: _____

For ABCD Office Use Only:
Program/Event: _____