

ORANGE COUNTY DEPARTMENT OF SOCIAL SERVICES
YOUTH ENHANCEMENT FUND APPLICATION

Please complete the application in its entirety. Once the application has been received and reviewed, you will be contacted at the email address or telephone number provided to submit documentation regarding the activity. The documentation must include the activity, activity organization, start date, and cost of activity/registration. When all paperwork has been received, you will be notified of the status.

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Child: _____ Date of Birth: _____

Gender: Female Male Non-Binary Other School: _____

Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino

Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other: _____

Activity: _____ Activity Organization: _____

Activity Phone : _____ Activity Email : _____

Activity/Registration Cost: _____ Start Date: _____

Child: _____ Date of Birth: _____

Gender: Female Male Non-Binary Other School: _____

Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino

Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander Other: _____

Activity: _____ Activity Organization: _____

Activity Phone : _____ Activity Email : _____

Activity/Registration Cost: _____ Start Date: _____

FEDERAL POVERTY GUIDELINES (MONTHLY)

Family Size	2	3	4	5	6	7	8	9
200%	\$3,525	\$4,442	\$5,358	\$6,275	\$7,192	\$8,108	\$9,025	\$9,942

*For each additional family member add \$857.00

By signing below, I certify that my household's income does not exceed the monthly amounts provided above, and therefore we are financially eligible to receive assistance under this program.

Parent/Guardian Signature

Date

Referred by (if applicable)

Agency