



Neighborhood Services Free Three Year Membership Registration

Recreation and Parks Neighborhood Services Division provides youth development programming that serves underserved youth and families throughout Santa Rosa.

Eligibility Requirements: Family must live within Santa Rosa and provide verification of receiving at least one of the following:

1. Social Security Supplemental or Disability Income
2. Public Assistance through Sonoma County Human Services Department (ie: Temporary Assistance for Needy Families [TANF], Food Stamps/CalFresh)
3. My family is enrolled in a Housing Assistance Program
4. My family receives MediCal benefits
5. Children in foster care and/or children and families experiencing homelessness
6. Reside in one of Neighborhood Services' priority areas as identified through the Violence Prevention Partnership's Community Safety Scorecard*

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ **Phone:** _____

Parent/Guardian Name: _____ **Phone:** _____

Mailing Address: _____

Email Address (Required for Program Info): _____

EMERGENCY CONTACTS

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

YOUTH INFORMATION

Name: _____ **Date of Birth:** _____ **Gender:** _____

School of Attendance: _____ **Grade:** _____

YOUTH INFORMATION

Name: _____ **Date of Birth:** _____ **Gender:** _____

School of Attendance: _____ **Grade:** _____

OFFICE USE ONLY

Verification Received:

- 1. Social Security Supplemental or Disability Income
 - 2. Public Assistance through Sonoma County Human Services Department (ie: Temporary Assistance for Needy Families [TANF], Food Stamps/CalFresh)
 - 3. My family is enrolled in a Housing Assistance Program
 - 4. My family receives MediCal benefits
 - 5. Children in foster care and/or children and families experiencing homelessness
 - 6. Reside in one of Neighborhood Services' priority areas as identified through the Violence Prevention Partnership's Community Safety Scorecard*
- Home Address:** _____

Received By: _____



Neighborhood Services Registro de Membresía de Tres Años

La División de Servicios Vecindarios de Recreación y Parques ofrece programas de desarrollo juvenil que sirven a jóvenes y familias desatendidas en toda Santa Rosa.

Requisitos de elegibilidad: : La familia debe vivir dentro de Santa Rosa y proporcionar la verificación de la recepción de al menos una de las siguientes opciones:

1. Ingresos Suplementarios del Seguro Social o por Discapacidad
2. Asistencia pública a través del Departamento de Servicios Humanos del Condado de Sonoma (por ej: Asistencia Temporal para Familias Necesitadas [TANF], estampillas de comida/CalFresh)
3. Mi familia está inscrita en un Programa de Asistencia de Vivienda
4. Tarjeta de beneficios de Medi-Cal
5. Niños en crianza temporal y/o niños y familias sin hogar
6. Residir en una de las áreas prioritarias de Servicios Vecindarios identificado a través de la Tarjeta de puntuación de seguridad comunitaria de la Asociación de Prevención de Violencia*

INFORMACIÓN DEL PADRE/GUARDIAN

Nombre del Padre/Guardián: _____ **Numero de Teléfono:** _____

Nombre del Padre/Guardián: _____ **Numero de Teléfono:** _____

Domicilio particular: _____

Correo Electrónico (Requerido para Información del Programa): _____

CONTACTOS DE EMERGENCIA

Nombre: _____ **Teléfono:** _____ **Relación :** _____

Nombre: _____ **Teléfono:** _____ **Relación :** _____

INFORMACIÓN DEL NIÑO/A

Nombre : _____ **Cumpleaños:** _____ **Género:** _____

Escuela de asistencia: _____ **Grado:** _____

INFORMACIÓN DEL NIÑO/A

Nombre : _____ **Cumpleaños:** _____

Escuela de asistencia: _____ **Grado:** _____

USO DE OFICINA SOLAMENTE

Verification Received:

- 1. Social Security Supplemental or Disability Income
- 2. Public Assistance through Sonoma County Human Services Department (ie: Temporary Assistance for Needy Families [TANF], Food Stamps/CalFresh)
- 3. My family is enrolled in a Housing Assistance Program
- 4. My family receives MediCal benefits
- 5. Children in foster care and/or children and families experiencing homelessness
- 6. Reside in one of Neighborhood Services' priority areas as identified through the Violence Prevention Partnership's Community Safety Scorecard* **Home Address:** _____

Received By: _____