

PDDBM Afterschool Program Application Form

Student Information: The information on this application will be kept confidential. It will be used to determine eligibility for Please Don't Die Black Men's (PDDBM) Afterschool Programs. **Some of the general information entered below will be used as statistics to apply for grants and other funding for our afterschool programs.**

It will take approximately 5 - 10 minutes to complete.

Please check "**None**" or put "**N/A**" for all questions that do not apply.

Program Cost

The cost of all Please Don't Die Black Men (PDDBM) afterschool programs for middle and high schoolers is free for low-income and vulnerable students. All other students above the household income eligibility guidelines must pay a one time fee of \$350 per school year per program or \$35/month for 10 months (regardless of time of enrollment). Guidelines are based off of the 2024 HHS Poverty Guidelines for Clark County.

Complete this application to determine your student's eligibility.

Location

To Be Determined

Program Run Time

All afterschool programs will run after school during the academic school year.

Questions and/or comments

Please direct any and all questions about this form or about PDDBM Afterschool programs to the PDDBM Chairwoman and President, Ruby N Lewis, CEOCHAIR@PDDBM.ORG, (360) 241 - 4479.

Completion of This Form

This form can be completed online (<https://forms.gle/jJ7wi8FGZawtU6w48>) or can be printed out and mailed to:

Please Don't Die Black Men (PDDBM)
2700 Caples Avenue #3278
Vancouver, WA 98661

* Indicates required question

1. Email *

2. **Student's Name** (Last Name, First Name, MI) *

3. **DOB** (MM/DD/YYYY) *

Example: January 7, 2019

4. **Age** *

Mark only one oval.

10 - 12

13 - 15

16 - 17

5. **Gender** *

Mark only one oval.

Male

Female

Transgender

Binary

Nonbinary

Cisgender

Agender

Genderfluid

Prefer not to say

Other: _____

6. Ethnicity *

Mark only one oval.

- African-American/Black Americans
- Alaska Natives
- Asian/Asian Americans
- Caucasian/White Americans
- Hispanic/Latino Americans
- Multiracial
- Native American
- Pacific Islander/Native Hawaiian
- Russian
- Other: _____

7. Current Grade in School (Select the grade that the student is currently enrolled in/will be enrolled in for the 2024 - 2025 school year.) *

Mark only one oval.

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

8. **Which Type of School is the Student Currently Enrolled In/Will Be Enrolled In for the 2024 - 2025 School Year?** (Check All That Apply) *

Check all that apply.

- Homeschool
- Public School
- Charter School
- Special Education School
- Career and Technical School
- Online School
- Religious School
- Boarding School
- Language Immersion School
- Private School
- Other: _____

9. **Current School Attending** (List the complete name of the school the student is currently enrolled in for the 2024 - 2025 School Year.) *

Afterschool Program of Interest

Please select the afterschool program you are interested in below.

Fashioning the Future Fashion Design Program

PDDDBM's Fashion Design Program is a commitment to empowering the future, providing a dynamic platform for young minds to explore creativity and acquire vital fashion design skills. Functioning as a launchpad, the program fosters artistic potential, equipping students with tools to craft distinctive designs and shape their individuality. The celebration of budding designers culminates in events like the PDDDBM Black History Month Fashion Show and Kwanzaa Celebration, which go beyond mere exhibits, serving as tributes to passion and dedication. Through this program, students not only nurture their talents but also build confidence as innovative designers, contributing to a fashion landscape that values diversity, talent, and cultural heritage for generations to come.

Giving Youth A Voice Through Journalism Program

PDDDBM empowers middle and high school students by involving them in the development of PROUD magazine, instilling virtues crucial for their future success. The magazine provides a platform for students to hone skills in marketing, editorial work, sales, journalism, and photography, fostering personal and professional growth. Operating as a hands-on learning experience under the guidance of an experienced editorial team, the program serves as a showcase for the nonprofit's impactful work in education and advocacy. This program is a way for where voices to contribute meaningfully to their communities.

Start-to-Finish Film Program

The Start-to-Finish Short Film Program provides a transformative journey for middle and high school students, empowering them with equity and creative expression. Running from August to June each school year, students collaboratively oversee every aspect of a short film, earning an IMDb credit upon completion. The program offers continuous learning and growth opportunities, allowing students to rejoin annually. This program fosters a future where young voices are celebrated, and creativity knows no bounds.

10. **PDDDBM Afterschool Program of Interest** (Check all that apply) *

Check all that apply.

- Fashioning the Future Fashion Design Program
- Giving Youth A Voice Through Journalism Program
- Start-to-Finish Film Program

Student's Contact Information

Please complete the following questions about the student's and their parent/legal guardian's contact information.

11. **Primary Parent/Legal Guardian's Name** (Last Name, First Name, MI) *

12. **Student's Physical Home Address** *

13. **Student's Mailing Address** (if different from their home address)

14. **Student's Contact Phone Number** (999-999-9999) *

15. **Which Type of Phone Number Is This?** *

Mark only one oval.

- Cell Phone
- Landline/Home Phone
- Message Phone
- Other: _____

16. **Primary Parent/Legal Guardian's Contact Phone Number** *

17. **Which Type of Phone Number Is This? ***

Mark only one oval.

- Cell Phone
- Work Number
- Landline/Home Phone
- Message Phone
- Other: _____

18. **Primary Parent/Legal Guardian's Contact Email Address ***

19. **Emergency Contact Name (Last Name, First Name, MI) MUST Be Different From Parent/Legal Guardian ***

20. **Emergency Contact Phone Number (MUST Be Different From Parent/Legal Guardian) ***

21. **Emergency Contact Email Address (MUST Be Different From Parent/Legal Guardian) ***

Eligibility of Household

If the total amount of income of all household members (before taxes or anything else is taken out) exceeds the amount on the chart below for your household size, the household is not eligible for our free programs. Proof of household income or lack thereof is required.

Examples of proof of income or lack thereof include, but not limited to: DSHS Eligibility Determination Letter, DSHS Print Out of Current Benefits, W-2, Pay Stubs, Employer Statement in Writing, Division of Child Support Data, IRS 1040 if it is accurate of current income, Current Free and/or Reduced Lunch eligibility Letter, Medicaid Eligibility Award Letter, etc.

Program Cost

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Income Eligibility Sheet



MAXIMUM INCOME TO BE ELIGIBLE – JANUARY 2024 TO JUNE 2025

Household Size	Annually	Monthly	Weekly
1	\$18,825	\$1,569	\$363
2	\$25,550	\$2,129	\$492
3	\$32,275	\$2,690	\$621
4	\$39,000	\$3,250	\$751
5	\$45,725	\$3,810	\$880
6	\$52,450	\$4,371	\$1,009
7	\$59,175	\$4,931	\$1,138
8	\$65,900	\$5,492	\$1,268
For each additional member, add:	+\$6,725	+\$560	+\$130

22. **Household Is Eligible.** (Select one of the following methods to determine household * eligibility.)

Mark only one oval.

- Household is receiving food stamps and/or AFDC/TANF for this student.
- Student receives free and/or reduced lunch.
- Student is a foster child in the household and the household meets income requirements (See above).
- Household is eligible based on income (See above).
- Household is not eligible.

Medical Information

Please complete the following so that we may provide proper and well-informed care to your child.

23. **Student Allergies** (Please list everything the student is allergic to including * medication)

24. **Does the student currently have an IEP or a 504? ***

Mark only one oval.

- Yes
- No

25. **Does the student have any of the following? (Check all that apply) ****Check all that apply.*

- ADHD/ADD
- Atlanto-axial Subluxation and Restrictions for persons with Down Syndrome
- Autism/PDD
- Brain Injury
- Cerebral Palsy
- Cyanosis
- Deaf/Hearing Impaired
- Diabetes
- Down Syndrome
- Epilepsy
- Headaches/Migraines
- Heart Conditions and Restrictions
- Hepatitis
- Learning Disability
- Visual Impairment
- Mental Health
- Mental Retardation Mild
- Mental Retardation Moderate
- Mental Retardation Severe
- Mobility Impairment
- Muscular Dystrophy
- Multiple Sclerosis
- Non-ambulatory
- None
- Non-verbal
- Prader-Will
- Rhetts-Syndrome
- Seizures
- Speech Delay
- Spina Bifida
- Tourettes Syndrome
- William's Syndrome
- Other: _____

26. **Please explain any diagnosis checked above.** *

27. **Student's Communication** (Check all that apply) *

Check all that apply.

- Good
- Shy
- Limited Conversation
- Signs
- Interpreter Needed
- Dominates Conversation
- Inappropriate Topics
- Other: _____

28. **Restrictions** (Check all that apply) *

Check all that apply.

- Behavior
- Physical Limitations
- Dietary Restrictions
- Toileting
- Medication
- None
- Other: _____

29. **Please explain any behaviors checked above.** *

30. **List any other information you feel we should have to provide proper and well-informed care to your child.** *

Consent Forms

Please check below if you agree or disagree to the following terms and conditions.

31. Please Don't Die Black Men (PDDBM) grants permission for the student listed above * to participate in the PDDBM Afterschool Program for the 2024-2025 school year. In order for the student to engage in the program, I, as the parent/legal guardian, agree to hold PDDBM harmless and waive any right to make claims or lawsuits against PDDBM, its representatives, or anyone working on behalf of PDDBM. This waiver explicitly excludes injuries or damages resulting from any willful, wanton, or intentional misconduct. Acknowledging that participation in this activity is voluntary, I understand the implications of this waiver on my legal rights and those of the student named above.

Mark only one oval.

I agree

I disagree

32. Please be advised that participation in PDDBM's Afterschool Programs is contingent upon adherence to certain guidelines and standards. PDDBM reserves the right to refuse entry to the program to any participant. While enrolled, students agree not to harm, attack, or cause harm to PDDBM, anyone representing PDDBM, or anyone employed by PDDBM. In the event of unruly behavior, students will receive up to three warnings, after which a meeting with the parent/legal guardian will be required. If behavior continues to be unmanageable, students may be removed from the PDDBM Afterschool Program and will not be allowed to return for one full school year. It is essential for students and parents/legal guardians to acknowledge and abide by PDDBM's zero tolerance policy for vulgarity and obscenity, which will be provided one month before the program commences. Your understanding and cooperation with these guidelines are crucial to maintaining a safe and constructive learning environment for all participants. *

Mark only one oval.

I agree

I disagree

33. PDDBM recognizes the importance of transparency and privacy concerning the use of photos and videos featuring students. Throughout the Afterschool Program, we may capture images and footage for marketing, funding, and program-related purposes. These materials contribute to showcasing the positive impact of our programs and securing support for future initiatives. However, we respect your privacy, and as such, students and parents/legal guardians have the option to opt out of being photographed or filmed. *

Mark only one oval.

I Consent to my student being photographed/videotaped.

I Do Not Consent to my student being photographed/videotaped.

34. By typing my name and date below, I, as the student participating in PDDBM's Afterschool Program, affirm that this will serve as my official digital signature. I acknowledge that the information I have provided in this afterschool application is accurate and true to the best of my knowledge. I am typing my name with a sound mind and of my own free will, understanding that this digital signature indicates my commitment to the terms and conditions outlined in the form. I willingly agree to comply with the expectations set forth by PDDBM for my participation in the Afterschool Program. *

Mark only one oval.

I agree

35. **Student's Name** (First Name, MI, Last Name) *

36. By typing my name and date below, I, as the parent/legal guardian, acknowledge that this will act as my official signature, affirming that the information entered on this after school application is accurate and true to the best of my knowledge. I certify that I am typing my name with a sound mind and of my own free will, consenting to the terms and conditions outlined in the form. This digital signature signifies my understanding and agreement with the contents provided, and I willingly commit to abide by the terms set forth. *

Mark only one oval.

I agree

37. **Parent/Legal Guardian's Name** (First Name, MI, Last Name) *

38. **Today's Date** *

Example: January 7, 2019