

NAME OF THE AGENCY, NAME OF AFTER-SCHOOL PROGRAM, SCHOOL

Permission to Request HRA Funds to Support After-School Programs
(to be completed only if you or your child receives public assistance, Medicaid, or food stamps)

Dear Parent or Guardian:

Your child's after-school program is funded by many sources, including The After-School Corporation (TASC), the Department of Education (DOE), the Department of Youth and Community Development (DYCD), and the Human Resources Administration (HRA).

HRA funds are an important source of support for this program. In order to receive HRA funds, we need your permission. If you or your child receives public assistance, Medicaid, or food stamps we can (with your permission) receive HRA funds for the services we provide your child during after-school hours.

If you or your child receives public assistance, Medicaid, or food stamps, please complete and sign this form. The information you provide will only be used to help us obtain HRA funds and will be kept confidential. By signing this form, you confirm that no other child care provider is receiving HRA reimbursement for the same services we are providing to your child, and you designate The After-School Corporation for reimbursement by HRA on your behalf.

Note: If you are in a work program (HRA/BEGIN/OES) and already receive money for child care provided Monday – Friday from 3pm to 6pm, signing this form will change the recipient of those child care payments. For the above hours you are signing for the after-school program to receive child care payments rather than any other person or agency.

Name(s) of your child(ren):	Date of Birth:	Social Security*:	HRA Number (if available):
_____	_____	_____	_____ - ____ - ____
_____	_____	_____	_____ - ____ - ____
_____	_____	_____	_____ - ____ - ____

* You may write **your** social security number here instead of your child's.

Parent/Guardian's Name: _____

Parent/Guardian's Social Security Number: _____ - _____ - _____

Parent/Guardian's HRA Case Number:** _____ - _____ - _____

Signature of Parent/Guardian: _____ Date: _____

**Your case number can be found in this section of your ID card. It is an 8 digit letter and/or number combination.

If you would like more information on the funding we receive from HRA, please call Michael Grant at TASC at (212) 547-6909.

SAMPLE ID CARD

