



BOYS & GIRLS CLUBS
OF SALINE COUNTY

To whom it may concern,

Please print a Determination of Eligibility form for _____ proving that the individual receives at least one of the following services below through the DHS office.

- Transitional Employment Assistance (TEA)
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid or Chip (Including ARKids)
- Supplemental Security Income (SSI) or Supplemental Security Disability (SSD)
- Woman, Infant & Children (WIC)
- Housing and Urban Development (HUD), Section 8 or Public Housing

Please verify that the following pieces of information are on the Eligibility form.

1. Current Date
2. Parent/Guardian Name & Child's Name
3. Date Awarded

Thank you for your continued cooperation,

A handwritten signature in black ink, appearing to read "Chris Richey".

Chris Richey, CEO