

IDAHO FALLS FAMILY YMCA

FINANCIAL ASSISTANCE GUIDELINES & PROCEDURES

POSITION STATEMENT

Within the available resources of the Idaho Falls YMCA, the YMCA seeks to provide programs and services to all who need them regardless of their ability to pay established fees. The Y's intent is to set fees at rates affordable to the majority of residents in the service area and to provide financial assistance to those for whom the YMCA's fees are not affordable. Those not able to pay the full fee may be granted partial financial assistance based on their demonstrated need and the Y's ability to fund the request.

ELIGIBILITY

1. Applicants must work or reside in the YMCA service area.
2. Assistance will be granted on the basis of financial need. A sliding fee scale, based upon the U.S. Department of Health and Human Services' annual poverty guidelines, will be used as initial eligibility criteria. A personal interview may be requested during the application review process.
3. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of his/her YMCA involvement; therefore, applicants will be asked to pay a portion of the membership or program fees.
4. Eligibility for financial assistance will be reviewed for each membership or program.
5. Staff has the right to weigh special circumstances in addition to the existing criteria.

HOW TO APPLY

1. Contact a staff member at the YMCA where the membership or program is sought.
2. Complete the standard "YMCA Access Program" form and provide the required two forms of income verification listed on the application form. In certain situations, a Child Support Obligation Worksheet may be required for verification of income if a divorced parent is requesting assistance for childcare. YMCA staff may request an interview or call the applicant if information is unclear or incomplete.
3. Only designated members of the YMCA staff may award financial assistance within departmental guidelines. Staff shall call or send an official notification of assistance within thirty working days of the application. Staff shall also notify applicants who do not qualify as to why their requests were not granted.
4. All application records shall be kept confidential

SELECTION PROCESS

Decisions shall be based on a review of the application form, verification of income, and personal interview with the applicant. The YMCA reserves the right to refuse financial assistance to any applicant.

FUNDING

Financial assistance for YMCA membership and programs is made possible through charitable contributions secured during annual support campaigns. Assistance will be granted only to the extent that funds are available.

IDAHO FALLS FAMILY YMCA

YMCA ACCESS PROGRAM – CONFIDENTIAL ASSISTANCE APPLICATION GUIDELINES

To facilitate your application in a timely manner, please read the following guidelines before submitting your application. Incomplete applications will be returned, possibly delaying your request.

- Please print or type application
- Application must be submitted with the following income verification:
 - ✓ Two most recent pay stubs or AFCD, Unemployment, Disability, or Social Security stubs **AND**
 - ✓ Copy of your most recent tax return
- All adults in your household must be accounted for and their income must be reported.
- Verification of full time or part time student status.

GUIDELINES:

1. All families seeking financial aid for childcare must inquire first with their county social services department to see if they qualify for aid.
2. Financial assistance for child care is awarded only if the adult (s) in the household are working during the hours that care is needed or if parent(s) is a student (proof of enrollment is needed).
3. Foster parents must submit proof of household income along with assistance granted for the foster child.
4. Financial assistance for summer day camp may be granted for the full summer if the parents are working or enrolled in school
5. Applicants for childcare need to reapply prior to the start of the fall school session. Applicants for summer day camp need to apply prior to May 15th.
6. Applicants for programs need to reapply at the beginning of each program.
7. Applicants for membership need to reapply every six months.
8. Applicants who do not file income tax are required to verify some form of income.

YMCA Financial Assistance will be granted based on (1) availability of funds, (2) household/family size, and (3) total income. The YMCA believes that a strong sense of ownership and pride is developed if the participant contributes to the cost of their YMCA involvement. Therefore, all applicants will be asked to pay a portion of their program and/or membership fee.

Funds are made available through the generosity of YMCA supporters and are awarded regardless of age, gender, race, religion, or national origin. Assistance will be granted only to the extent that funds are available.

Applications will be reviewed on a Monthly basis. Personal interviews may be requested. You will be notified in writing or through a phone call after your application has been reviewed.

IDAHO FALLS FAMILY YMCA

YMCA ACCESS PROGRAM –
CONFIDENTIAL ASSISTANCE APPLICATION

(Please print or type)

DATE OF APPLICATION _____

NAME _____

PHONE(H) _____

ADDRESS _____

CITY/ZIP _____

Are you employed, if so with whom? _____

Occupation _____ Time employed _____

Are you in School? Full-time ____ Part-time ____ Are you receiving financial Aide? _____

ADDITIONAL FAMILY MEMBERS/DEPENDENTS:

| Adult/Child(ren)'s Name | Age | School/Employer | Birthdate |
|-------------------------|-------|-----------------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

OF ADULTS IN HOME _____ # OF CHILDREN IN HOME _____

| PROGRAM/MEMBERSHIP FOR WHICH YOU ARE SEEKING ASSISTANCE AMOUNT ABLE TO PAY | | |
|----------------------------------------------------------------------------|--------------------------------|-----------------|
| Application for financial assistance is for: | Who is this request for | Amount : |
| <input type="checkbox"/> Child Care _____ | _____ | _____ |
| <input type="checkbox"/> Youth Sports _____ | _____ | _____ |
| <input type="checkbox"/> Aquatics _____ | _____ | _____ |
| <input type="checkbox"/> Membership _____ | _____ | _____ |
| <input type="checkbox"/> Other: _____ | _____ | _____ |

Please explain reason for financial assistance. Explain any special circumstances that you wish us to consider:

(Please complete information on the backside)

PLEASE PROVIDE ACCURATE INFORMATION REQUESTED BELOW:

Monthly Income:

| | | |
|--------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Gross Earnings (Before Taxes) | \$ _____ | List any extenuating circumstances that you want the YMCA to consider before processing this application: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ |
| Spouse Earnings (Before Taxes) | \$ _____ | |
| Unemployment Compensation | \$ _____ | |
| Social Security Compensation | \$ _____ | |
| Disability | \$ _____ | |
| Child Support | \$ _____ | |
| Alimony | \$ _____ | |
| ICCP | \$ _____ | |
| Food Stamps | \$ _____ | |
| 401K/Retirement Funds | \$ _____ | |
| Earnings from Savings/Invest. | \$ _____ | |
| Other Income | \$ _____ | |
| Total Monthly Income | \$ _____ | |

You must attach your:

- (1) Two most recent pay stubs to verify your annual earnings or AFCD, Unemployment, or Disability stubs, AND
- (2) Copy of your most recent tax return
- (3) Divorce worksheet (if requested).

NOTE: Scholarship recipients will be asked to pay a portion of the program or membership fees.

If you are applying for childcare, have you contacted Social Services? Yes No

Are you willing to give testimonial in front of others, on how scholarship funds has helped you? Yes No

Case number: _____

Case worker's name: _____

Case worker's phone number: _____

Are you a YMCA Member? Yes No If yes, what year(s)? _____

Have you applied for financial assistance from a YMCA previously? Yes No

If yes, what program(s)? _____

I DECLARE THAT ALL OF THE INFORMATION ON THIS APPLICATION FORM IS TRUE AND CORRECT. I UNDERSTAND THAT THIS INFORMATION IS GIVEN IN CONNECTION WITH THE RECEIPT OF YMCA FUNDS AND THAT THE YMCA WILL VERIFY THE INFORMATION. DELIBERATE MISREPRESENTATION MAY BE SUBJECT TO TERMINATION OF CURRENT AND FUTURE FINANCIAL ASSISTANCE.

Signature

Date