



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y FOR ALL FINANCIAL ASSISTANCE POLICY AND APPLICATION

It is the policy of the Metropolitan YMCA of the Oranges to offer financial assistance to individuals who desire to participate in YMCA programs or services. The end result of this policy will be to assist individuals and families who have extenuating financial circumstances.

POLICY PARAMETERS:

- 1 Assistance will be granted based upon documented financial need (i.e., most recent signed Federal Income Tax 1040 form) and the completion of a financial assistance application. Sliding Scale Fees guidelines will be determined by the YMCA Board of Directors and reviewed on a periodic basis by them.
- 2 Recipients will normally be asked to pay a portion of the fees. This will be based on a sliding percentage.
- 3 Financial assistance will be granted for a defined period of time and will be reassessed as follows:
Membership and Programs expires end of May.
School-Age Child Care (SACC) expires end of June.
Early Childhood Learning Center (ECLC) expires end August.
Camp expires end of camp.
- 4 Any change in a recipient's financial status must be reported immediately to the Branch Executive Director.
- 5 The YMCA reserves the right to change, amend, or discontinue a recipient's financial assistance at any time.
- 6 It is the policy of the Metropolitan YMCA of the Oranges to make membership available to all persons regardless of race, color, religion, gender, age, marital status, sexual orientation, national origin, disability, or financial circumstances without discrimination.
- 7 Deadlines for applying:
Membership Available at any time.
School-Age Child Care (SACC) Due 1 month prior to enrollment.
Early Childhood Learning Center (ECLC) Due 1 month prior to enrollment.
Program Due 1 week before registration opens. See program guide for registration dates and availability. Applications received outside of these deadlines will be processed based on availability of space and funding.

Metro YMCAs of the Oranges
Y For ALL Financial Assistance Program

Last Name	First Name	Gender	DOB
Street	City, ST Zip		
Phone (H)	Cell	Work	
email	# in household: Adults:		Children:
Have you ever applied to the Y for financial assistance before? <input type="checkbox"/> No <input type="checkbox"/> Yes. When & where?			

Membership Assistance

Program Membership:	<input type="checkbox"/> Family	<input type="checkbox"/> Individual
Full Facility Membership:	<input type="checkbox"/> Family	<input type="checkbox"/> Adult <input type="checkbox"/> Young Adult <input type="checkbox"/> Youth/Teen <input type="checkbox"/> Senior <input type="checkbox"/> Senior Couple

Program Assistance

Participant Name	Participant Name	Participant Name
<input type="checkbox"/> Program:	<input type="checkbox"/> Program:	<input type="checkbox"/> Program:
<input type="checkbox"/> ECLC - Attach registration form	<input type="checkbox"/> ECLC - Attach registration form	<input type="checkbox"/> ECLC - Attach registration form
<input type="checkbox"/> SACC - Attach registration form	<input type="checkbox"/> SACC - Attach registration form	<input type="checkbox"/> SACC - Attach registration form
<input type="checkbox"/> Camp - Attach registration form	<input type="checkbox"/> Camp - Attach registration form	<input type="checkbox"/> Camp - Attach registration form

Request & Special Circumstances.

<p>How much assistance are you requesting? _____</p> <p>Please explain any special circumstances that apply to your situation, such as caring for a parent, loss of employment, or medical bills.</p>

Frequently Asked Questions About Y for All Financial Assistance

Who is eligible to receive financial assistance? Individuals and families who show they are in need of help pay for their programs or memberships. Financial Assistance is available for those who qualify.

How are financial assistance awards determined? The Y Financial Assistance Committee uses a sliding fee scale based on total household income and number of dependents. On your application, be sure to indicate any other special circumstances, such as caring for a parent, loss of employment, or medical bills.

How long will the financial assistance continue? The need for financial assistance will be reassessed as follows: **Membership and Programs** expires May 31. **School-Age Child Care (SACC)** expires end of June. **Early Childhood Learning Center (ECLC)** expires end August. **Camp** expires end of camp.

What are the deadlines for my application? **Membership** Available at any time. **School-Age Child Care (SACC)** Due 1 month prior to enrollment. **Early Childhood Learning Center (ECLC)** Due 1 month prior to enrollment. **Program** Due 1 week before registration opens. See program guide for registration dates and availability. Applications received outside of these deadlines will be processed based on availability of space and funding.

Use either the Express Income Verification OR the Standard INCOME Verification. Please submit copies, never originals. All information will remain confidential.

EXPRESS INCOME VERIFICATION

Provide documentation of one of the following:		
<input type="checkbox"/> WIC	<input type="checkbox"/> TANF	<input type="checkbox"/> SNAP
<input type="checkbox"/> 4Cs	<input type="checkbox"/> DYFS	<input type="checkbox"/> NORWESCAP
<input type="checkbox"/> PFP	<input type="checkbox"/> NJCK	<input type="checkbox"/> Work First NJ
STAFF USE ONLY	Reviewing Staff:	Date Reviewed

STANDARD INCOME VERIFICATION

Provide all of the following documents:			
<input type="checkbox"/> Tax return for all members of the household, all pages of most recent 1040 but NOT the schedules; redact (delete/white out) all digits of SSN on ALL pages			
<input type="checkbox"/> Alimony and/or child support payment documentation (if applicable)			
<input type="checkbox"/> If none of these are available contact your branch Financial Assistance Coordinator.			
Plus one of the following documents:			
<input type="checkbox"/> Paystubs for the last 6 weeks; for all members of the household			
<input type="checkbox"/> If not working and FT student, copy of current class schedule			
<input type="checkbox"/> Unemployment letter of award			
<input type="checkbox"/> Disability –letter of award			
Adult Name	Income Source	Monthly Income	Annual Income
Current Household Income:			\$
Most Recent Federal Tax Return – Adjusted Gross Income:			\$
Form 1040, line 37. Form 1040A, line 21. Schedule C, line 31.			
STAFF USE ONLY	Receiving Staff Initials	Date	

- I certify that the above information is true and complete to the best of my knowledge, and that I, and the other adults listed above, do not have additional income beyond what is listed above. I agree, if necessary, to send additional documentation to support the above statements. I understand that if I falsify any information, I will not be eligible for financial assistance now or in the future at any branch of Metro YMCAs if the Oranges.
- I understand that financial assistance is awarded based on need. In the event that I or my children must cancel our participation, I will contact the Y immediately so that financial assistance can be applied to others.
- I understand that I will need to apply annually for financial assistance, and that program fees may change.

Signature	Date
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YMCA OFFICE USE ONLY

Application reviewed by:	Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied. Reason:
Membership %	
Program %	
ECLC/SACC %	
Camp %	
<input type="checkbox"/> ALICE documentation:	<input type="checkbox"/> Award entered to eFinesstri (initial and date):