



Outreach Policy Snake River Swimming

Michelle L Smith, Registrar
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Purpose of Outreach Membership: The goal of the Snake River Swimming Outreach membership is to provide opportunities in swimming to athletes who might not otherwise be able to afford regular membership. Outreach Membership provides a reduced membership fee to swimmers who qualify on the basis of financial need. Other than the membership fee, an Outreach Athlete member is not distinguishable from any other Athlete member.

The current USA Swimming Outreach Athlete membership fee is \$5.00 and the Snake River Swimming fee is \$2.00, for a total registration fee of \$7.00.

Outreach Membership Qualifications: The yearly income guidelines used by the local school district to qualify students for the National School Lunch Program Free or Reduced Meals is used most often to qualify a swimmer for Snake River Swimming Outreach Membership. A swimmer does not have to participate in the actual lunch program in order to qualify for Outreach Membership.

*A copy of **one** of the following must be provided to the club* with the application to show proof of financial need:

- a) National Free or Reduced Meals Program verification form/letter from school district
- b) Current signed federal tax return showing the income guideline has been met
- c) Medicaid card
- d) Food Stamp or Supplemental Nutrition Assistance Program benefits letter
- e) Other documentation that is consistent with the Income Eligibility Guidelines for the National School Lunch Program, available at: <https://www.fns.usda.gov/cn/income-eligibility-guidelines>
(based on the table for the current school year)

Application Procedure:

1. The swimmer applies to a club for Outreach Membership.
2. The club reviews documents to determine qualification for Outreach Membership.
3. The club Registration Chair approves or declines the Outreach Membership
 1. If declined, additional documentation may be provided for review to reconsider the decision.
 2. If approved, the Outreach Registration Link for USA Swimming is sent to the swimmer
4. The club will be responsible for verifying Outreach eligibility annually. No applications or proof of need shall be sent to the Snake River Swimming Registrar.

Snake River Swimming assumes that, once an athlete is registered as an Outreach athlete, he or she will receive financial assistance from his/her Club for reduced dues, meet entry fees, etc.

An unattached swimmer who is not affiliated with a club should complete the attached form and submit the qualifying documentation to the Snake River Registration Chair.



2025 OUTREACH ELIGIBILITY APPLICATION

LSC: SNAKE RIVER SWIMMING

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME	
PREFERRED NAME	CLUB CODE (eg BY for Boise YMCA)	NAME OF CLUB YOU REPRESENT (unattached if no club)	
(Bill, Beth, Scooter, Liz, Bobby)			
GUARDIAN #1 LAST NAME	GUARDIAN #1 FIRST NAME	GUARDIAN #2 LAST NAME	GUARDIAN #2 FIRST NAME
MAILING / STREET ADDRESS			
CITY	STATE	ZIP CODE	
AREA CODE	TELEPHONE NO.		
FAMILY/HOUSEHOLD <u>E-MAIL</u> ADDRESS – Please PRINT			

UNATTACHED ATHLETES ONLY:

MAIL APPLICATION TO:

Michelle Smith
Snake River Registrar
2073 Meadow Ridge Dr
Elko, NV 89801
775-934-5446

snakeriverregmem@gmail.com

SIGN
HERE x _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE

Complete either Section A – Proof of Income or Section B – Proof of Assistance
Submit application with the required documentation.

Section A – Proof of Income: attach a copy of your most recent Federal tax return, proving that your income is below in the level in the following table. (source: Federal Reduced School Lunch Income Eligibility Guidelines 7/1/2022 – 6/30/2023)

Refer to the following link for income guidelines:

<https://www.federalregister.gov/documents/2024/02/20/2024-03355/child-nutrition-programs-income-eligibility-guidelines#p-152>

Section B – attach a copy of an approved application for one of the following assistance programs:

- | | |
|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Social Security Disability Insurance |
| <input type="checkbox"/> Free or Reduced Lunch | <input type="checkbox"/> Children's Health Insurance Plan |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Aid to Families with Dependent Children |
| <input type="checkbox"/> Section 8 Public Housing | <input type="checkbox"/> Temporary Assistance to Needy Families |
| <input type="checkbox"/> Supplemental Security Income | |
| <input type="checkbox"/> Home Energy Assistance Program | |
| <input type="checkbox"/> Women, Infant, & Children's Program | |
| <input type="checkbox"/> Other | |