



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OPEN DOORS

Because everybody belongs
at the YMCA





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CONFIDENTIAL ASSISTANCE APPLICATION

At the YMCA of Metropolitan Denver we're a non profit, health and human services organization committed to helping people reach their full potential in spirit, mind and body. We're here to serve people of all ages, backgrounds, abilities, and incomes. As a community-based organization we believe that our programs and services should be available to everyone. That's why we offer the OPEN DOORS program. OPEN DOORS is a sliding fee scale that is designed to fit each individual's financial situation. We believe a strong sense of ownership and pride is developed when the recipient contributes to the cost of their YMCA involvement; therefore, **you will be asked to pay some portion of the fees.**

The funds available for OPEN DOORS are made possible through the generosity of our members, volunteers and community donors through our Community Support annual fundraising campaign.

Individuals need to provide the requested information on the attached form regarding income, family size and necessary expenses so that financial assistance can be provided in a fair and consistent manner. All information will be kept confidential. Assistance will be reviewed for eligibility minimally after a six-month period for program and membership, unless otherwise stated. Your fees are subject to increase when you reapply. If you do not reapply when requested, your enrollment may be terminated.

To process your application, we need verification of household income which could come from any of the sources listed below:

- Two most recent pay stubs, Unemployment, Disability, Social Security stubs, Bank Statement, or Letter of Verification from Employer, Copy of your most recent tax return, or Verification of Public Assistance
- All adults in your household must be accounted for and their income must be reported. Applicants who do not file income tax are required to verify some form of income.

A YMCA Director, based on a thorough review of the application, will determine financial assistance eligibility. Please allow up to 2 weeks to process your application. Personal interviews may be requested. You will be notified by telephone and/or mail if your application has been approved or if you need to submit additional information. Scholarships will be awarded on a first come, first served basis, subject to available resources.

All YMCA members and program participants receive the same benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing they are involved in an organization that is strengthening the foundations of our communities through youth development, healthy living and social responsibility.

CONFIDENTIAL ASSISTANCE APPLICATION

Please print and complete both sides of this application.

Branch: ☐ Adams County ☐ Duncan (Arvada) ☐ Aurora ☐ Downtown ☐ Glendale
☐ Manual High School (Community Branch) ☐ Littleton ☐ Schlessman (University Hills) ☐ Southwest

Name: _____ Date of Birth: _____ Today's Date: _____
Address: _____ Phone (h): _____
City/State/Zip: _____ Phone (mobile): _____
Employer: _____ Phone (w): _____

Spouse/2nd Adult Name: _____ Date of Birth: _____
Phone (h): _____ Phone (mobile): _____
Employer: _____ Phone (w): _____

List all additional family members/dependents seeking financial assistance:

| | Adult/Child(ren)'s Name | Age | Date of Birth | Membership/Program Request |
|----|-------------------------|-------|---------------|----------------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ |

Number of Adults in Home: _____ Number of Children in Home: _____

GROSS MONTHLY FAMILY INCOME / EXPENSES

| INCOME | | EXPENSES | |
|----------------------------|-------|--------------------|-------|
| Employment | _____ | Rent | _____ |
| Child Support/Alimony | _____ | Utilities | _____ |
| Social Security/Disability | _____ | Child Support | _____ |
| Food Stamps | _____ | Medical | _____ |
| All Other Income | _____ | All Other Expenses | _____ |
| TOTAL | _____ | TOTAL | _____ |

Please list any extenuating circumstances or expenses that you want the YMCA to consider before processing this application (please use additional paper if needed).

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

X _____ Date
Parent/Guardian/Adult Signature

(OVER)

Please answer the following questions:

Are you a current YMCA Member? ☐ Yes ☐ No

Have you applied for financial assistance from any Denver YMCA previously? ☐ Yes ☐ No

If yes, what program(s)? _____ For which year(s)? _____

Please complete the areas below for which you are requesting assistance. If applying for more than one area, please prioritize by number (1-5) in grey boxes provided.

MEMBERSHIP

Please pick one:

- ☐ Youth (10-18) ☐ Young Adult (19-26)
☐ Adult (27-59) ☐ Senior Adult (60+)
☐ Dual ☐ Family
☐ One Parent Family ☐ Senior Family

* Applicants for membership need to reapply every six months. Facility usage will be monitored on a quarterly basis. Those in less than 4 times a month will forfeit the scholarship and the dollars will be reallocated to another recipient.

PROGRAM

Please Select:

- ☐ Adult Sports
☐ Youth Programs
☐ Youth Sports
☐ Swim Lessons: ☐ Adult ☐ Child
☐ Other _____

* Applicants for programs need to reapply every six months.

CHILD CARE

EARLY CHILDHOOD EDUCATION

Please choose:

- ☐ Infant (6 wks-1 yr, walking)
☐ Toddler (1-3 yrs)
☐ Preschool (3-5 yrs, potty trained)
☐ Other (please specify)

Start Date Preferred: _____

SCHOOL AGE CHILD CARE

Please choose:

- ☐ Before School Only
☐ After School Only
☐ Before and After School
☐ School Break(s)

Start Date Preferred: _____

Number of children: _____

Location Preferred: _____

DAY CAMP

Number of weeks requested: _____

Start Date Preferred: _____

Number of children: _____

Location Preferred: _____

I have contacted social services. ☐ I Qualify ☐ I Don't Qualify If qualified, Case Number: _____

Case Worker's Name: _____ Phone #: _____

1. 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).
2. If a parent is out of work and is looking for a job, on disability, or public assistance, a maximum of 4 weeks financial assistance may be granted.
3. Foster parents must submit proof of household income along with assistance granted for the foster child.
4. Applicants for child care need to reapply prior to the start of the fall school session. Applicants for summer day camp need to reapply prior to the beginning of the program.

To Be Completed By YMCA Staff

Date Received: _____

Date Processed: _____

Staff: _____

Staff: _____ Amt. Awarded: \$ _____