

RYE YMCA

Y CARES **CHILD CARE** FINANCIAL ASSISTANCE APPLICATION

Disponible en español en el YMCA

MISSION STATEMENT

The Rye YMCA is a family-oriented community service organization which welcomes all people and promotes positive values through programs that build spirit, mind and body.

VISION STATEMENT

The YMCA will be a leading charitable organization that strives to meet the health, wellness, social and recreational needs of the residents of Rye, Harrison, Mamaroneck, Larchmont and Port Chester. With a strong commitment to outreach, we will build and expand programs that model the core values of the YMCA -- caring, honesty, respect and responsibility -- and that nurture the spirit, mind and body. Through dedicated staff, volunteers and members, we will foster innovative collaborations and secure the resources to address the diverse needs of our communities, while remaining accessible to all.

Questions while completing this form? Please contact Kathy Lynam (914) 967-6363 x250 or by email at kathy@ryeymca.org



Frequently Asked Questions About Financial Assistance

Who is eligible to receive financial assistance?

Individuals and families who show they are in need of financial assistance to help pay for their programs or memberships. The Y turns no one away for the inability to pay.

How are financial assistance awards determined? The Y has a sliding fee scale based on total household income and number of dependents, which assists in determining the support amount. Please be sure to indicate any other extenuating circumstances (ex: caring for a parent, loss of employment, etc.)

How long will the financial assistance continue?

12 months from the date you were approved. Please be aware that your membership and other monthly payments will *continue* even when your assistance expires. You are responsible for canceling monthly payments. *You will be charged the full rate if you allow your scholarship to expire.*

What are the deadlines for my application?

Child Care – **Due 3 weeks prior to the start of registration.**

Summer Camp – Apply as early as possible! We cannot guarantee space in camp as we fill up quickly!

Continued on next page...

What is the responsibility of the recipient?

The YMCA expects that the recipient will register on time. Since our funds are limited and there are others in the community in need of financial assistance, we expect to be notified if you no longer need our support or are unable to use the services we provide. Awards expire in 30 days if left unused.

What are the payment requirements?

After acceptance of your approved award, you are required to pay for each program you register for in full or monthly payments. Monthly payments are available for child care, membership, summer camp, after school (ASA).

How is Y Cares funded?

The YMCA raises money through the ongoing work of volunteers and staff. Funds are available as a result of gifts received from individuals, corporations, special events, foundations and through the Annual Strong Kids Campaign.

What's my next step?

- 1) Read and complete all sections of the application form.
- 2) **Please be sure to follow the required documents section to the right as applications without a financial backup will be returned to the applicant.**
- 3) Return to the Sr. Director of Child care at the Rye YMCA. ***Please do not submit registration forms for camp, child care or ASA. You will fill them once you receive our response.***
- 4) You will receive a response from the YMCA within **3 weeks**.

DOCUMENTS REQUIRED FOR APPLICATION

We require verification of your income before we can offer you Y Cares Financial Assistance. All information will remain confidential. Please follow the below steps to be sure your application is required and return to you promptly.

This is a critical and required step to being approved. With the complete documentation from the below steps we will not be able to review your application and it will be returned without approval.

REQUIRED DOCUMENTATION

Please submit a copy, not original of the below. All information will remain confidential. Indicated portions of each group are required, not just segments or portions of a group of documents.

GROUP A (THIS SECTION IS REQUIRED)

Provide the following documents for all adults living in the household:

- ☐ Most recent Tax Return (1040)
- ☐ Child support documentation (if applicable)
- ☐ Alimony payment documentation (if applicable)

GROUP B (only if Group A needs further details)

Provide ALL of the following documents:

- ☐ Documentation that your family is a recipient of any of the following: DSS, food stamps, WIC, SSI, AFDC, etc.
- ☐ Personal reference or a letter from your church or agency verifying your particular situation
- ☐ Two months of pay stubs for all adults in household
- ☐ Child support documentation (if applicable)
- ☐ Alimony payment documentation (if applicable)

We reserve the right to verify your information with employers and stated references.

Y CARES CHILD CARE FINANCIAL ASSISTANCE APPLICATION

Westchester County Subsidy Information:

Are you currently receiving subsidy for child care? _____

Have you applied/ or will you be applying for subsidy for child care? _____

A Copy of your subsidy application must be received and approved before a child can enroll in any child care program.

A max amount of 20% of Y Cares will be given to families who receive subsidy

The family is responsible for any remaining tuition amount due after subsidy and Y-cares awards. The family will be responsible for a minimum of 10% of the tuition cost

Y-cares scholarship will be adjusted if families receive third party subsidy after being awarded y-cares

APPLICANTS INFORMATION: Adult (or parent/guardian if applicant is a youth)

Last Name _____ First Name _____ M F DOB _____

Street _____ City _____ State _____ Zip _____

Phone (H) _____ (C) _____ (W) _____

Email _____ Current Marital Status _____

Have you applied to the Rye Y for aid before? _____ If you have applied before, when? _____

OTHER FAMILY MEMBERS IN HOUSEHOLD

Total # of People in Household: _____

ALL individuals living in the household must be listed regardless of income earnings or family status.

Spouse (or other adult) _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

This application will take 3 weeks to review and approve. Please apply far in advance of our registration dates!

I AM APPLYING FOR ASSISTANCE FOR MEMBERSHIP: (circle one or leave blank if you don't want a membership)

Membership: Adult Family Single Parent Family Youth Young Adult Senior Senior Family

I AM APPLYING FOR FINANCIAL ASSISTANCE FOR YMCA CHILD CARE: (if none, just leave blank)

1) _____
Name of Participant 1

2) _____
YMCA CHILD CARE Program: /

3) _____
Summer Camp: *indicate camp*

of Camp Sessions

Extended Care?

1) _____
Name of Participant 2

2) _____
YMCA CHILD CARE Program:

3) _____
Summer Camp: *indicate camp*

of Camp Sessions

Extended Care?

1) _____
Name of Participant 3

2) _____
YMCA CHILD CARE Program:

3) _____
Summer Camp: *indicate camp*

of Camp Sessions

Extended Care?

EMPLOYMENT INFORMATION:**1st Adult (Applicant)**

Employer's Name _____

Address _____

Phone _____ Years Employed _____

Monthly Income _____ Yearly _____

2nd Adult (if additional income earners, please note)

Employer's Name _____

Address _____

Phone _____ Years Employed _____

Monthly Income _____ Yearly _____

YOU MUST ATTACH YOUR MOST RECENT TAX RETURN (Federal 1040) TO THIS APPLICATION. If you do not file a Federal 1040 form you MUST follow "Group B" on page 2 of this application and provide ALL noted documents. Applications with just a W2 or bank statement will not be accepted and your approval will be substantially delayed.

MONTHLY INCOME / EXPENSE WORKSHEET: Please indicate the income and expenses for the household.**INCOME: Monthly Amounts Only**

\$ _____ Gross Monthly Income

\$ _____ Other Adult's Gross Monthly Income

\$ _____ Child Support

\$ _____ Alimony

\$ _____ Welfare (*submit copy of card*)

\$ _____ Food Stamps

\$ _____ Unemployment

\$ _____ Social Security or Disability

\$ _____ Other (*please explain*)\$ _____ **TOTAL MONTHLY INCOME****Expenses: Monthly Amounts Only**

\$ _____ Rent / Mortgage (circle one)

\$ _____ Auto Payments

\$ _____ Utilities / Phone

\$ _____ Groceries / Food

\$ _____ Child Support

\$ _____ Medical

\$ _____ Child Care

\$ _____ Alimony

\$ _____ Other (*please explain*)\$ _____ **TOTAL MONTHLY EXPENSES****What's the maximum you can reasonably pay towards the total fees?** Monthly _____ Yearly _____**Who is the person that will pay for membership & child care?** _____
Name Relationship to You**REQUIRED:** Please explain your reason for applying and any extenuating circumstances that apply to your family.

This section will help those reviewing your application greatly. Please be sure to completely explain any circumstances in your household that warrant financial assistance.

SIGNATURE _____ **DATE** _____