

Greater Woonsocket YMCA

Open Door

Financial Assistance Program

COMMISSION STATEMENT

The Greater Woonsocket YMCA welcomes all people who want to become members and program participants in our Association. We strive to provide an opportunity for the entire community to become connected with our quality services.

POLICY STATEMENT

The YMCA, as a human services agency, offers assistance options to ensure that no one is turned away due to financial limitations.

PHILOSOPHY

It is our philosophy that the most committed YMCA members are also YMCA volunteers. We strive to involve as many members and program participants as possible in volunteer opportunities.

ELIGIBILITY

1. Applicants must live or work in a YMCA branch service area.
2. Assistance will be awarded on the basis of financial need. All fees are to be kept confidential, as they are specific to individual and family circumstances.

APPLICATION PROCESS

1. Complete the application and provide the following documentation. (Applications submitted without the required documentation cannot be processed.)
 - Copy of Tax Return (for example: 1040, 1040A, 1040EZ)
 - Any other form of documentation of income: Three consecutive pay stubs for each wage earner
Copy of Benefits Determination Letter
(for Welfare, AFDC, SSI)
Unemployment Benefits
 - Current copy of class schedule, if you or your adult child (that lives in your household, & is age 18 or older) is a full time student.

Note: If this is a two adult household, you must submit documentation for both adults.

2. Documentation of extenuating circumstances to be considered (for example: Medical treatment, education costs, unemployment, etc.)
3. Return your information to the Member Service Desk at the Greater Woonsocket YMCA.
4. It may take up to a month, for the application to be processed.

Greater Woonsocket YMCA

Financial Assistance

Confidential Application

MEMBERSHIP ASSISTANCE:

Please check the appropriate membership category:

Preschool (age 5 and under) _____	Club 60 (60 + years) _____
Youth (6-15 years) _____	Club 60 Couple * (60 + years) _____
Teen (16-17 years) _____	One Parent Family _____
College (full time, proof required) _____	Couple _____
Adult (18-59 years) _____	Family ** _____

* One person age 60 or older

** Two adults and their dependents living in the same household

PROGRAM ASSISTANCE:

Please check the program(s) that apply:

Swimming Lessons _____	Youth Sports _____	
Summer Camp _____	Preschool _____	Before School _____
Afterschool _____	Teen Afterschool _____	

Any other programs that you are interested in: _____

GENERAL INFORMATION

Name _____ Date of Birth _____ Phone _____

Home Address _____

Street

City/State/Zip Code

Employer _____ Phone _____

Employer's Address _____

Street

City/State/Zip Code

Marital Status Single _____ Married _____ Separated/Divorced _____ Widowed _____

Spouse's Name _____ Date of Birth _____ Phone _____

Spouse's Employer _____ Phone _____

Employers Address _____

Street

City/State/ Zip Code

Please list the first and last name of all dependents, living in your household, which you claim on your federal tax return.

Name _____	Gender ____	Date of Birth _____
Name _____	Gender ____	Date of Birth _____
Name _____	Gender ____	Date of Birth _____
Name _____	Gender ____	Date of Birth _____
Name _____	Gender ____	Date of Birth _____

Are you currently a YMCA Member? No ____ Yes ____ If yes, at which branch _____

Are you currently receiving financial assistance from any other YMCA branch in our Association?
 No ____ Yes ____ If yes, please explain _____

How did you hear about our financial assistance program? _____

The YMCA relies heavily on volunteers. We encourage all of our members and program participants to get involved. If you are interested in volunteer opportunities, please let us know in the space provided below.

I would like to volunteer at the YMCA? Yes ____ No ____

If yes, in what area(s) _____

INCOME/ EXPENSE WORKSHEET

The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of our membership dues and/or program fees. All rates are kept confidential, as they are specific to individual and family circumstances. Please list and document all income and expenses.

Income:	Expenses:
\$ _____ Your Gross Monthly Income	\$ _____ Rent/ Mortgage
\$ _____ Spouse's Gross Monthly Income	\$ _____ Utilities (total)
\$ _____ Child support (receiving)	\$ _____ Telephone
\$ _____ Aid to Dependent Children	\$ _____ Vehicle Payment
\$ _____ Welfare (FIP/food Stamps)	\$ _____ Vehicle Insurance
\$ _____ Alimony (receiving)	\$ _____ Medical/ Dental Expenses
\$ _____ Other (please explain)	\$ _____ Tuition/ College Loans
_____	\$ _____ Alimony (paying)
_____	\$ _____ Child Support (paying)
_____	\$ _____ Child Care
\$ _____ TOTAL MONTHLY INCOME (household)	\$ _____ TOTAL MONTHLY EXPENSES (household)

Do you share expenses with anyone else in your household? _____

Total number in household _____

List and document any special circumstances that contribute to your request for financial assistance. (Please use an additional sheet, if necessary.)

Were you referred to the YMCA, by another organization (for example: CASSP, DHS)?

If yes, which one? _____

VERIFICATION AND AUTHORIZATION

In accordance with the character values of caring, respect, responsibility, honesty, I/ we verify that the information provided on this application is accurate. This includes, but is not limited to, the selection of membership category and covered individuals. I/ we further agree to adhere to the rules of the YMCA. If these rules are not followed, I/ we agree that the YMCA reserves the right to take necessary disciplinary action, including temporary or permanent suspension of membership and total ban from admittance to use the facility.

I/ we agree that the YMCA shall not be responsible for any personal injuries or losses sustained by me/ us while on any YMCA premises, or as a result of any YMCA-sponsored event. I/ we further agree to indemnify and hold harmless the YMCA from any claims or demands arising out of any such claims or losses.

By signing this document I certify that the information contained in this application is accurate and truthful:

Signature _____



Greater Woonsocket YMCA
18 Federal St.
Woonsocket, RI 02895

Date _____

Office Use Only	
Date Returned	_____
Staff Initials	_____
%	_____
MEM	_____
PROG	_____

YMCA, where we build strong kids, strong families, and strong communities.