



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA SOUTHCOAST

Financial Assistance Application Child Care · Summer Day Camp

In keeping with our mission, the Y offers financial assistance for Child Care and Summer Day Camp programs. Any family not eligible for a state subsidy for child care is eligible to apply. The process to apply for assistance is fairly simple. Please complete both sides of this application and return to your local Y branch Welcome Center with required documentation attached.

PARENT/GUARDIAN (1) INFORMATION

Name _____ DOB _____
Mailing Address _____
City _____
State _____ Zip _____
Relationship to Child _____
Cell Phone _____ Home Phone _____
Email _____
Employer/School _____ Phone _____

PARENT/GUARDIAN (2) INFORMATION

Name _____ DOB _____
Mailing Address _____
City _____
State _____ Zip _____
Relationship to Child _____
Cell Phone _____ Home Phone _____
Email _____
Employer/School _____ Phone _____

CHILD INFORMATION Who you wish to register for the program

Name _____ DOB _____ Age _____
Name _____ DOB _____ Age _____
Name _____ DOB _____ Age _____
Name _____ DOB _____ Age _____
Name _____ DOB _____ Age _____

ALL PERSONS LIVING IN THIS HOUSEHOLD whether related or not

Name _____ DOB _____
Name _____ DOB _____
Name _____ DOB _____
Name _____ DOB _____
Name _____ DOB _____
Name _____ DOB _____
Name _____ DOB _____

I AM APPLYING FOR CHILD CARE ASSISTANCE

BEFORE SCHOOL _____
Name of Child's School & City or Town _____
DAYS Mon Tues Wed Thurs Fri
AFTER SCHOOL _____
Name of Child's School & City or Town _____
DAYS Mon Tues Wed Thurs Fri
EARLY CHILDHOOD New Bedford Shining Tides Sippican
 Toddler Preschool Full Day Half Day
 Full Time M-F Part Time: 2 Days 3 Days 4 Days

I AM APPLYING FOR SUMMER DAY CAMP ASSISTANCE

CAMP CHOICE _____
Specify Camp Name _____
Preferred Session Maximum 2 weeks Please indicate session letter
First Choice Session _____ Session _____
Second Choice Session _____ Session _____

YMCA SOUTHCOAST

18 South Water Street New Bedford MA 02740 P 508.996.9622 · F 508.984.4631 · ymcasouthcoast.org

Dartmouth YMCA 508.993.3361 Fall River YMCA 508.675.7841 Gleason Family YMCA 508.295.9622 Mattapoisett YMCA 508.758.4203 New Bedford YMCA 508.997.0734 Stoico/FIRSTFED YMCA 508.678.9622

IMPORTANT

To complete your application you must attach a copy of your most recent filed **Federal Income Tax Form (1040)** and copies of **pay stubs** for the most recent month's earnings. If you are receiving TAFDC, unemployment, and/or Social Security/SSI, you must attach a copy of **Grant Notification Forms(s)**. For child support or alimony, an **Award Statement or last four stubs** must be attached.

TO QUALIFY FOR ASSISTANCE PROVIDE THE FOLLOWING DOCUMENTS

<p style="text-align: center;">I FILED FEDERAL TAXES FOR LAST YEAR</p> <p><input type="checkbox"/> 1040 Federal Tax Form(s) for all incomes in household</p> <p><input type="checkbox"/> I am an individual filing jointly. I am providing ONE 1040 form.</p> <p><input type="checkbox"/> We filed more than ONE tax form in our household. We are providing _____ 1040 forms.</p> <p>\$ _____ TOTAL ANNUAL HOUSEHOLD INCOME</p>	<p style="text-align: center;">I DID NOT FILE FEDERAL TAXES FOR LAST YEAR OR MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED MY TAXES LAST YEAR</p> <p><input type="checkbox"/> Documents showing the most recent 30 days of income; including pay stubs or documentation of government assistance, food stamps, and/or child support.</p> <p style="text-align: center;">\$ _____ X 12 = 30 DAYS INCOME MONTHS</p> <p>\$ _____ TOTAL ANNUAL HOUSEHOLD INCOME</p>	<p style="text-align: center;">MONTHLY INCOME</p> <table border="0" style="width: 100%;"> <tr><td>Gross Wages, Salary & Tips</td><td>\$ _____</td></tr> <tr><td>Unemployment Compensation</td><td>\$ _____</td></tr> <tr><td>Social Security - SSI</td><td>\$ _____</td></tr> <tr><td>Child Support</td><td>\$ _____</td></tr> <tr><td>TAFDC</td><td>\$ _____</td></tr> <tr><td>Food Stamps</td><td>\$ _____</td></tr> <tr><td>Retirement Income</td><td>_____</td></tr> <tr><td>Other Income</td><td>_____</td></tr> <tr><td>Total</td><td>\$ _____</td></tr> </table>	Gross Wages, Salary & Tips	\$ _____	Unemployment Compensation	\$ _____	Social Security - SSI	\$ _____	Child Support	\$ _____	TAFDC	\$ _____	Food Stamps	\$ _____	Retirement Income	_____	Other Income	_____	Total	\$ _____
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TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I want/need Financial Assistance from the Y because:

Why is this Campership or Child Care needed?

HAVE YOU EVER APPLIED FOR FINANCIAL ASSISTANCE AT THE Y BEFORE? YES NO

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the Y immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

VOLUNTARY SURVEY

This race/ethnic group data is analysis and periodic reports for funding agencies. Please check one of the following.

_____ Black _____ Hispanic _____ White

_____ Asian/Pacific Islander _____ American Indian/Alaskan Native

OFFICE USE ONLY

Gross Yearly Income	\$ _____	Family Size	_____	Full Fee	\$ _____	Discount	_____ %
After School Fee	\$ _____	Vacation Week(s) Fee	\$ _____	Before School Fee	\$ _____		
Early Childhood Fee	\$ _____	Camp Fee	\$ _____	Fee Start Date	_____		
Date Confirmation Letter Mailed	_____	Staff Signature	_____				