



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Outreach Financial Assistance Program

The Jefferson City Area YMCA offers quality, affordable programs and services designed to benefit people of all incomes and backgrounds. Thanks to many generous community supporters and YMCA members, the YMCA is accessible to everyone in the community through financial assistance. All records are kept confidential. Assistance is available for YMCA programs and/or membership. A sliding scale is used to determine how much assistance is awarded.

### Eligibility:

1. Membership and program assistance is evaluated on an individual basis depending upon demonstrated financial need. The family income guidelines developed by the Jefferson City Area YMCA will determine initial eligibility.
2. In order to be considered eligible for financial assistance, each applicant must complete the attached assistance form and submit proper documentation. Applications which are not complete will delay the process until all necessary paperwork is submitted. Total supporting income and documentation must be provided. Verification of household income must be provided, whether they choose to be on the membership or not. **Falsification or non-disclosure of any item will result in denial of assistance or immediate termination of already awarded assistance.**
3. Families seeking Financial Assistance for Child Care programs who meet the criteria to be eligible for Child Care State assistance in Missouri will be asked to apply with the State prior to approval for YMCA scholarship. If denied services from the State, your family must present a denial letter from the Missouri Department of Social Services with completed scholarship application and current tax return statement.
4. The support for financial assistance comes from contributions through our community. The awards far surpass the funds raised and, in an effort, to support as many requests as possible, each recipient is to pay some portion of membership and/or program fees. These payments are in accordance with our guidelines.
5. Eligibility for financial assistance must be renewed on an annual basis with updated information and supporting documentation.

## **Note to Applicants**

1. Total household income is verified annually by current income tax returns. If income tax was not filed for the past year, a letter verifying "Non-Verification of Filing Status" must be included. If unemployed but not yet receiving payments, include a letter from the state regarding the status of the claim. Non-US citizens must provide a copy of their Visa.
2. Processing Period: There is a maximum of 10-business day processing period for completed applications, and at high volume times additional days may be needed. Please hold your phone inquiries about status until the 10 business days have passed. For those turning in additional information the 10 business days start when all necessary documents are received.
3. Please submit copies and keep your originals. We can make copies if necessary.
4. Method of Payment: Once all the data is compiled you will receive a phone call or email in regard to your application. On your first visit, bring in your photo ID, payment for the first month and billing method. The options for payment are monthly draft or payment in full for the year.

## **How to apply for Financial Assistance for Jefferson City Area YMCA**

1. Turn in the following application, financial verification and dependent verification to the Firley YMCA at 525 Ellis Boulevard, Jefferson City, MO 65101 and made attention to Johnna Shanks.
2. Your application will not be accepted unless application and supporting documents are submitted in its entirety. Incomplete applications will be held for no longer than 30 days.
3. Applicants will be notified of the decision within 10 business days of applying.
4. You may renew your membership annually by following the same guidelines.
5. Please notify the YMCA if there is a change in income/household status. This may result in a fee adjustment.

## **Helpful Phone Numbers**

Internal Revenue Service (IRS)	800-829-1040
IRS – Letter of Non-Filing	800-908-9946 Option 2
Department of Family Services	800-392-1261
Social Security Administration	800-772-1313
Unemployment Office	800-320-2519



# Outreach Financial Assistance Program

Date of Application \_\_\_\_\_

I am reapplying to the Outreach Program

Staff Initials \_\_\_\_\_

Approved Percent \_\_\_\_\_

## OUTREACH ASSISTANCE- Check all that apply

Membership  Sports  Aquatics  Childcare

## PRIMARY MEMBER INFORMATION

Name \_\_\_\_\_  Male  Female DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Number \_\_\_\_\_ Cell Provider \_\_\_\_\_

May we contact you via text/email with promotions, cancellations and other information (You may opt out at a later time)?  Yes  No

Email \_\_\_\_\_

## ALL PERSONS LIVING IN HOUSEHOLD

(Adults, dependents 23 years and younger, disabled dependent family member at home)

Name	DOB	Gender (Circle one)		Relation
		Male	Female	
		Male	Female	
		Male	Female	
		Male	Female	
		Male	Female	
		Male	Female	

## IN CASE OF EMERGENCY

(Please list someone not on your membership to notify)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## EXPLAIN WHY/HOW, BESIDES FINANCIALLY, YOU WOULD BENEFIT FROM PARTICIPATING IN THE Y

## DOCUMENTS NEEDED

**Proof of income is required to be considered for Outreach Financial Assistance. If you do not have income or cannot provide proof of income, your application will be denied. \*Falsifying any information or not listing all income will result in permanent denial of your Outreach application and termination of any Y membership.**

- Completed Membership Application in it's entirety; signed & dated
- If you file taxes – your most recent Federal Tax Form (1040 pages 1 and 2 only).
- If you do not file taxes – supporting documents (low income, disability, retirement or 4506-T non-filing form)
- Documentation of all household income: monthly income, food stamps, social security, alimony, child support, VISA information (W2 or check stub)
- If unemployed: official unemployment letter with eligible benefits or denial letter ([www.labor.mo.gov](http://www.labor.mo.gov))
- Documentation of dependents if you do not file taxes or they are not listed on tax return (under the age of 18) ex: birth certificate, legal filings
- Total monthly income for any items listed below

Income Type (Must Provide Documentation)	Monthly \$ Amount	Don't Receive? Place "X"
Gross Paycheck		
2 <sup>nd</sup> Adult Gross Paycheck		
Alimony/Child Support		
Rent Assistance/Housing		
Food Stamp Assistance		
Social Security/Disability		
Unemployment		
Other (Support From Outside The Home):		

If you do not have income, please check this box. The Outreach Program is financial assistance, which means that memberships and programs are offered at reduced rates. To be eligible for assistance, you must show proof of income. By checking this box, you understand that your application will be denied.

## SIGNATURE

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation as requested. I understand that this financial assistance is short term and that financial eligibility is reassessed annually unless otherwise noted.

\_\_\_\_\_  
Signature of Financially Responsible Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Financially Responsible Applicant

\_\_\_\_\_  
Date

**INCOMPLETE APPLICATIONS WILL BE HELD FOR NO LONGER THAN 30 DAYS. FALSIFIED APPLICATIONS WILL RESULT IN PERMANENT DENIAL OF OUTREACH FINANCIAL ASSISTANCE CONSIDERATION.**

**MEMBERSHIP WAIVER & AGREEMENT**

**PHOTO RELEASE:** I hereby consent and agree that moving or still pictures may be taken of me by YMCA staff members (and whomever they may designate) to be used and displayed at their discretion for marketing/public relation purposes

**PATRON ACCEPTANCE OF COLLECTION COST:** Payment for services are due in advance. Payment not received by the specified deadline or as a result of an insufficient check may be subject to collections by a collections agency and/or attorney. If such should occur, patron agrees that he/she shall be responsible for any and all of the Jefferson City Area YMCA's expenses, including, but not limited to, collection costs, court costs and attorney's fees, whether or not litigation is commenced.

**POLICY ON REGISTERED SEX OFFENDERS:** The Jefferson City Area YMCA prohibits sex offenders from obtaining membership or participating in classes and programs offered in or on the grounds of any of its facilities or properties. The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.

I, the undersigned, request permission for all individuals listed on this membership to enter the Jefferson City Area YMCA (hereinafter "the YMCA") in Cole County, Missouri and to participate in any YMCA activities, including but not limited to: the YMCA fitness center and all sporting and recreational activities. I know and I assume any and all risks related to my participation in the above activities, whether such risks arise while on or off the YMCA premises. In consideration of the permission granted to enter the YMCA premises and /or participate in the aforementioned YMCA activities, I release and discharge the owners, operators, and sponsors, as well as all other persons in any way related to the YMCA from all claims, demands, damages, actions and causes of action (present or future, whether known or unknown, anticipated or unanticipated) for any and all personal injuries and/or damages to my property relating to my presences on the YMCA premises and/or participation in any YMCA activities to the extent that those injuries arise from the negligence or fault of the YMCA. I represent and certify that I am 18 years of age or older, and that my attendance and participation in YMCA activities is voluntary. I certify that I have read and I understand the foregoing request/release.

In witness whereof, I have executed this request and release on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant (18 years or older)

\_\_\_\_\_  
Parent or Guardian, if Minor

\_\_\_\_\_  
Spouse

**MONTHLY BANK DRAFT OR DEBIT/CREDIT CARD DRAFT FOR MONTHLY DUES**

**Bank Draft/Debit/Credit Card payment plan is a continuous membership payment draft and it will continue unless the Y is notified in writing by noon on the last day of the month to be affective for the forthcoming month.**

**Bank:** Name of Bank \_\_\_\_\_ Bank Routing Number \_\_\_\_\_

Checking  Savings Bank Account Number (Last 4 Digits Only) \_\_\_\_\_

**Credit Card:**  Visa  Mastercard  Discover

Credit Card Number (Last 4 Digits Only) \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Account for Draft \_\_\_\_\_

**TERMINATION OF MEMBERSHIP**

Membership dues are neither refundable nor transferable. It is my complete understanding that if I wish to terminate or change my membership/program in any way, I must give written notice in person. Bank drafts for membership dues and/or program fees must be cancelled in writing by noon on the last day of the calendar month to be effective for the forthcoming month. Drafted amounts are only refundable in the case of double drafts or incorrect amounts. It is my responsibility to check my monthly account statement and report any corrections within 30 days of the draft. They YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership/program. I understand that I will receive at least 30 days written notice prior to any such change. Should any membership/program draft not be honored by my bank for any reason, I realize that I am still responsible for payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may make.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date