

**Y**  
**Open Doors**  
*Because everybody belongs at the YMCA*



**YMCA**  
of Metropolitan Denver

**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:	
<input type="checkbox"/> Youth (10-18)	<input type="checkbox"/> Young Adult (19-24)
<input type="checkbox"/> Adult (25+)	<input type="checkbox"/> Senior Adult (60+)
<input type="checkbox"/> Dual	<input type="checkbox"/> Family
<input type="checkbox"/> One Parent Family	<input type="checkbox"/> Senior Family
<p><i>* 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.</i></p>	

Program	
Please pick one:	
<input type="checkbox"/> Adult Sports	<input type="checkbox"/> Group Exercise
<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Personal Training
<input type="checkbox"/> Youth Sports	
<input type="checkbox"/> Swim Lessons: <input type="checkbox"/> Adult <input type="checkbox"/> Child	
<input type="checkbox"/> Other _____	
<p><i>* Applicants for programs need to reapply at the beginning of each program.</i></p>	

**Child Care**

Early Childhood Education
Please choose:
<input type="checkbox"/> Infant (6 wks-1 yr, walking)
<input type="checkbox"/> Toddler (1-3 yrs)
<input type="checkbox"/> Preschool (3-5 yrs, potty trained)
<input type="checkbox"/> Other (please specify)
_____
Start Date Preferred _____
<p><i>These programs are available at the Duncan and Schlessman YMCA locations only.</i></p>

School Age Child Care
Please choose:
<input type="checkbox"/> Before School Only
<input type="checkbox"/> After School Only
<input type="checkbox"/> Before and After School
<input type="checkbox"/> 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 AFDC, 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: \$ \_\_\_\_\_



## **Confidential Assistance Application**

The YMCA of Metropolitan Denver is a non profit, health and human services organization committed to helping people reach their full potential in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities, and incomes. The YMCA is community-based and believes that its programs and services should be available to everyone. That's why the YMCA offers an OPEN DOORS program. OPEN DOORS is a sliding fee scale that is designed to fit each individual's financial situation. The YMCA believes a strong sense of ownership and pride is developed if the recipient has contributed 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 in the Strong Kids annual fundraising campaign.

The YMCA of Metropolitan Denver requires that individuals 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. Of course, all information will be kept confidential. The YMCA also requires that you reapply when requested to keep information on the application updated. 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 will need the following information:**

- Two most recent pay stubs or AFCD, Unemployment, Disability, Social Security stubs or bank statement.
- Copy of your most recent tax return
- 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 2-3 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 that they are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families and strong communities.

# Confidential Assistance Application

Please print or type and complete both sides of this application.

Branch:     Adams County     Duncan (Arvada)     Aurora     Downtown     East Denver  
                Glendale     Jeffco (Lakewood)     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): \_\_\_\_\_

Ethnicity (optional):     African American     Anglo     Asian/Pacific Islander     Hispanic     Other

Total number of persons dependent on income per tax return: \_\_\_\_\_

List all additional family members/dependents seeking financial assistance:

	ADULT/CHILD(REN)'S NAME	AGE	DATE OF BIRTH	MEMBERSHIP/PROGRAM REQUEST
1.	Jane Doe	39	1/1/51	Adult Sports
2.				
3.				
4.				
5.				
6.				

Number of Adults in Home: \_\_\_\_\_ Number of Children in Home: \_\_\_\_\_

### Gross Monthly Family Income

	ADULT 1	ADULT 2	OTHER
Employment			
Child Support/Alimony			
Social Security/Disability			
Food Stamps			
All Other Income			
<b>TOTAL</b>			

Please list any extenuating circumstances or expenses that you want the YMCA to consider before processing this application:

\_\_\_\_\_

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** \_\_\_\_\_  
 Parent/Guardian/Adult Signature Date