

# REQUIRED FINANCIAL ASSISTANCE FORM 1 of 3



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## INCOME ELIGIBILITY FORM FOR YMCA of NORTHERN UTAH

*Please use ink. Do not mark shaded areas.*

<b>PART 1. Household Children Enrolling in YMCA Program</b>					<b>PART 2. Benefits</b>
Names of all household children enrolling in YMCA Program (First and Last Name)	Birthday Month, day, year	Age	Check if <b>Foster Child</b>	Check if child gets <b>NO</b> income	List <b>SNAP, FEP, or FDIPIR</b> case # (if any). <b>Skip to Part 4 if you list a case # or if all children listed are foster children.</b>
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
Name of other household member, including adults, receiving SANP, FEP, or FDIPIR					Case # for other household member (if any) and skip to Part 5

**Part 3. Total Household GROSS Income – List all *other* household members including children not in YMCA Programs and their income if any. Also list any children in YMCA programs only if they are receiving income.**

1. Name of All Other Household Members <b>List all adults and children currently residing in household.</b> List both first and last name.  Also list total number of people in household: _____ Please attach additional sheet with names and information if necessary	2.  Check if <b>NO</b> Income	3. How much total income and how often it is received Hourly, Weekly, Every 2 Weeks (bi-weekly), Monthly							
		Earnings from work before taxes and deductions		Welfare, child support, alimony		Pensions, retirement, Social Security, SSI, VA Benefits		All other income and source	
		Income	How often	Income	How often	Income	How often	Income	How Often
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	

**Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign)**

An adult household member must sign this application. If Part 3 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the YMCA will get Federal funds based on the information I give. I understand that Program officials may verify (check) the information. I understand that if I purposely give false information I may be prosecuted.*

Signature of Adult: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \*\*\*\* - \*\* - \_\_\_\_\_ Check here if you do not have a social security number. [ ] (NOTE: if the last four digits are not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form.)

**Part 5. Children's ethnic and racial identities (optional)**

Choose one ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Choose one or more (regardless of ethnicity) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American
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**For Official Use Only:**

Annual Income Conversion: Hourly x 2080, Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24

Household size: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_ Per  Week,  Every 2 Weeks,  Twice a Month,  Month,  Year

Income Eligibility [ ] Full [ ] Partial [ ] NOT Eligible      Percentage off fees: \_\_\_\_\_%      YMCA Assistance: \$ \_\_\_\_\_

Determining Individual: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE FORM

Dear Parent or Guardian:

**Please return all required materials to**

YMCA Camp Roger, 4223 S. Atherton Dr. Taylorsville, UT 84123 or fax to 801-466-6074.

Questions? Call 801.839.3384

### Additional Required Information

- Every child who wishes to participate in YMCA Camp Roger programming must submit a letter written and signed by the child stating why they are interested in attending YMCA Camp Roger.
- A reference form must be completed for each applicant.
- Any adult that is not a family member and is familiar with the child's ability to interact with others and contribute to a group, and can answer the questions honestly may complete the form.
- Attach to your Financial Assistance Application **an original or copy of your two (2) most recent pay stubs OR a copy of your most recent year's Tax return or W-2 form**

### If your household gets benefits from Utah Supplemental Nutrition Assistance Program (SNAP), Family Employment Program (FEP), or Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:

**Part 1:** List name, age, and birthday for all children in household enrolled in YMCA programming.

**Part 2:** List the case number for any household member (including adults) receiving SNAP, FEP or FDPIR benefits. Skip part 3.

**Part 4:** Sign the form. The last four digits of the Social Security Number are not necessary.

**Part 5:** Answer this question if you choose to. It helps determine whether benefits are available to everyone.

### If you are applying for one or more FOSTER CHILDREN, follow these instructions:

**Part 1: Include the foster child on the same application as your other household children.** List the child's name, age and birth date. Check the box if the child is a FOSTER child. If only foster children are listed, skip to Part 4. If children other than foster children are listed, follow instructions for children receiving SNAP, FEP, or FDPIR above or all other households below. Skip part 2 and 3.

**Part 4:** Sign the form. The last four digits of the Social Security Number are not necessary if **only** foster children are listed.

**Part 5:** Answer this question if you choose to. It helps determine whether benefits are available to everyone.

### ALL OTHER HOUSEHOLDS, follow these instructions:

**Part 1:** List each child's name, age, and birth date that are enrolled in at the YMCA. Next to each child's name list income received, how often it is received, and where it comes from. If the child does not receive income, you *must* check the no income box.

If *some* children are foster children, check the box for each foster child.

**Part 3:** Follow these instructions to report total household income from *any* household members from last month.

**Column 1–Name:** List the first and last name of **each** person living in your household not already listed, related or not (such as grandparents, other relatives, or friends), including yourself. Attach another sheet of paper if you need to.

**Column 2–Check if no income:** If the person does not have any income, check the "no income" box.

**Column 3 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For *Earnings from work*, list the **gross income**, the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your employer can tell you. For **ONLY** the **self-employed**, under *Earnings from Work*, report income after expenses.

This is for your business, farm, or rental property. For *other income*, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.

Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. If you are in the **Military Privatized Housing** Initiative or get combat pay, do not include these allowances as income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Part 4:** An adult household member must sign the form and list the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have a Social Security Number.

**Part 5:** Answer this question if you choose to. It helps determine whether benefits are available to everyone.

### PRIVACY ACT STATEMENT: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child financial assistance. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition

Assistance Program (SNAP), Utah Family Employment Program (FEP) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number.

We will use your information to determine if your child is eligible for financial assistance program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews and law enforcement officials to help them look into violations of program rules.

### Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

**REQUIRED FINANCIAL ASSISTANCE FORM 2 of 3**



FOR YOUTH DEVELOPMENT  
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Camper Name: Last \_\_\_\_\_ First \_\_\_\_\_

**CAMPER LETTER**

*To be completed by camper*

**To the Camper:**

**Please tell us why you wish to attend Camp this summer.**

NAME: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you!

## TEACHER REFERENCE FORM

### LETTER TO REFERRING TEACHERS

The student asking you to fill out this form has applied to YMCA Camp. Camp provides an opportunity for campers to participate in the wide range of activities, allowing them to grow through new friendships and experiences each year.

Teacher reference letters are used to help us to better understand our campers, their group behavior, their social needs, what they can give and what they can gain from Camp and its leaders. The information you provide is important to us in making our camp related decisions and in alerting us to potential problems that could be averted by discussing them in advance with the camper and his/her family. Your comments to us will remain confidential.

The following form addresses the questions we are most interested in, but please feel free to comment on other issues as well. If you prefer to make your comments by phone, our number is (801)466-6299.

Once you have completed the **Teacher Reference Form** please return it to:

YMCA of Northern Utah

4223 S. Atherton Dr.

Taylorsville, UT 84123

**Fax:** (801)466-6074

**Email:** [camproger@ymcasaltlake.org](mailto:camproger@ymcasaltlake.org)

We need and appreciate your complete candor to help us determine whether the program is a good match for the camper. Thank you in advance for your assistance. We realize that you have many demands on your time and we appreciate your help.

**REQUIRED FINANCIAL ASSISTANCE FORM 3 of 3**



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Camper Name: Last \_\_\_\_\_ First \_\_\_\_\_

**TEACHER REFERENCE FORM**

Camper's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ e-mail \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subjects you teach/taught the student: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

In what capacity other than teacher? \_\_\_\_\_

Is the student flexible to changes in the daily routine?  Yes  No

Is the student cooperative with his/her peers?  Yes  No

Please comment.

Does the student volunteer for and follow through with helpful tasks?  Yes  No

Is the student sensitive to others?  Yes  No

Is the student active on committees, group projects?  Yes  No

Does he/she follow through with commitments?  Yes  No

Would you have reservations recommending this student for camp?  Yes  No

Teacher's signature: \_\_\_\_\_ Date: \_\_\_\_\_

We are happy to answer any questions you might have about The YMCA of Greater Salt Lake and YMCA Camp Roger. Please contact us at:

YMCA of Northern Utah  
4223 S. Atherton Dr.  
Taylorsville, UT 84123  
Office: (801) 839-3379  
Fax: (801) 466-6074  
Web: www.ymcautah.org

**TWO-SIDED FORM ... please review both sides**

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