



Upper Bucks YMCA
United Way of Bucks County Member Agency
Financial Assistance Application
Child Care

The Upper Bucks YMCA Financial Assistance Program is designed as a “helping hand” for those in financial need. The YMCA believes that a strong sense of ownership and pride is developed if the recipient contributes to the cost of their YMCA involvement; therefore, applicants will be asked to pay an affordable portion of the child care fees and become a volunteer of the Upper Bucks YMCA. All application records will be kept strictly confidential.

Guidelines

1. Financial assistance may be extended to individuals or families experiencing extreme temporary or long-term financial hardship (i.e. medical emergency, drastic income change, etc.), on public assistance, welfare, are low income, or meet the criteria set forth by the YMCA based on income and family size.
2. Applications are reviewed by the Financial Assistance Committee and are approved by the Board of Directors.
3. Assistance in some programs may be limited and awarded on a first come, first serve basis. Some programs and special events are exempt from the financial assistance program.
4. Financial Assistance recipients are required to contribute service hours in our *Pay It Forward Program*.
5. Financial assistance recipients must re-apply every 6 months to determine continued eligibility.
6. Families seeking child care services will be required to show proof that they have applied for Title XX (Apple Child Care) funding.

Application Process

1. Complete the financial assistance application in full. Include all income verification documents.
2. Contact Ashley Huck, Childcare Director, childcare @ubymca.org or 215.536.8409 to schedule your interview.
3. Allow 4-6 weeks for final approval.
4. You will receive a confirmation letter by mail notifying you of the status of your request and service hours. You must have your confirmation letter present when registering.
5. Questions can be directed to Ashley Huck, 215-536-8409.

I certify that the information on this application is true and complete to the best of my knowledge. I authorize the Upper Bucks YMCA to discuss this application and my individual or household matters that may relate to my application for financial assistance with the Board of Directors.

I understand that the following income verification documents must be submitted or my application cannot be processed. I have enclosed: (please initial)

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| <input type="checkbox"/> Two most recent payroll stubs | <input type="checkbox"/> Unemployment income |
| <input type="checkbox"/> Last year's Federal income tax form | <input type="checkbox"/> Title XX (Approval or Denial with in the past 6 months) |
| <input type="checkbox"/> Disability, Social Security income, public assistance, etc. | <input type="checkbox"/> Special expenses |
| <input type="checkbox"/> Child support and/or alimony checks | <input type="checkbox"/> Work Schedule(s) Submitted with Supervisor's Signature(s) |

Signature of applicant/guardian _____ Date _____

For Office Use Only:

Chart Level:	Interview Recommendation:
Service Hours:	Service Hours Department(s):
Areas of Interests:	Completion Date:
Committee Recommendation:	Expiration Date:

