



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 Y believes that a strong sense of ownership and pride is developed if the recipient contributes to the cost of their Y 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 Y-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 Herrington, 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 Herrington, 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:

Applicant Information
Please print clearly.

Name:	Home Phone:	Cell Phone:
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Parent/Guardian if applicant is a minor:
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Address:

City:	State:	Zip:	Email:
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Additional Family Members:

Last Name:	First Name:	Age:	Gender M/F:	Relationship to Applicant:

Income: Verification Required

Income Type	Monthly	Income Type	Monthly
Wages		Veterans pension or Benefits	
Child Support or Alimony		Retirement Benefits or Pension	
Public Assistance Grant or Blind Pension		United Mine Workers or Union Benefits	
Social Security Benefits or Black Lung Benefits		Assistance From a Relative or Friend	
Unemployment Compensation		Renter or Rental Properties	
Other Sources of Income: _____			

Additional Information:	Yes	No	Additional Information:	Yes	No
Have you lost your job in the past 60 days?			Have you applied for, but not received, any federal benefits? SSI, veterans, etc.		
Do you have special/crisis expenses or extenuating circumstances? Please explain: _____			Have you applied for workers or unemployment compensation? (but not received)		

Membership and Program Request(s) **please check all that apply**
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___ Full Privilege Youth	___ Fully Privilege Adult	___ Full Privilege College	___ Full Privilege Senior Family
___ Full Privilege Family	___ Program Adult	___ Program Youth	___ Full Privilege Senior Adult
___ Summer Youth	___ Summer College	___ Program(s) Description:	

Child Care

___ Toddlers (12-36 M)	___ Preschool (3-4)	___ Pre-K (4-5)	___ School Age (K-6)	___ Camp
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