

YMCA of Kingston and Ulster County

Return to: Meghan Goodnow, Camp & Childcare Registrar
507 Broadway Kingston, NY 12401
845.338.3810 ext 115

FINANCIAL ASSISTANCE APPLICATION MUST BE SUBMITTED WITH CAMPER APPLICATION AND NON-RETURNABLE COPIES FROM DOCUMENTATION OF INCOME LIST BELOW.

The YMCA is committed to serving families regardless of their economic status.

Acceptable Proof of Income: Three consecutive COPIES of pay stubs, IRS and State Tax Returns, Social Security Award Letter, SSI & Disability Award Letters, Public Assistance Print Out, Food Stamp Authorization Letter, Worker's Comp Award Letter, Pension Statement, and/or other sources of income for all household members.

Child's Name: _____ **Date of Birth:** _____ **School:** _____

Guardian's Name: _____ **Relationship:** _____

Social Security #: _____ **Guardian's Date of Birth:** _____

Address: _____ **City:** _____ **Zip:** _____

Day time Phone #: _____ **Home Phone #:** _____

Employer: _____ **Total number of legal dependants in household:** _____

Name of other Guardian living in Household: _____ **Relationship:** _____

List All Household Family Members Below:

<u>Family Member</u>	<u>Age/Grade</u>	<u>Relationship</u>	<u>Family Member</u>	<u>Age/Grade</u>	<u>Relationship</u>
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FAMILY INCOME - Do you receive Child/ Day Care Subsidy from Dept. of Social Services? YES NO

Dept. of Social Services Case Worker & Phone Number: _____

Wages \$ _____ / Month Public Assistance \$ _____ / Month Social Security \$ _____ / Month

Child Support \$ _____ / Month Disability \$ _____ / Month Food Stamps \$ _____ / Month

Alimony \$ _____ / Month Unemp. Comp \$ _____ / Month Worker's Comp \$ _____ / Month

Pension \$ _____ / Month Rent Subsidy \$ _____ / Month Other (describe) _____ \$ _____ / Month

Total Annual Family Household Income: \$ _____ (MUST BE COMPLETED OR IT WILL BE RETURNED)

List any extraordinary circumstances or expenses (i.e. medical expenses/problems, etc.) _____

I am applying for Financial Assistance because I need childcare in order to be able to work. (Y/N) _____

The following is optional and used only for demographic reports to funding agencies. No names or addresses are used.

Ethnicity: Asian ___ Hispanic/Latino ___ African American ___ Caucasian ___ Native American ___ Other _____

I certify that the answers above are, to the best of my knowledge, true and correct. I have also not knowingly withheld any facts or circumstances. I understand that membership and program privileges may be terminated if any of the information is found to be incorrect, and that I may be prosecuted for fraud. I authorize the release of the above and attached information for eligibility determination purposes.

Signature of Applicant (if under age 18, parent or legal guardian signature) _____

Date _____

PLEASE CHECK THE SITE YOU ARE APPLYING FOR:

Site: ___ YMCA ___ Anna Devine ___ New Paltz ___ Highland

Office Use Only: Date rcvd: _____ Form Complete: Y- N Awarded: _____ Contract Mailed: _____ Initials: _____