WELCOME TO ALL

Membership For All, Child Care and Program Assistance Application
(funded through the Annual Campaign)

THE ESSENCE OF THE Y
With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of the Fox Cities ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME
The YMCA welcomes all who wish to participate and believe that no one should be denied access to the Y based on their ability to pay. Through our Financial Assistance Program, the YMCA of the Fox Cities provides assistance to youth, adult and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY
Determining assistance amounts is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits and program services, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

Membership and Program For All reduces fees; it does not eliminate them.

The YMCA requests that individuals and families reapply every 6-12 months, depending on approval, (Child care assistance recipients must reapply every 6 months); with updated documentation.

Membership and program fees are subject to change.

If you do not reapply at the time requested, your membership and assistance will expire. Please contact your branch if you have questions.
Membership For All, Child Care and Program Assistance Information

HOW TO APPLY
1. Return completed application and copies of proof of income to the YMCA location you will access most often. Applications for child care assistance should be returned to our Business Office, located within the Appleton YMCA, at 218 E Lawrence St, Appleton 54911, or to childcare@ymcafoxcities.org.
2. YMCA of the Fox Cities staff will determine your rate and establish your payment schedule, for membership and program, at the Member Services Desk. For child care, you will be contacted by a staff member via email within 7 days regarding the level of assistance.
3. Contact Apple Creek YMCA if you are seeking assistance for Camp Nan A Bo Sho.

PAYMENT PLAN OPTIONS
Membership For All assistance is granted for 6-12 months*. At the end of the approved membership term, you must re-apply. You may purchase your membership via:
   o Annual payment (In special circumstances, a 3-month installment plan can be offered)
   o Drafted monthly out of a checking, savings, debit or credit card
   o Child care payments are billed according to the normal billing schedule, regardless of assistance.
*Length of membership and frequency of renewals may be altered based on individual situations.

OTHER REMINDERS
   o Please apply for your membership at the YMCA location you will access most often.
   o Proof of income is required for all adults in the household to determine your membership, child care and program fee rates (tax forms, W2’s, pay stubs, self-employment income, etc.)
   o A family/single parent family membership includes any dependent children up through the age of 25 who reside in the household.
   o Your membership rate is good for a maximum 6-12 months. After this you must re-apply and provide updated proof of income.
   o Your child care rate, if applicable, is good for a maximum of 6 months. To avoid a lapse in service, reapplication should occur before your current assistance expires and updated proof of income is required.

YMCA LOCATIONS
   o Appleton YMCA  •  218 E Lawrence St, Appleton WI  54911  •  920.739.6135
   o Apple Creek YMCA  •  2851 E Apple Creek Rd, Appleton WI  54913  •  920.733.9622
   o Fox West YMCA  •  W6931 School Rd, Greenville WI  54942  •  920.757.9820
   o Heart of the Valley YMCA  •  225 W Kennedy Ave, Kimberly WI  54136  •  920.830.5700
   o Neenah-Menasha YMCA  •  110 W North Water St, Neenah, WI  54956  •  920.729.9622
   o Ogden YMCA  •  720 E Shady Ln, Neenah, WI  54956  •  920.560.0001

Y Mission: To put Christian principles into practice by promoting youth, adult, and family activities that build a healthy spirit, mind, and body for all.

MEMBER SERVICE STAFF:
Follow SOP M6
Accept only copies of proof of income
Revised on 12/8/2020
# Application: Membership For All, Child Care and Program

## Applicant Information

<table>
<thead>
<tr>
<th>Name</th>
<th>M / F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
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<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone</td>
<td>Email</td>
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</tbody>
</table>

If an applicant is under 18: Parent/Guardian name

## All Persons Living in the Household

<table>
<thead>
<tr>
<th>Parent/Adult</th>
<th>DOB</th>
<th>M/F</th>
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<tbody>
<tr>
<td>Child</td>
<td>DOB</td>
<td>M/F</td>
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<tr>
<td>Child</td>
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<td>Child</td>
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<tr>
<td>Other</td>
<td>DOB</td>
<td>M/F</td>
</tr>
<tr>
<td>Other</td>
<td>DOB</td>
<td>M/F</td>
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</tbody>
</table>

## I Am Applying For

- [ ] Youth
- [ ] Young Adult
- [ ] Adult
- [ ] Senior Adult or Family
- [ ] Family
- [ ] Family Plus 1 or 2
- [ ] Single Parent Family
- [ ] Program
- [ ] Child Care—Early Childhood and School Age, indicate program:

## To Qualify, Provide Copies of the Following Documents

- 1040 Federal Tax Form(s) first two pages and schedule C, when applicable, and W2’s for all incomes in household. **If you did not file taxes**, please provide form 4506-T from IRS stating you did not file.
- Documents showing most recent income, for the past 30 days (including pay stubs and documentation of government assistance and documentation of self-employment).
- Documentation of additional forms of income (if applicable) Social Security, pension, retirement, federal and state disability/SSI, VA disability, unemployment, food share, child support, foster care payments, alimony/maintenance or any other income/assistance not listed.

*Income verification is required for any and all members of the household not listed as a dependent on your taxes.

*The YMCA reserves the right to deny assistance without proper documentation.

*This application must be renewed every 6–12 months for membership and every 6 months for child care.

## Household Monthly Income

<table>
<thead>
<tr>
<th>Adult 1</th>
<th>Adult 2</th>
<th>Children/Other</th>
<th>Total Monthly</th>
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<tbody>
<tr>
<td>Total Gross Wages</td>
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<tr>
<td>Child Support</td>
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<tr>
<td>Social Security/Disability</td>
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<td>Unemployment</td>
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<tr>
<td>Alimony/Maintenance</td>
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<td>Retirement</td>
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<td>Pension</td>
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<td>Monthly Value of Food Stamps</td>
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<tr>
<td>Child Care Subsidy</td>
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<tr>
<td>Foster Care Payments</td>
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<tr>
<td>Other Income or Financial Assistance</td>
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<tr>
<td>Total Monthly Income</td>
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<tr>
<td>Total Annual Income</td>
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If you are applying for assistance with your membership, how much can you pay monthly for membership? $____________

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Signature of person completing this form

Date

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that assistance is based on need. In the event that I or my children must cancel our participation, I will contact the Y immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.
Membership For All Proposal

Name _____________________________________________________________________________   Member Number _________-_________________________________-_______
Appointment with _________________________________________ Date _________________________

After reviewing your application, we are able to offer a membership as proposed below:

Membership Type __________________________ Term length _______________ Discount_________% Monthly Rate $ ______________ Total cost $ _____________ (plus prorate of current month)
Program Discount ___________% (see Terms & Conditions for exclusions)

Payment method:
○ Payment upfront: _____installment(s) of $___________ (plus prorate of current month)
○ Membership draft of $___________ on the 1st of each month (15th may be requested) and ending the month of _______________. Prorated membership dues for the current month must be paid at the start of the membership.

This page is to accompany you when coming to Member Services with payment. This proposal is good for 30 days. After that time, you will need to complete new paperwork and possibly schedule another appointment.

TERMS & CONDITIONS:
1. As the term ends, it is your responsibility to reapply.
2. Use of all YMCA of the Fox Cities facilities.
3. It is your responsibility to notify us if your income changes so that we can reevaluate your membership rate.
4. A maximum of 40% program assistance will be provided to each individual on the membership for most paid classes per session. Examples include swim lessons, growth & development classes, gymnastics, dance, etc.
5. In addition, a maximum of 40% program assistance will be provided on Kids Corner/Play and Learn hourly charges (but not Kids Corner bank drafting).
6. The following items are not included in the discount:
   • Team Apparel/Costumes a participant will retain
   • Program materials a participant will retain
   • Kit Locker/Kids Corner draft
   • Private lessons or instruction
   • Personal Training
   • Resale items
   • Birthday parties
   • Meet fees (Gymnastics, Dance, Swim)
7. The following items are based on a separate sliding fee:
   • Swim Team, Gymnastics Team
   • Day Camps (Shioc, Adventure, Specialty)
   • Dance Academy/Inspire Dance /Studio Y Dance
   • Licensed Pre-School & Child Care Programs
   • Camp Nan A Bo Sho (Contact Apple Creek YMCA)
8. Minimum usage of four (4) times per month is required for membership renewal. Usage will be calculated by scans into our facilities.

Required paperwork verification
Applicant may not have all paperwork listed. Verify what they have and put NA by the paperwork that is not applicable. STAFF MUST INITIAL

Application will not be processed without proper paperwork.
— 1040 Federal Tax Form(s) first two pages and schedule C, when applicable, and W2’s for all incomes in household. If you did not file taxes, please provide form 4506-T from IRS stating you did not file.
— Documents showing most recent income, for the past 30 days (including pay stubs and documentation of government assistance and documentation of self-employment)
— Documentation of additional forms of income (if applicable) Social Security, pension, retirement, federal and state disability/SSI, VA disability, unemployment, food share, child support, foster care payments, alimony/maintenance or any other income/assistance not listed.

Special Agreements/Notes
______________________________________________________
______________________________________________________
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______________________________________________________

Entered in Daxko ____________________

Staff initials _________________