



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Gateway Region YMCA – Financial Assistance

The Gateway Region YMCA offers quality, affordable programs and services designed to benefit people of all incomes and backgrounds. Thanks to many generous community supporters, our Annual Campaign and the United Way, the YMCA is accessible to everyone in the community through financial assistance. All records are kept confidential. Assistance is available for YMCA programs and or membership. A sliding scale is used to determine how much assistance is awarded.

Eligibility:

1. Membership and program assistance is evaluated on an individual basis depending upon demonstrated financial need. The family income guidelines developed by the Gateway Region YMCA will determine initial eligibility. Subjective factors such as recent loss of employment, healthcare issues or other extenuating circumstances are also considered with substantiating documentation. If desired, a meeting can be scheduled with a member service representative. All discussions and paperwork are kept confidential.
2. In order to be considered eligible for financial assistance, each applicant must complete the attached assistance form and submit proper documentation. Applications which are not complete will delay the process until all necessary paperwork is submitted. Total supporting income and support must be provided. Verification of Household Income Adults in the Household, whether they choose to be on the membership or not. Falsification or non-disclosure of any item will result in denial of assistance or immediate termination of already awarded assistance.
3. Families seeking Financial Assistance for Child Care programs who meet the criteria to be eligible for Child Care State assistance in either Illinois or Missouri will be asked to apply with the State prior to approval for YMCA scholarship. If denied services from the State, your family must present a denial letter from either from Illinois Department of Human Services or the Missouri Department of Social Services with completed scholarship application and current tax return statement. The YMCA will calculate my eligibility through the resources that are available in both IL and MO.
IL Child Care Eligibility Calculator: <http://www.dhs.state.il.us/applications/ChildCareEligCalc/eligcalc.html>
MO Child Care Eligibility Calculator: <https://apps.dss.mo.gov/fmwBenefitCenter/PreEligibilityTool.aspx>
4. The support for financial assistance comes from contributions through our Annual Campaign. The awards far surpass the funds raised and in an effort to support as many requests as possible, each recipient is asked to pay some portion of the membership or program/activity fees. These payments are in accordance with our guidelines.
5. Eligibility for financial assistance must be renewed on an annual basis with updated information and supporting documentation. Should your financial situation change during the course of your assistance, one may request a review by writing a letter explaining the situation and providing documentation to verify the change in income or circumstances.

Our Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Note to Applicants:

1. **Contact your local branch**-if you have questions or need clarification.
2. **Total household income** is verified annually by current income tax returns. If income tax was not file for the past year, a "1722" letter verifying "Non-Verification of Filing Status" must be included. If unemployed but not yet receiving payments, include a letter from the state regarding the status of the claim. Non-US citizens must provide a copy of their Visa.
3. **Processing Period:** There is a maximum of a 10 business day processing period for completed applications, and at high volume times additional days may be needed. Please hold your phone inquiries about status until the 10 business days have passed. For those turning in additional information the 10 business days start when all necessary documents are received. Should there be circumstances which cannot be made clear with the submitted paperwork a personal interview can be arranged with your member service representative. Please contact your local branch if you have concerns regarding this process.
4. **Please submit copies** and keep your originals. We can make copies if necessary.
5. **Method of Payment:** Once all the data is compiled you will receive a phone call or award letter in the mail which will have an expiration date. Please come in and set up your membership or program as soon as possible. Bring in your photo ID, payment for the first month and billing method. The best source is your personal checking or savings account. The options for payment are: monthly draft or payment in full for the year.

Helpful Phone Numbers:

Internal Revenue Service (IRS) 800-829-1040
IRS - Letter of Non-Filing 800-908-9946 Option 2

Missouri

Dept. of Family Services 800-392-1261
Social Security Administration 800-772-1313
Unemployment Office 800-320-2519

Illinois

Dept. of Family Services 800-843-6154
Social Security Administration 800-772-1213
Unemployment Office 800-244-5631 Option 1



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Last Name, First Name _____ Member ID _____

How to apply for Financial Assistance for Gateway Region YMCA Services & Programs:

- Turn in application, financial verification and dependent verification to the YMCA Welcome Center.
- Your application will not be accepted unless required verification is submitted in its entirety.
- Applicants will be notified of the decision within 10 business days of applying.
- Approved applications will be kept on file for 30 days. If unclaimed, please re-apply with most up to date information.
- You may renew your membership annually by following the same guidelines and submitting a letter stating how this program has affected you and or your family.
- Please notify the Y if there is a change in income/household status. This may result in a fee adjustment.
- If you have extenuating circumstances that you wish to explain please attach a letter.

Documents needed	Member Initials	Staff Initials upon receipt
Completed Membership/Guest Application in its entirety; signed and dated		
If you file taxes we will need your most recent Federal tax form ex. 1040, 1040ez, etc.		
If you do not file taxes due to low income, disability, retirement we will need supporting documents		
Documentation of all Household Income: monthly income, food stamps, social security, alimony, child support, VISA information etc.		
If applicant is unemployed: Official Unemployment Letter with eligible benefits or Denial Letter... www.labor.mo.gov in Missouri and www.benefits.ides.illinois.gov in Illinois		
Documentation of dependents if they are not listed on tax return (under the age of 18) i.e. birth certificate, school records, legal filings		
Backside of this form completed in its entirety		
If you are in need of Child Care services we will require additional documentation prior to approval for Child Care/Camp programs i.e. School Age Child Care, Summer Day Camp, Early Childhood Education		
Expectations for renewal eligibility: <ul style="list-style-type: none"> • 8 visits per household per month in order to renew membership • Program enrollment: during an 8 week session, no more than 3 program absences in order to enroll in the following session 		
Membership dues may be paid: <ul style="list-style-type: none"> • On a Bank Draft through checking or savings account • 1 year in advance 		

Our Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Household Finances

*Income	*Expenses
\$ _____ Monthly Gross Paycheck	\$ _____ Monthly Mortgage/ Rent
\$ _____ 2 nd Adult's Monthly Gross Paycheck	\$ _____ Utilities & Food
\$ _____ Alimony/ Child Support	\$ _____ Credit Cards
\$ _____ Social Security	\$ _____ Child Care
\$ _____ Unemployment	\$ _____ Medical
\$ _____ Pensions & Annuities	\$ _____ Car/ Student Loans
\$ _____ Food Stamps or Other Income	\$ _____ Other Expenses
\$ _____ Total Monthly Income	\$ _____ Total Monthly Expenses

How much can you afford to pay? For membership per month \$ _____ per program \$ _____

*We want to hear your story! Tell us why you and your family are applying for financial assistance with the Gateway Region YMCA. We want to know what circumstances sent you our way so that we can continue to provide assistance to thousands of families in our area, just like yours. Thank you in advance for choosing the Gateway Region YMCA.

- No, I am not interested in telling my story at this time
- Yes, tell my story but please do NOT use my last name in publications
- Yes, I am interested in speaking at an Annual Campaign event to help raise funds
- Yes, I am interested in taking pictures & video to tell my story in YMCA publications

By signing below, I am requesting assistance and certify that all information provided is correct.

Signature when application submitted in full: _____ **Date** _____

Staff Signature when application is received in full: _____ **Date** _____

Executive Director (if applicable): _____ **Date** _____

Our Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



Welcome to the Gateway Region YMCA!

Member Guest Program

Preferred Branch: _____

Primary Contact Information (Adult 18+)

Primary Adult First Name _____ Primary Adult Last Name _____ Date of Birth _____ / ____ / ____ M F

Home Address _____ City _____ State _____ Zip _____

Primary Phone Number _____ Secondary Phone Number _____ Primary Email Address _____

Employer _____ Emergency Contact _____ Relationship _____ Phone Number _____

Household Members

First Name (and Last if different)	Date of Birth	Gender	Race/Ethnicity	Additional Communication Email or Phone
Additional Adult 02.				
Dependents 03.				
04.				
05.				
06.				
07.				

Member ID _____

Last Name: _____

Background Information

As a non-profit organization, supported by the United Way, this information is confidential and strictly for reporting purposes for annual funding resources.

Ethnicity/Race:

- African-American
- Asian
- Bi/Multi-Racial
- Caucasian
- Hawaiian/Pacific Islander
- Hispanic/Latino
- Native American/Alaska Native
- Other _____

Annual Income:

- \$0 - \$9,999
- \$10,000 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$49,999
- \$50,000 - \$99,999
- \$100,000+
- I do not wish to provide this information

Areas of Interest (please select all that apply)

- Child Care
- Day Camp
- Family Programs
- Healthy Living
- Personal Training
- Other _____
- Senior Programs
- Teen Activities
- Water Fitness
- Youth Programs
- Volunteering

How Did You Hear About Us?

Employer Referral (Company Name): _____

Member Referral (name): _____

Member Referral (unit ID #): _____

Other: _____

NOTES:

CONDITIONS OF FACILITY ACCESS

The Y reserves the right to cancel a membership at any time. Any member, guest, or applicant whose actions are not deemed to be in the best interests of the organization may have their membership or application denied.

MEMBER'S RESPONSIBILITY IN CONNECTION WITH USE OF THE FACILITY: You (each member of your family and all guests) should consult with a physician before using our services and facilities. You agree that you will not use the facilities with any medical condition, including open cuts, abrasions, sores, infections, maladies or inability to maintain personal hygiene, if such condition poses a direct threat to yourself or to others. It is our goal to provide services to ALL in our community. If using Child Watch or other programs, please provide a copy of a current IEP/BMP/504 Student Accommodation Plan. Although every effort is made to provide reasonable accommodations, there may be instances where a participant's needs may exceed the parameters of the scope of the requested service/program. Failure to comply with this agreement could result in suspension or termination of membership privileges.

ASSUMPTION OF RISK: You (each family member and guests) agree that if you engage in any physical exercise or activity, use any of the branch facilities or enter the premises of the branch you do so at your own risk. This includes, without limitation, your use of the locker room, any pool, whirlpool, sauna, steam room, or any equipment within the branch and your participation in any activity, class, program or instruction as well as your use of or presence on the parking area or sidewalk. You agree that you are voluntarily participating in these activities. You assume all risk of injury or the risk of contraction of any illness or medical condition that might result, or any damage, loss or theft of any personal property.

PHOTOGRAPH & VIDEO RELEASE: For adequate sufficient consideration the receipt of which is hereby acknowledged, the applicant(s) hereby gives permission for the YMCA to use, without limitation, photographs, film footage or tape recordings which may include the applicant(s) image or voice for purposes of promoting or interpreting YMCA programs.

SEX OFFENDER REGISTRY: The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

NATIONWIDE MEMBERSHIP ACCESS: By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

WAIVER AND RELEASE OF LIABILITY: In return for use of the facilities of or entry on the premises of the branch, you agree on behalf of yourself (and each family member and guest) to not sue and to release from any and all liability the Gateway Region YMCA (and our affiliates, employees, agents, representative, successors and assigns) from any and all claims or causes of action (known or unknown) arising out of negligence of the Gateway Region YMCA. This waiver of release and liability includes, but is not limited to, injuries which may occur as a result of (a) Your use of any exercise equipment or facilities, which may malfunction or break; (b) Our improper maintenance of any exercise equipment or facilities, which may malfunction or break; (c) Our NEGLIGENT instruction or supervision; (d) Your slipping and falling while in the branch or on the premises including parking areas and sidewalks.

INDEMNIFICATION AND HOLD HARMLESS: You further agree that You WILL INDEMNIFY AND HOLD HARMLESS THE GATEWAY REGION YMCA THEIR OFFICERS, AGENTS, AND EMPLOYEES, from any loss, liability, damages or cost of any kind that THE YMCA may incur as the result of any injury to yourself or to any member of your family even if it is contended that any such injury was caused by NEGLIGENCE of the part of the Gateway Region YMCA.

Primary Adult (printed name)	signature	Date
2nd Adult (printed name if applicable)	signature	Date

PAYMENT AUTHORIZATION

Payment Type: Checking Savings Debit/Credit Card

Monthly Payment Date: 1st or 15th

Last four digits of account/card _____

Monthly Draft Amount: _____

Name as it appears on billing method

Billing Address if different than Home Address

I/(We) authorize and request the Gateway Region YMCA to charge my/(our) checking/savings or credit/debit card account for my/(our) monthly fee. I/(We) further authorize the financial institution to process these fees. I/(We) understand that Gains Full Service Billing will be the Y's third-party payment processor. I further understand that Gains is authorized to assist with resolving all declined membership dues, programs, and childcare payments and they may contact me on behalf of the Y to attempt to collect an owed balance and/or update my billing information. I/(We) understand fees are non-refundable and non-transferable. If for any reason, a payment is not honored by the financial institution, a return fee will be charged on any returned transaction. I realize I am still responsible for my payment, including the return fee applied by the Y. This is in addition to any service fee my/(our) financial institution may charge. Additional attempts will be made automatically to recover the original balance, and the return fee, and the Y/Gains will notify me/(us) of any issues. The Y will add no additional return fees to my account for additional returns on the same item. Unpaid balances will result in suspension or termination of my/(our) service. I/(We) understand charges are continuous, and it is my/(our) responsibility to notify the Y in person to discontinue my/(our) services and automatic payments. Charges are not dependent on usage. I/(We) understand cancellations/changes must be submitted in writing on or before the 20th of the month prior to my/(our) next draft date. If I/(we) notice a discrepancy on my/(our) statement, I/(we) will notify the Y promptly. I/(We) understand refunds are not issued for discrepancies after 90 days. A copy of our most up to date payment authorization is available at gwrymca.org/billing.

Payment Authorization Signature (Must be at least 18 years of age)

Date

New Member Checklist

OFFICE USE ONLY

Office Checklist

- _____ Address & ID Verification/Sex Offender Registry
- _____ Verify Duplicates in Database
- _____ Tour/Interview Complete
- _____ Billing Method Collected
- _____ MyFitness Scheduled
- _____ Online Username and Password Issued

- Staff Name _____
- Branch _____
- Join Date _____ Amount _____
- Member Type _____
- Corporate Code _____
- FA Approval/Amount _____