

**YMCA of Frederick County  
Financial Assistance Application**



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

**Financial Asst. requested (Please circle one)**  
**B.A.S.E., ELC, Membership, SUMMER CAMP, PROGRAMS**  
(school age) (preschool)

Name: \_\_\_\_\_  Single  Married  Separated  Divorced  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Your Employer's Name and Address: \_\_\_\_\_

2<sup>nd</sup> Adult Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
 2<sup>nd</sup> Adult Employer's Name and Address: \_\_\_\_\_

Your Annual Gross Income \$ \_\_\_\_\_ 2<sup>nd</sup> Adult Annual Gross Income \$ \_\_\_\_\_  
 Child Support Income \$ \_\_\_\_\_ Other Income (source & amount) \$ \_\_\_\_\_

Number of Household Members: \_\_\_\_\_ (proof of Household size may be required)  
 1. \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ 4. \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
 2. \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ 5. \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
 3. \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ 6. \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

List any special circumstances highlighting your reason for need: \_\_\_\_\_

To qualify for Financial Assistance you must submit the following documents:

- Household income from most recent tax return (**1040 not W2**) social security numbers will be redacted **OR**
- One month proof of recent income (paystubs), or other proof of your current combined household income (SSI/SSDI, Food Stamps, Child Support, or other assistance)
- Other proof of income verification may be required and/or accepted at the discretion of the Y, i.e. signed letter from your employer, on your employer's letterhead detailing the weekly income you earn.

The information listed on this form is correct to the best of my knowledge. I understand that the financial assistance is granted to me by the YMCA of Frederick County and must be re-applied for annually, from the date of this application, or as requested by the Y. I understand that it is my responsibility to reapply and that the Y will send out a financial assistance expiration notice 30 days prior to expiration. If I do not re-apply for financial assistance my fees will be charged at the full-published rate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

revised 092520

Camp / Program / Membership: _____	Subsidy % _____	ELC / B.A.S.E.: _____	Subsidy % _____
Review Date _____		Meals: Reduced Free	Review Date _____
Documents Provided _____			
Reviewed By _____			



# Meal Benefit Application for Child Care Centers

July 1, 2020 - June 30, 2021

For more information, read instructions for Completing or call 301-663-5131 ext. 1276

**Step 1** List all enrolled children (if more spaces are required for additional names, attach another sheet of paper).

Children in Foster Care and children who meet the definition of Homeless, Migrant, Runaway, Head Start, Early Head Start or Even Start are eligible for free meals. If ALL children listed are foster, homeless, migrant, runaway or in Head Start, Early Head Start or Even Start, skip to Step 4.

First and Last Names of All ENROLLED	Check all that apply					
	Foster Child	Homeless	Migrant	Runaway	Head Start Early Head Start	Even Start

**Step 2** Do any Household Members (including you) currently participate in the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA)? Circle One: Yes No

If you answered NO, complete Step 3.

If you answered YES, provide a case number then go to Step 4

Case Number:

**Step 3** Report Income for ALL Household Members (skip this step if you answered 'Yes' to Step 2)

List all Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, enter '0'. If you enter '0' or leave any fields blank you are certifying (promising) that there is no income to report.

How Often = Weekly, Every 2 Weeks, Monthly, Twice a Month or Yearly

First and Last Names of ALL Household Members	Earnings from Work		Child Support, Alimony, Public Assistance		Pensions, Retirement, Other Income	
	Income	How Often?	Income	How Often?	Income	How Often?

Total Household Members (Children and Adults):

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if No SSN:

**Step 4** Contact Information and Adult Signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable State and Federal laws. I understand my child's eligibility status may be shared as allowed by law.

Printed Name:		Signature:	
Street Address:			
Date:		Phone #:	

**Step 5** OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.

Ethnicity (Check One):  Hispanic or Latino  Not Hispanic or Latino

Race (Check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**DO NOT FILL OUT THIS SECTION. CENTER USE ONLY**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income (Children and Adults): \$

Eligibility:  Free  Categorically Eligible  Reduced  Paid

Weekly  Every 2 Weeks  Twice a Month  Monthly  Yearly

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING MEAL BENEFIT APPLICATION – Child Care Center

Complete the application using the instructions below. Sign the form and return it to the center. If you need help, call 301-663-5131 ext. 1276.

### STEP 1 – CHILDREN'S INFORMATION - ALL HOUSEHOLDS COMPLETE

List the first and last name of all enrolled children. Indicate if a foster child, homeless, migrant, runaway, or in Head Start, Early Head Start or Even Start by checking the box. If ALL children listed are foster, homeless, migrant, runaway, or in Head Start, Early Head Start, or Even Start, skip to Step 4.

### STEP 2 – CASE NUMBER

If any member of your household receives benefits from the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA), write the case number and skip to Step 4.

### STEP 3 – NAMES OF ALL HOUSEHOLD MEMBERS AND GROSS INCOME

- List the first and last name of everyone in your household, whether they receive income or not. Your household includes all those living as one economic unit. Include yourself, all children living with you, including foster children and any other person living in your household, related or not. List each type of income received last month and how often it is received. You must indicate how much in whole dollars, and how often received (weekly, bi-weekly, twice a month, monthly, yearly). If a household member has no income—write '0' in the income box.
- Report all income as gross income. Gross income is the amount earned before taxes and other deductions. This is not the same as take-home pay. Gross income includes unemployment benefits, Worker's Compensation, Supplemental Security Income and Veteran's benefits, Social Security, private pensions or disability, strike benefits, income from trusts or estates, annuities, investment income earned interest, rental income and regular cash payments from outside household. For self-owned business, farm, or rental income, report income as net income.
- If you are in the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include combat pay.
- Indicate the total number of household members in the space provided.
- The form must have the last four digits of the Social Security Number of the primary wage earner or adult who signs unless the adult does not have a Social Security Number. If the adult does not have a Social Security Number, check the box. The last four digits of the Social Security Number are not needed if you listed a FSP or TCA case number, or if you are only applying for foster children.

### STEP 4 – SIGNATURE - ALL HOUSEHOLDS COMPLETE

All forms must have the signature of an adult household member.

### STEP 5 – RACIAL/ETHNIC IDENTITY

You are not required to answer this question to get meal benefits. This information will help ensure that everyone is treated fairly.

#### Federal Income Eligibility Guidelines

Household Size	Year	Month	Week
1	\$23,606	\$1,968	\$454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
For each additional family member add:	\$8,288	\$691	\$160

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you are only applying for foster children, or you list a Food Supplement Program or Temporary Cash Assistance case number, or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Nondiscrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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