

Everyone belongs at the Y, regardless of income.

If you've been thinking that you can't afford to be part of the Y, think again. At our Y, we welcome everyone's involvement by providing financial assistance through our confidential ACCESS Program. It's an important part of our mission:

How do I apply?

If you reside in the communities of Danvers, Boxford, Middleton or Topsfield; complete the application in this brochure and attach the required documentation. Return it to the main facility on 34 Pickering Street in Danvers, attention: Membership Director.

How is the amount of financial assistance determined?

The membership director will review your financial information and submit the review to the Executive Director for final approval. The amount of the award is based on a family size, annual income, and in certain instances, extenuating circumstances. In most cases, awards will not exceed \$500 per year per family. It takes up to two weeks to process a complete application.

How is confidential information handled?

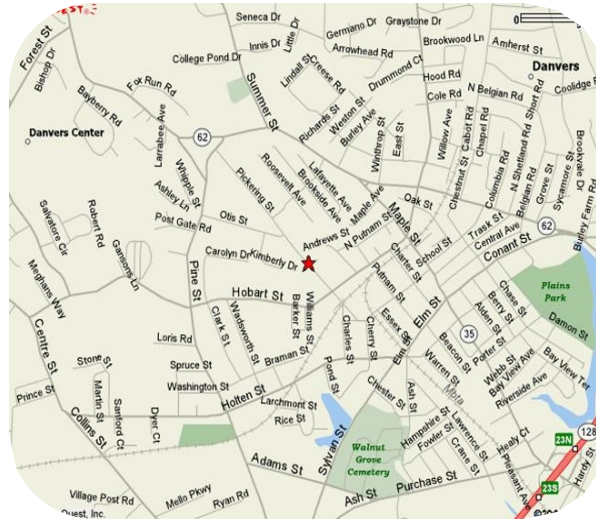
Only those who approve your application have access to the information on your form.

Where do the funds for assistance come from?

The Y's financial assistance program is funded by contributions to our Annual Fund campaign, our Holiday Giving Tree program, and local foundations.

Our Y Mission

The mission of the Danvers Community YMCA is to provide facilities and programs which promote good health, strong kids and strong families in an environment filled with good, moral and ethical values based on the YMCA's Christian principles and traditions.



* Y at 34 Pickering Street

MAIN FACILITY:

Danvers Community Y
34 Pickering Street
Danvers, MA 01923
978-774-2055
www.danversymca.org

SUMMER DAY CAMP FACILITY:

YMCA Stiles Pond Day Camp
Stiles Pond Road off Main St
W. Boxford, MA 01921
978-352-2366



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



FINANCIAL ASSISTANCE PROGRAM

DANVERS COMMUNITY YMCA



DANVERS COMMUNITY YMCA ACCESS PROGRAM: Financial Assistance Application

Personal Information

Please print all information clearly and answer all questions. Be certain to attach required documents. Unreadable handwriting and missing documentation will delay our decision. Thank you.

Head of Household _____ Social Security # ____ - ____ - ____ Today's Date: _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Email address _____
 Employer _____ Occupation _____ Length of Employment _____
 Days/ Hours worked _____ Work Phone _____ Supervisor's Name _____

Please list all people living in your household, whether related or not: (attach separate sheet if more space is needed)

Name	School/Employer	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

I am applying for financial assistance for: Membership or Programs (If for Camp or Child Care, use box to right)

Membership Type: (select one)

- ___ Preschool (6m-5yrs)
- ___ Youth (ages 6-13)
- ___ Teen (ages 14-17)
- ___ Young Adult (18-21)
- ___ Single Adult (22-64)
- ___ 2 Adult Couple (22-64)
- ___ Single Senior (over 65)
- ___ Senior 2 Adult Couple (over 65)
- ___ 1 Parent Family
- ___ 2 Parent Family

Name of Program: _____
 Program for: _____
 (name(s) of person(s))
 Financial Aid % _____ (office use)

Financial Information: Please itemize your **monthly, pre-tax income** and **selected expenses**:

Gross wages, salary & tips: \$ _____	Rent/Mortgages \$ _____
Unemployment Compensation \$ _____	Gas \$ _____
Social Security \$ _____	Electric \$ _____
Child Support \$ _____	Car Payment \$ _____
AFDC/TANF \$ _____	Telephone \$ _____
Food Stamps \$ _____	Groceries \$ _____
Retirement (non-Social Security) \$ _____	Insurance \$ _____
Other: (Alimony, Interest, Dividend) \$ _____	Other: (explain) \$ _____
Total MONTHLY Income \$ _____	Total MONTHLY Expense \$ _____

Child Care/Camp Addendum

If applying for child care or camp financial assistance this box must be completed. It is important for the Y to know if you are currently receiving or may be eligible for any other type of financial help for these costs. If you are eligible for support from the state, through the Child Care Circuit, it will save you money. And it will allow the Y to use its resources to assist families and children who do not have other options to make Y Child Care or Camp affordable.

1. Is your child currently attending child care (Y or other) on a Child Care Circuit Voucher? Yes _____ No _____

If yes, Voucher expiration Date: _____

Name of Child Care _____

**If you answered yes to the above, Y ACCESS may not be the best option for you, as the Child Care Circuit can transfer your voucher to our child care and/or summer camp. Please speak with your Child Care Circuit Counselor about this transfer before filling out this application.

2. Are you currently receiving government assistance in the form of welfare/transitional assistance? Yes _____ No _____

If no, have you received such assistance in the past 12 months? Yes _____ No _____

** If you answered yes to either part of #2, you are likely to be eligible for financial aid from the state in the form of a voucher for child care and/or camp. You must apply for a voucher as your first means of financial assistance. The cost for child care/camp will likely be much lower than Y ACCESS.

HOW TO OBTAIN A CHILD CARE CIRCUIT VOUCHER

Call the Child Care Circuit at 978-921-1631 for information. Even if vouchers are unavailable right now, you must be put on the waiting list. You may receive financial assistance from the Y ACCESS Program in the interim, but eventually you will come to the top of the waiting list.

If you answered yes to # 1 or 2 above, you must provide proof of your visit/call to the Child Care Circuit before this application will be considered for ACCESS funds. Please have your Child Care Circuit Counselor complete below:

_____ The applicant is **eligible** for a state funded-voucher effective _____.

_____ The applicant is **ineligible** for a state funded because: _____

Name of Child Care Circuit Worker: _____
Print Clearly

Signature of Child Care Circuit Worker _____
 Date _____

I M P O R T A N T

To complete this application you must attach a copy of your last or this year's **federal income tax form**, and copies of **pay stubs** for the most recent month's earnings. If you are receiving AFDC/TANF, unemployment, food stamps, and/or Social Security, you must attach a copy of **grant notification form(s)**. For child support or alimony, a court ordered **award statement** must be attached.

I attest that all of the information provided is true:

Signature _____ Date _____