

# YMCA of SOUTHERN INDIANA OPEN DOORS APPLICATION

For what program are you seeking assistance? (check one)

BEFORE AND AFTERSCHOOL CARE  \_\_\_\_\_ (school attending)

YOUTH SPORTS AND/OR AQUATICS

KIDS SQUARE  OTHER  \_\_\_\_\_

Are you a current YMCA Member? YES  NO

Membership Type (check one) ADULT  FAMILY  YOUTH  SENIOR  2 PERSON

## PERSONAL INFORMATION:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Single Married Separated Widowed Divorced Total number of dependents \_\_\_\_\_

List names (last names too, if different from applicant) and ages of all persons in the household.

Your household includes dependents you claim on your federal income tax return.

1) _____	Age _____	DOB _____	4) _____	Age _____	DOB _____
2) _____	Age _____	DOB _____	5) _____	Age _____	DOB _____
3) _____	Age _____	DOB _____	6) _____	Age _____	DOB _____

## EMPLOYMENT INFORMATION:

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Position \_\_\_\_\_ Length of Employment \_\_\_\_\_ Part-time  Full-time

Gross Monthly Income \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Position \_\_\_\_\_ Length of Employment \_\_\_\_\_ Part-time  Full-time

Gross Monthly Income \_\_\_\_\_

## INCOME/EXPENSES INFORMATION:

Do you share expenses with anyone else in your household? \_\_\_\_\_ Total number in household \_\_\_\_\_

Do you receive: Child Support, Welfare, Food Stamps, Reduced Lunch? \_\_\_\_\_

Reason for applying to the OPEN DOORS program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the OPEN DOORS program.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

## THIS SECTION IS FOR OFFICIAL USE ONLY

Joining Fee: \_\_\_\_\_ Monthly Fee: \_\_\_\_\_

Date approved: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Membership Type: \_\_\_\_\_

% of Program fee to be paid: \_\_\_\_\_ Date approved: \_\_\_\_\_ Date Expires: \_\_\_\_\_

% of Childcare fee to be paid: \_\_\_\_\_ Date approved: \_\_\_\_\_ Date Expires: \_\_\_\_\_

**APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY.**



# OPEN DOORS

## Financial Assistance Application



# YMCA

## of SOUTHERN INDIANA

The YMCA of Southern Indiana is a not-for-profit health and human services organization committed to helping people grow in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The Y is community-based and believes that its programs and services should be available to everyone. That's why the YMCA offers an OPEN DOORS program. OPEN DOORS is a sliding fee scale that is designed to fit each individual's financial situation. Over the years, we have found that the OPEN DOORS program is most utilized by:

- Youth referred by schools, churches and organizations
- Adults who are temporarily out of work
- Those who are divorced and are experiencing financial hardships
- People on fixed incomes
- People who are overwhelmed by medical bills
- Those experiencing other financial hardships

The YMCA of Southern Indiana requires that individuals provide the requested information on the attached form regarding income, family size and necessary expenses so that we can provide financial assistance in a fair and consistent manner. The YMCA also requires that individuals reapply when requested to keep the information on their application updated.

Your fees are subject to increase when you apply. If you do not reapply when requested, your enrollment may be terminated.

To process your application, we will need the following information:

- Copy of last two pay stubs
- (or) Copy of social security or disability checks (or copy of bank statement showing amount of automatic monthly deposit)

NOTE: If you don't have the documents required, please submit a letter explaining your personal situation.

Please allow 10 days to process your application. After this period, you may call the YMCA to see if your application has been approved or if you need to submit additional information.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families and strong communities.

If you have any questions, feel free to call Paula Lomax or Jenn Ray at 812-283-9622 about either our Membership or Program Scholarships. Please ask for Meredith Clipp-Rodriguez if you have any Childcare Scholarship questions.

**We build strong kids, strong families, strong communities.**