



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

Dear Friends,

It has always been the policy of the YMCA of Morgan County to offer its facilities and programs to all individuals without regard for their ability to pay for these services. Funds for financial assistance are made available through generous contributions to the YMCA Annual Campaign as well as Grant Funding through the United Way Family Opportunity Fund. All subsidies will be granted to the extent that these funds are available.

If you believe that you may qualify for YMCA financial assistance, please complete the attached Financial Assistance Information Form, front and back. **Also, attach two of your most recent check stubs or a copy of prior year's tax form, and any other documentation which demonstrates your need for special consideration (uninsured, medical bills, recent unemployment, etc.) for each adult household member..**

Working alongside families to address the whole needs of the family and create solutions to financial instability is a goal of the YMCA of Morgan County. We were awarded a grant from United Way to support families by connecting them to resources, learning, social and volunteer activities to improve mind, body and soul of the entire family. As part of the Financial Aid award process, families will be enrolled into the Family Connect Program and required to participate in the program guidelines to maintain the benefits of discounted programming and family membership.

PLEASE PLAN ON SUBMITTING ALL OF THIS INFORMATION TO THE YMCA MEMBERSHIP DESK AT LEAST TWO WEEKS BEFORE YOU PLAN TO BEGIN ANY PROGRAM OR RECEIVE MEMBERSHIP. We will make every attempt to process your application and notify you promptly.

The Y is always looking for volunteers. Some of the areas where we need the most help are Member Services Desk Representatives, Child Watch, Youth Sports Coaches, and Pre-School Reading and Food Program Assistants. Please let us know if you may be able to help!

We look forward to seeing you here at the YMCA.

Sincerely,

David T. Nash
CEO

YMCA OF MORGAN COUNTY 2039 East Morgan St., Martinsville, Indiana 46151
Phone: 765-342-6688 Fax: 765-342-9670 ymcamorgancounty.org

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

Dear Friends,

Our financial assistance process has recently changed, and all assistance will now be granted on a 6 month basis. To receive discounts on programs or membership through the YMCA of Morgan County, please follow the new process listed below. Please take the time to review, and if you are unsure of when your assistance will expire, please contact our guest services representatives at the front desk, or contact one of our community needs coordinators, listed below.

<p><i>Jan McGaha</i> Community Needs Coordinator janmcgaha@bbjymca.org Phone: 765-342-6688, ext. 19</p>	<p><i>Colin Vaughan</i> Community Needs Coordinator colinvaughan@bbjymca.org Phone: 765-342-6688</p>
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It has always been the policy of the Barbara B Jordan YMCA of Morgan County to offer its facilities and programs to all individuals without regard to their ability to pay for these services. Funds for financial assistance are made available through generous contributions to the YMCA Annual Campaign. All subsidies will continue to be granted, as long as the funds are available.

Our commitment to this policy and the community has not changed; in fact, we are seeking to strengthen the relationship with our members through a new process. We are now requiring financial aid applications to be renewed every 6 months, along with a requirement to engage with the YMCA either at events or meetings with our community needs coordinators. Our hope is that by strengthening our relationship, we can work together to meet the goals you have, for you and your family.

- Members are screened for eligibility upon receipt of financial assistance application. Applications must contain signed consent forms, 1040 tax forms, most recent check stub, and any other documentation which demonstrates the need for special consideration (i.e., uninsured documents, unemployment statement, disability or SSI benefit statement, death in family, etc.)
- If approved, assistance will expire in 6 months.
- Members can reapply every 6 months. To reapply, a Member will provide an updated application with the accompanying documents listed above.
- Member will also be required to participate in one of the following activities to receive assistance:
 - A Phone call or In-person Meeting with a YMCA Community Needs Coordinator;
 - Attend a Class at the YMCA in the areas of Financial or Workforce Development/Career Planning;
 - Attend a YMCA Parent Cafe Meeting, Y Family Night Event, and/or a Parent-teacher conference at your child's school;
 - Volunteer at a YMCA of Morgan County Event, Program or Youth League.

We look forward to getting to know you better through this updated process. If you have any questions, please let us know. Thank you for being a part of the YMCA of Morgan County family. We are so glad you are here!

REQUEST FOR FINANCIAL ASSISTANCE YMCA OF MORGAN COUNTY

Approval Date _____	Called Initials/Date _____
Approved for _____	
Appointment with CNC _____	
Accepted into Family Connect Program Date _____	

DATE _____

1. REQUESTER'S NAME _____ HOME PHONE _____
 HOME ADDRESS _____
 PLACE OF EMPLOYMENT _____ WORK PHONE _____
 EMAIL ADDRESS _____

2. 2nd ADULT NAME _____ HOME PHONE _____
 PLACE OF EMPLOYMENT _____ WORK PHONE _____
 EMAIL ADDRESS _____

3. FOR YMCA PROGRAMS SUPPORTED BY UNITED WAY FUNDING, THE FOLLOWING INFORMATION IS NEEDED FOR REPORTING PURPOSES. (PLEASE CHECK APPROPRIATE LINE FOR):

ETHNICITY (Self)	RACE (Self)	MARITAL STATUS
<input type="checkbox"/> Hispanic	<input type="checkbox"/> African/American/Black American Indian/Alaskan Native	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single
<input type="checkbox"/> Non Hispanic	<input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other
	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiiin/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other	
ETHNICITY (2nd Adult)	RACE (2nd Adult)	HIGHEST GRADE COMPLETED (Self)(2nd line-2nd Adult)
<input type="checkbox"/> Hispanic	<input type="checkbox"/> African/American/Black American Indian/Alaskan Native	<input type="checkbox"/> <HS <input type="checkbox"/> HS/GED <input type="checkbox"/> Tech/Cert <input type="checkbox"/> Assoc <input type="checkbox"/> Bach <input type="checkbox"/> Mast+
<input type="checkbox"/> Non Hispanic	<input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial	<input type="checkbox"/> <HS <input type="checkbox"/> HS/GED <input type="checkbox"/> Tech/Cert <input type="checkbox"/> Assoc <input type="checkbox"/> Bach <input type="checkbox"/> Mast+
	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiiin/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other	

4. LIST ALL LIVING IN THE HOUSEHOLD (INCLUDING OTHER ADULTS)

NAME (FIRST/LAST)	RELATIONSHIP	Gender	DOB	SCHOOL/WORKPLACE

5. PLEASE CHECK WHICH YMCA PROGRAM(S) YOU ARE INTERESTED IN:

MEMBERSHIP (PLEASE SELECT TYPE): *DEPENDENTS MUST BE UNDER 19 OR A FULL TIME STUDENT UNDER 25 AND LIVING AT THE SAME ADDRESS

YOUTH (18 & UNDER) ADULT (19-64) TWO ADULTS SAME HH ONE ADULT HH & DEPENDENTS
 TWO ADULT HH & DEPENDENTS SENIOR ADULT (65 & OVER) TWO SENIOR ADULTS SAME HH

PROGRAM (PLEASE SELECT ALL THAT APPLY)

PRESCHOOL SPORTS (ADULT/YOUTH) SWIM LESSONS DAY CAMP BEFORE & AFTER SCHOOL CARE

Total Program Fees \$ _____ Amount you can pay \$ _____

LIST ALL CHILDREN REQUESTING PARTICIPATION IN BEFORE & AFTER SCHOOL CARE, CAMP or PRESCHOOL

1. _____
2. _____
3. _____

6. IN ORDER TO QUALIFY FOR ASSISTANCE ALL INFORMATION MUST BE COMPLETED AND DOCUMENTED

PLEASE FILL OUT THE OTHER SIDE IN ITS ENTIRETY.

GROSS HOUSEHOLD INCOME (includes any assistance, pre-tax wages, child support, retirement, etc.) :

Does your child/children qualify for free or reduced lunches? YES NO

Government Assistance	HH Resident #1 amount per month	HH Resident #2 amount per month	HH Resident #3 amount per month	HH Resident #4 (+add'l residents) amount per month
SNAP				
TANF/SSDI/SSI/ Foster Care Allowance				
Unemployment				
Other				

Gross Household Income	HH Resident #1 amount per month	HH Resident #2 amount per month	HH Resident #3 amount per month	HH Resident #4 (+add'l residents) amount per month
Employment Wages				
Child Support				
Alimony/ Retirement				
Other				

7. YOU MUST ATTACH TWO (2) CURRENT PAYROLL CHECK STUBS (OR LETTER FROM EMPLOYER VERIFYING SALARY) FOR EACH INCOME EARNING INDIVIDUAL IN THE HOUSEHOLD OR LATEST TAX RETURN. DOCUMENTATION OF OTHER INCOME SOURCES LISTED ABOVE. EXPLAIN IF NONE AVAILABLE.

8. WHAT VOLUNTEERING OPPORTUNITIES WOULD YOU BE INTERESTED IN?

GYM MONITOR CHILD WATCH YOUTH SPORTS COACH PRE-SCHOOL READING

9. IF THE YMCA CANNOT PROVIDE THE FINANCIAL ASSISTANCE YOU ARE REQUESTING, WHAT ALTERNATIVES DO YOU HAVE?

Would have to quit work Kids would be cared for by siblings Kids would stay home unsupervised
 Would not be able to participate in YMCA program Kids would be cared for by friend

10. WHY DID YOU CHOOSE THE YMCA?

Affordability Accessibility Only program in the area Quality of program(s)
 Type of program(s) offered Other (Please explain) _____

11. FINANCIAL AID SUBSIDIES WILL BE REVIEWED ANNUALLY. TO UPDATE RENEWAL STATUS PLEASE ARRANGE TO MEET WITH THE COMMUNITY NEEDS COORDINATOR AND PARTICIPATE IN THE FAMILY CONNECT PROGRAM BEFORE YOUR RENEWAL CAN BE REVIEWED AND PROCESSED.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO INFORM THE YMCA IMMEDIATELY OF ANY CHANGES IN MY INCOME OR HOUSEHOLD SIZE. I UNDERSTAND THAT FALSE INFORMATION COULD JEOPARDIZE MY FINANCIAL ASSISTANCE.

Signature of requester or guardian _____ Date _____

THIS SECTION FOR YMCA ONLY

NAME OF PARTICIPANT & PROGRAM NAME	TOTAL PROGRAM FEE	AMOUNT PAID BY SUBSIDY	AMOUNT OF/PERCENT OF SUBSIDY	AMOUNT TO BE PAID BY PARTICIPANT/MBR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of YMCA Staff Approval: _____ Date _____

Informed Consent to Release DWD Data

First and Last Name (please print)

Signature and Date

Parent or Legal Guardian Name (if the person above is a minor)

By signing this Informed Consent, I understand the following to be true:

I am authorizing the State of Indiana, through the Management Performance Hub ("MPH), to disclose certain information to the United Way of Central Indiana ("UWCI") and Resultant, LLC ("Resultant"). Such information includes that which is maintained and owned by the Indiana Department of Workforce Development as follows:

- Adult Basic Indicator (ABE) Data: Program Start and End Dates, County and Description of Program, Date of ABE Exam, ABE Test Results
 - High School Equivalency Exam (HSE) Data: HSE Test Date and Results
 - Wage Information: Year, Quarter of Wage Record, County of Employer, NAICS Code for Wage Record, Total Wages
 - Unemployment Insurance Claims Data (UI), Date, Type, and Amount of Unemployment Claims
- A. UWCI and Resultant will not receive my first name, last name, date of birth, address, or social security number from the State of Indiana.
 - B. State of Indiana government files will be accessed to obtain the information requested pursuant to this Informed Consent.
 - C. The purpose of this informed consent is to allow for the release of the above referenced data points to allow UWCI to understand and help determine future funding and support for the community-based organization that serves the individual listed above. Information obtained pursuant to this Informed Consent will only be used for this limited purpose.
 - D. UWCI and Resultant are the only organizations who may receive the information disclosed pursuant to the Informed Consent.
 - E. I understand that I have the right to revoke this Informed Consent, if the revocation is in writing, at any time by sending a written request to dataofficer@dwd.in.gov. I am aware that my revocation will not be effective regarding the uses and disclosures that have been made prior to receipt of my revocation.

By signing this Informed Consent, I acknowledge that I have read and understand this Informed Consent. Further, I authorize the disclosure of any information concerning me or my minor children, if applicable, in accordance with the terms of this Informed Consent.

Printed Name

Signature

Current Residential Zip Code

Date of Birth

Relationship to Minor (if signing on behalf of a minor)

Date

DISCLOSURE & PRIVACY STATEMENT

Services will be provided without discrimination regardless of race, age, religion, sexual orientation, disability, or national origin. Disclosure of this information is voluntary. Our organization requests this information in order to comply with the requirements of our funders for the programs that we offer.

By signing this form, you acknowledge and understand the information provided will be kept confidential yet may be shared with our funders and/or other agencies in the case of a referral to that agency. You also understand that you may be requested to verify the statements provided on the attached sheets.

Signature

Date

Agreement for Assistance

I understand that I will be required to present current proof of residence at every visit (current piece of mail) and that I may be required to present expense records (rent, utility bills, medical bills, etc.) benefit records (income, TANF, Food Stamps, etc.) and/or proof of income or work history to receive assistance from Churches in Mission.

Signature

Printed Name

Date

Release for Morgan County Charity Tracker Information Network

Charity Tracker is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments. Churches in Mission administers Charity Tracker on behalf of participating agencies of the Charity Tracker Assistance Network.

Signature

Printed Name

Date