



Puertas Abiertas



YMCA
De Denver Metropolitano

Por favor conteste las siguientes preguntas:

Es miembro actual del YMCA? Si No

Ha solicitado ayuda financiera de cualquier otro YMCA en Denver anteriormente? Si No

Si la respuesta es sí, ¿en qué programa(s)? _____ ¿Por cuantos años? _____

Por favor llene las área de abajo para las cuales está solicitando ayuda. Si esta solicitando para más de un área, por favor enumere por prioridad (1-5) en el recuadro gris.

Membresía	
Por favor escoja uno:	
<input type="checkbox"/> Joven (10-18)	<input type="checkbox"/> Adulto Joven (19-24)
<input type="checkbox"/> Adulto (25+)	<input type="checkbox"/> Tercera Edad (60+)
<input type="checkbox"/> Doble	<input type="checkbox"/> Familia
<input type="checkbox"/> Familia un Padre	<input type="checkbox"/> Familia Tercera Edad
<p><i>*Los solicitantes para membresía necesitan volver a solicitar cada seis meses. El uso del edificio será vigilado cada trimestre. Aquellos que ingresen menos de 4 veces al mes perderán la beca y los dólares serán trasladados a otro beneficiario.</i></p>	

Programa
Por favor escoja uno:
<input type="checkbox"/> Deportes p/Adulto
<input type="checkbox"/> Programas p/Jóvenes
<input type="checkbox"/> Deportes p/Jóvenes
<input type="checkbox"/> Lecciones d/Natación: <input type="checkbox"/> Adulto <input type="checkbox"/> Niño
<input type="checkbox"/> Otro _____
<p><i>* Los solicitantes de programas necesitan volver a solicitar al inicio de cada programa.</i></p>

Cuidado de Niños

Educación para Niñez Temprana
Por Favor escoja:
<input type="checkbox"/> Infante (6 sem.-1 año, caminando)
<input type="checkbox"/> Niño Pequeño (1-3 años)
<input type="checkbox"/> Preescolar (3-5 años, vayan al baño solos)
<input type="checkbox"/> Otro (por favor especifique)

Fecha de Inicio Preferida: _____
<p><i>Estos programas están disponibles en las ubicaciones del YMCA en Schlessman solamente.</i></p>

Cuidado de Niños en Edad
Por Favor escoja:
<input type="checkbox"/> Antes de Escuela Solamente
<input type="checkbox"/> Después de Clases Solamente
<input type="checkbox"/> Antes y Después de Clases
<input type="checkbox"/> Vacaciones de Escuela
Fecha de Inicio Preferida: _____
Número de Niños: _____
Ubicación Preferida: _____

Dia de Campamento
Número de Semanas Solicitadas: _____
Fecha de Inicio Preferida: _____
Número de Niños: _____
Ubicación Preferida: _____

He contactado a los servicios sociales. Califico No califico Si califica, Número de caso: _____

Nombre de Asistente Social: _____ Teléfono: _____

1. La ayuda financiera para cuidados de niños es otorgada sólo si el(los)adulto(s) en el hogar trabajan durante las horas en que el cuidado es necesario o si el(los) padre(s) de familia es estudiante(se requiere prueba de inscripción)
2. Si un padre de familia está desempleado y está buscando trabajo, deshabilitado, o AFDC, se podrá otorgar un máximo de 4 semanas de ayuda financiera.
3. Los padres de familia temporales deben de someter prueba de ingresos junto con la ayuda dada por ser padres de familia temporales.
4. Los solicitantes para cuidado de niños necesitan volver a solicitar antes del inicio de cada sesión. Los solicitantes para campamento de verano necesitan volver a solicitar antes del inicio del programa.

Para Ser Llenado por el Personal del YMCA

Date Received: _____ Date Processed: _____

Staff: _____ Staff: _____ Amt. Awarded: \$ _____



Confidential Assistance Application

The YMCA of Metropolitan Denver is a non profit, health and human services organization committed to helping people reach their full potential in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities, and incomes. The YMCA 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. The YMCA believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement; therefore, you will be asked to pay some portion of the fees.

The funds available for OPEN DOORS are made possible through the generosity of our members, volunteers and community donors in the Strong Kids annual fundraising campaign.

The YMCA of Metropolitan Denver requires that individuals provide the requested information on the attached form regarding income, family size and necessary expenses so that financial assistance can be provided in a fair and consistent manner. Of course, all information will be kept confidential. The YMCA also requires that you reapply when requested to keep information on the application updated. Assistance will be reviewed for eligibility minimally after a six-month period for program and membership, unless otherwise stated.

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

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

- Two most recent pay stubs or AFCD, Unemployment, Disability, Social Security stubs or bank statement.
- Copy of your most recent tax return
- All adults in your household must be accounted for and their income must be reported. Applicants who do not file income tax are required to verify some form of income.

A YMCA Director, based on a thorough review of the application, will determine financial assistance eligibility. Please allow 2-3 weeks to process your application. Personal interviews may be requested. You will be notified by telephone and/or mail if your application has been approved or if you need to submit additional information. Scholarships will be awarded on a first come, first served basis, subject to available resources.

All YMCA members and program participants receive the same 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.

Confidential Assistance Application

Please print or type and complete both sides of this application.

Branch: Adams County Duncan (Arvada) Aurora Downtown East Denver
 Glendale Jeffco (Lakewood) Littleton Schlessman (University Hills) Southwest

Name: _____ Date of Birth: _____ Today's Date: _____

Address: _____ Phone (h): _____

City/State/Zip: _____ Phone (mobile): _____

Employer: _____ Phone (w): _____

Spouse/2nd Adult Name: _____ Date of Birth: _____

Phone (H): _____ Phone (mobile): _____

Employer: _____ Phone (W): _____

Ethnicity (optional): African American Anglo Asian/Pacific Islander Hispanic Other

Total number of persons dependent on income per tax return: _____

List all additional family members/dependents seeking financial assistance:

	ADULT/CHILD(REN)'S NAME	AGE	DATE OF BIRTH	MEMBERSHIP/PROGRAM REQUEST
1.	Jane Doe	39	1/1/51	Adult Sports
2.				
3.				
4.				
5.				
6.				

Number of Adults in Home: _____ Number of Children in Home: _____

Gross Monthly Family Income

	ADULT 1	ADULT 2	OTHER
Employment			
Child Support/Alimony			
Social Security/Disability			
Food Stamps			
All Other Income			
TOTAL			

Please list any extenuating circumstances or expenses that you want the YMCA to consider before processing this application:

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 change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

X _____ Date
 Parent/Guardian/Adult Signature