

The YMCA in Greenfield Preschool Sliding Fee Scale Policy

Assistance will be granted based on household size and total household gross income. Special household expenses (ie, high medical costs, alimony, etc.) could also be a factor. Our Sliding Scale chart will be used to determine initial eligibility for one year. If you are income eligible the YMCA in Greenfield can offer **25% off** Preschool fees. In some instances, an interview will be required prior to the approval of this application.

The YMCA reserves the right to refuse assistance to any applicant.

Please allow **7-10 working days** for this application to be processed and approved (or denied) by the YMCA. **You will be contacted in writing** by the YMCA in Greenfield as to the percentage of assistance you have been awarded.

Sliding Fee Scale Application Process

Complete both sides of the application. All information **will be kept confidential**, only the Sliding Fee Scale Manager will see your info. **Please bring it to the Y in a sealed envelope**. Incomplete applications will be returned asking for complete information. Submit documentation of **all household income** for the past 30 days (i.e. Pay stubs [for all parental adults in the household], Unemployment or Welfare documentation, copy of any rental income, SSI, SSD, retirement, pension, child support, foster care income etc. Copy of last years tax return (**1040**) is also required.

Return the above to:

Lisa Jackson / Preschool
The YMCA in Greenfield
451 Main Street
Greenfield, MA 01301
773-3646 ext 431

After your application has been reviewed by the Preschool Director, you will receive a letter informing you what assistance you have received or an interview for additional information.

APPLICATION CHECKLIST

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Have you:

- Provided documentation of all household income*. (Anyone over 18 who does not contribute financially to the household income must fill out Form A or anyone who is currently unemployed and not contributing any income must fill out Form B.
* Most current pay stubs for the last 30 days. Letter from SSI / SSDI /etc.
- Form A or Form B if applicable
- Provided, if required to file, the first 2 pages of the 1040 Federal Tax Form (Schedule C, Profit & Loss if self employed)
- Selected what type of schooling you're applying for (i.e. School year M-F; School year T/Th; School year MWF; Summer and sessions.
- Filled out your application completely.
- Signed your application.

Sliding Fee Scale Application For Preschool

Participants are expected to pay their fair share of operating costs, subject to available resources, by completing and returning this form with the appropriate documentation. **Proof of income is required for all household members (over 18).** Please include all income from the past 30 days (i.e.; pay stubs, unemployment, or welfare documentation, SSI, SSD, retirement, pension, child support, foster care income etc.) PLUS **A copy of last years 1040 tax return. (not the W-2)**

Funds for the Sliding Fee Scale have been made available through the generous contributions of YMCA supporters to the YMCA's Strong Kids and Families Annual Campaign, the Kids-to-Camp Golf Tournament and the United Way of Franklin County. Assistance for some programs, classes and camps may be limited.

PLEASE FILL OUT COMPLETELY

Name of Applicant: _____ Parent Name: (If applicable) _____

Address: _____ Phone number: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Email: _____

Are you or any household member required to file a federal income tax return? Yes ____ No ____

How many adults live in the applicants' home? _____ How many children? _____

Adult/Children Names: (please list **everyone** in household) Date of Birth Employer/School

PROOF OF TOTAL HOUSEHOLD INCOME IS REQUIRED

Monthly gross household income: \$_____. Please indicate total amount of current household income from all sources including wages from all parents/adults, salary, tips, public assistance, child support, alimony, unemployment, interest, rental income, Foster Care income etc. Please attach copies of documentations.

Please list source(s) of income and indicate if this amount is weekly, bi-weekly or monthly.

Source: _____ \$ _____ per _____

Source: _____ \$ _____ per _____

Source: _____ \$ _____ per _____

Source: _____ \$ _____ per _____

Total \$ _____ per _____

OVER ►►►

Please list any special circumstances or family expenses that contribute toward your request for Sliding Fee Scale support. (E.g. medical bills, alimony, loans etc.)

Please circle the program and care days you need the Sliding Fee Scale for

1. Preschool – Days per week: M T W Th F

Times Needed: 8:30 am – 3:30 pm Early (6:30-8:30am) Late (3:30-5:30pm)

Type of Year: School Year Extended Year

2. Summer Preschool Mini Week
Session 1
Session 2
Session 3
Session 4

I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge and that there is no misrepresentation by omission. If it comes to light that the information supplied was inaccurate, I understand my assistance will be canceled for a 12 month period. I agree to notify the YMCA in writing of any change in information supplied herein which might affect my eligibility for support. I further understand that this application does not constitute acceptance by the YMCA and that I will be notified as to whether my application for assistance has been approved.

Signature

Date

I, _____, do not at this time provide any income to head of household

_____.

If the situation changes, I will submit income verification within 30 days.

I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge and that there is no misrepresentation by omission. I agree to notify the YMCA in writing if any change in information supplied herein which might affect my eligibility for the Sliding Fee Scale support.

_____ (your signature)

_____ (head of household signature)

Form A

I, _____, am currently unemployed, I do not, at this time, provide any income to the household. When I do become employed, I will submit income verification within 30 days.

I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge and that there is no misrepresentation by omission. I agree to notify the YMCA in writing if any change in information supplied herein which might affect my eligibility for the Sliding Fee Scale support.

(your signature)

Form B

For Office use Only

Date _____ Staff Initial _____ Trans. # _____ % Awarded _____