



## Financial Assistance Policy for Child Care

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### POLICY STATEMENT

It is the policy of the YMCA of Rock River Valley to provide services to all those who need them regardless of ability to pay established fees.

Those not able to pay the full fee may be awarded partial financial assistance. Financial assistance is based on your ability to pay and the YMCA's ability to fund the subsidy.

### ELIGIBILITY REQUIREMENTS

1. Applicants (head of household and other adults living in the home) must be employed or full-time students. If you are not attending school or working you will only be eligible for a maximum of two weeks.
2. Financial assistance will be granted on the basis of need as demonstrated by **household income** or extenuating circumstances. Household income includes anyone 18 years and older living in your home.
3. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be required to pay a portion of the program fees.
4. Child care financial assistance for the school year and summer care must be applied for on a year-to-year basis.
5. Financial assistance eligibility **will be revoked** if you do not use the child care for which your child is registered. There will be no guarantee of availability of financial assistance if changes need to be made.

### HOW TO APPLY

1. Applications must be filled out and mailed to the YMCA of Rock River Valley, 200 Y Boulevard, Rockford, IL 61107-3094; Attention: Mary Davis.
2. Verification must be attached to the application. Verification **MUST** include a copy of your two most recent payroll stubs and a copy of your latest income tax return.
3. If no tax return was filed, contact the IRS at 1-800-829-1040. Ask for the IRS 17-22 letter. This is required for all financial assistance applicants who do not have a tax return. There is no charge from the IRS for this service. You will receive it in approximately 15 days.
4. We will contact you within one week after we receive your application.
5. In order to reach you, please leave a daytime and an evening phone number.

### FUNDING

Financial assistance is made possible by charitable contributions. Financial assistance will be granted only to the extent that funds are available.

# YMCA of Rock River Valley Child Care

Rec: \_\_\_\_\_

(All information is strictly confidential)  
 Mail this form to: YMCA of Rock River Valley,  
 200 Y Boulevard, Rockford, IL 61107-3094  
 Attn: Mary Davis

## APPLICATION FOR FINANCIAL ASSISTANCE

Evening Phone # \_\_\_\_\_

Head of Household \_\_\_\_\_ Birthdate \_\_\_\_\_ Day Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ + \_\_\_\_\_

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

Other Adult(s) in Household \_\_\_\_\_ Birthdate(s) \_\_\_\_\_

Employer(s)/School \_\_\_\_\_

**If you receive any of the following, please give the monthly amount:**

	<u>Income Per Month</u>
Employment (Net - Take home pay)...	_____
Other Adult's Employment (Net - Take home pay)...	_____
Unemployment.....	_____
Public Aid.....	_____
Social Security.....	_____
Child Support.....	_____
Other Income.....	_____
<b>TOTAL</b>	_____

Food Stamps Yes \_\_\_\_\_ No \_\_\_\_\_

Medical Card Yes \_\_\_\_\_ No \_\_\_\_\_

School Free Lunch Yes \_\_\_\_\_ No \_\_\_\_\_

Total **GROSS** yearly  
**Household** income \$ \_\_\_\_\_

Total number in household \_\_\_\_\_

How often are you paid? \_\_\_\_\_ Weekly \_\_\_\_\_ Twice a Month

**List regular monthly expenses:**

	<u>Expenses Per Month</u>
Child Care.....	_____
Rent/House Payment.....	_____
<b>UTILITIES</b>	
Gas.....	_____
Electric.....	_____
Phone.....	_____
Car Payment.....	_____
Insurance.....	_____
Groceries.....	_____
Medical.....	_____
Loans.....	_____
Credit Cards.....	_____
Other _____	_____
Other _____	_____
<b>TOTAL</b>	_____

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