



2022 Application



COMMUNITY WELLNESS FOR ALL FINANCIAL ASSISTANCE APPLICATION

| Household Member Names List all names of those who live in household. | Relationship | Gender | Date of Birth |
|--|---------------|--------|---------------|
| | HEAD OF HOUSE | | |
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Age, gender, race and relationship will not affect the amount of financial assistance to be given.

YOU MUST COMPLETE INFORMATION BELOW & PROVIDE DOCUMENTATION

| Monthly Household Income | For YOU | For SPOUSE | For OTHER |
|---|---------|------------|-----------|
| Gross wages, Salaries & Tips | | | |
| Social Security & Pensions | | | |
| Public Assistance, Child Support and/or Alimony | | | |
| Self-Employment/Other | | | |
| Year Total Taxable Income* | | | |

**Your total taxable income for the year can be found on your most recent tax return form. It can be found on these common tax forms on the following lines: 1040---Line22, 1040ez-Line 6, 1040A- Line 15.*

Funding for the Community Wellness For All program is made possible through generous corporate and private donors. This assistance is available, within the limits of our resources, to members that provide complete documentation showing their inability to pay the full membership rate. Insurance and/or other benefits must be used prior to financial assistance through this program.

I certify (promise) that all information on this application is true and that all income is reported. I understand that my information may be verified, without prior notice, by the Community Wellness For All Committee. I am aware that if I purposely give false information my family will no longer receive benefits from this program.

Printed name _____ Signature _____

Address _____ State _____

Date: _____ E-mail address _____ Phone Number: _____

Community Wellness for All Program

Financial Assistance Request Brochure

What is the Community Wellness for All Program?

The Valley City Parks & Recreation is pleased to be able to provide an opportunity for low-income individuals to participate in programs, services, and membership through the Sheyenne Valley Community Foundation at a reduced cost. This program is funded by generous corporate and private donors. Funds are granted to the extent of resources available; prices and availability are subject to change.

There are two parts to the program with different applications and qualifications required to participate. Please review this form carefully.

Gaukler Family Wellness Center Pass

Financial assistance is given to qualifying individuals and families to the wellness center. Those interested in applying for **Gaukler Family Wellness Center Pass** need to complete the Financial Assistance Application and attach all copies of financial verification. Documentation should be returned to the VC Parks and Rec at the Gaukler Family Wellness Center.

Financial assistance is based on a review of the applicant's household income, extenuating circumstances, and are granted to the extent of funds available.

Requirements once financial eligibility is approved.

- Each family member on the membership, ages 9 and older, **MUST** meet the minimum admittance of 12 times EVERY 60 days. *This will be tracked closely.* If criteria are not met, the VCPR reserves the right to stop membership without notice. Scholarship will no longer be available to you for remainder of the year. If a cancellation is requested within the 60 days by member, this will result in the ability to restart later.
- Complete orientation provided by VC Parks and Rec if you have not been through the facility.

Who determines whether or not my request is granted?

VC Parks and Rec have staff trained to review and process applications in a timely manner. All documentation including financial verification needed must be included to process the application. If you have special circumstances the Community Wellness For All Committee will review your application and make a determination within 2 weeks. The Community Wellness For All Committee is comprised of 3 individuals from VC Parks and Rec and SVCF, anonymity will be maintained during this review. You will be contacted when determination has been made.

VC Parks & Rec Programs ... Outdoor Swimming Pool Pass ... LEAP Program

provides vouchers to qualifying individuals to participate in select summer youth programs (maximum of 2 per summer) at a reduced cost. Those interested in applying for **VC Parks & Rec Programs and/or Swimming Pool Pass** shall obtain a letter from their school indicating their eligibility for Free or Reduced meals. Return letter to VC Parks and Rec office located at the Gaukler Family Wellness Center.

No documentation is required for those with disabilities signing up for adaptive programs. The adaptive programs will be offered at a 50% reduction.

Funding for the LEAP Program offered during the school year is also available. A free/reduced letter must be obtained and returned to the VC Parks & Rec office. A reduced rate will be available depending on the status of the letter.

Income Verification Checklist for Gaukler Family Wellness Center (reduced pass)

This program is confidential. Please read carefully to ensure you attach ALL documents for each member of the household to this form.

Please turn in this sheet along with the following items:

1. Completed Application Form
2. Health/Fitness Pre-Participation Survey
3. Documentation for you and anyone in the household:

All members of the household over 18 that are employed **MUST** include:

- At least 4 full weeks (one month) of current pay stubs – or
 - If you do not receive a pay stub, salary verification, or a letter from your employer must be submitted
- And a copy of your most recent Income Tax Return showing your total income
- If you are self-employed, you must submit your latest business and personal Income Tax Return

If you are unemployed provide the following:

- You must submit your State Unemployment documentation
- A copy of your most recent Income Tax Return
- If you are a receiving Workers' Compensation, please provide documentation

Provide a verification letter of any public assistance received by *any* member in the household, such as:

- Section 8 Housing or other subsidized housing assistance
- Itemized worksheet showing monthly assistance income
- Disclosure of assistance of utility bills
- Copy of Veteran's Benefit Statement
- Verification of Alimony, showing the amount received
- Child Care Assistance
- Verification of Child Support you receive
- Social Services Statement/Foster Child payment slip
- If you are receiving SSI, SSDI, TANF, SNAP, WIC, Refugee Cash Assistance, General Assistance, Medicaid, or Medicare, please submit a copy of the award letter showing the amount received monthly

If you have any extenuating circumstances that prevent you from affording membership, please attach to this document. This may include a statement from your doctor.

Please list your insurance provider: _____

Does your insurance provide a wellness benefit? Yes-No-Unsure _____

Membership Type: Youth, Individual, Family, or Senior _____

Once financial eligibility is approved: 1. Complete orientation by VC Parks and Rec 2. Be aware that all individuals on membership ages 9 and older MUST use the facility a minimum of 12 times per 60 days.

Applicant Name _____ **Phone** _____



Scholarship Attendance Contract

Date _____

I, _____, understand that each family member listed on my membership is responsible to attend the Gaukler Family Wellness Center twelve (12) times per family member ages 9 through adult every 60 days. I am not limited to 12 times but can attend as many times per day/week/or month, per 60 days per family member ages 9 through adult.

Attendance is recorded by the scanning of each members membership card. If any member of my family, age 9 and above, listed on our membership does not comply with the 12 times per 60 days our membership will be discontinued immediately **without notice**. The scholarship program will no longer be valid for me or any member of my family until the new year when I can reapply for the scholarship program. A membership will be available to myself and/or my family at full price if we would like to continue our membership.

If a 30 day notice to stop our membership is given, the current membership will be valid to use again at a later date of the current year. I must complete a cancellation form to stop current membership. No phone calls, emails or any other contacts will be recognized as a cancellation.

There will be no first or second chances given.

I hereby understand the attendance policy of the scholarship program and give the Valley City Parks and Recreation permission to act on this policy if criteria is not met.

Adult Members Signature _____

Others on the Membership _____

