

*Everyone belongs at the YMCA,  
regardless of income.*

If you've been thinking that you can't afford to be part of the YMCA, think again. At our YMCA, we welcome everyone's involvement by providing financial assistance through our confidential ACCESS Program. It's an important part of our mission:

*The mission of the Danvers Community YMCA is to provide innovative programs that positively influence the quality of life for our members, our families and our communities. We believe that everyone should be able to participate regardless of their ability to pay.*

#### **How do I apply?**

If you reside in the communities of Danvers, Boxford, Middleton or Topsfield; complete the application in this brochure and attach the required documentation. Return it to the main facility on 34 Pickering Street in Danvers, attention: Membership Director.

#### **How is the amount of financial assistance determined?**

The membership director will review your financial information and submit the review to the Executive Director for final approval. The amount of the award is based on a family size, annual income, and in certain instances, extenuating circumstances. In most cases, awards will not exceed \$500 per year per family. It takes up to two weeks to process a complete application.

#### **How is confidential information handled?**

Only those who approve your application have access to the information on your form.

#### **Where do the funds for ACCESS come from?**

ACCESS is funded by contributions to our Annual Fund campaign, our Holiday Giving Tree program, and local foundations.

## **Danvers Community YMCA**

The mission of the Danvers Community YMCA is to provide innovative programs that positively influence the quality of life for our members, our families and our communities. The communities in our service area include: Danvers, Boxford, Middleton & Topsfield. However, we have members from all the towns and cities of the North Shore as well as several in Southern New Hampshire.

#### **MAIN FACILITY:**

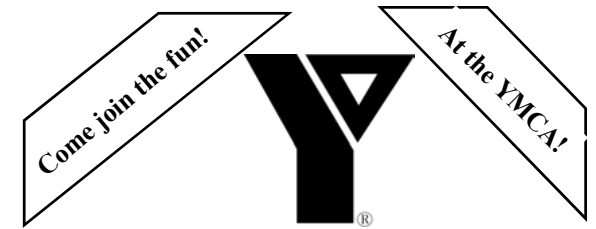
Danvers Community YMCA  
34 Pickering Street  
Danvers, MA 01923  
978-774-2055  
[www.danversymca.org](http://www.danversymca.org)

#### **SUMMER DAY CAMP FACILITY:**

YMCA Stiles Pond Day Camp  
Stiles Pond Road off Main St  
W. Boxford, MA 01921  
978-352-2366

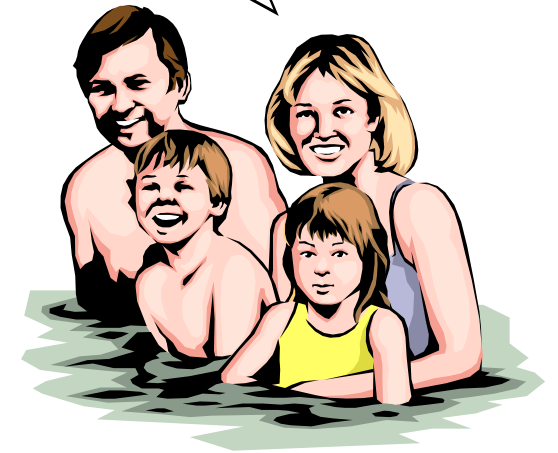


YMCA  
We build strong kids,  
strong families, strong communities.



## **Danvers Community YMCA Financial Assistance Program and Application Form**

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# DANVERS COMMUNITY YMCA ACCESS PROGRAM: Financial Assistance Application

## Personal Information

Please print all information clearly and answer all questions. Be certain to attach required documents. Unreadable handwriting and missing documentation will delay our decision. Thank you.

Head of Household \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

Days/ Hours worked \_\_\_\_\_ Work Phone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

**Please list all people living in your household, whether related or not: (attach separate sheet if more space is needed)**

Name	School/Employer	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

I am applying for financial assistance for:  Membership or  Programs: (If for Camp or Child Care, use box to right)

**Membership Type:** (select one)

(Main Level Family Style Locker Rooms)

\_\_\_ Preschool (6m-5yrs)

\_\_\_ Youth (ages 6-13)

\_\_\_ Teen (ages 14-17)

\_\_\_ Young Adult (18-21)

\_\_\_ Single Adult (22-64)

\_\_\_ Husband & Wife (22-64)

\_\_\_ Single Senior (over 65)

\_\_\_ Senior Husband & Wife

\_\_\_ 1 Parent Family

\_\_\_ 2 Parent Family

(2nd level Adult Only Locker Rooms)

\_\_\_ Family Fitness—2 Adults

\_\_\_ Family Fitness—1 Adult

\_\_\_ Senior Husband & Wife Fitness

\_\_\_ Senior Fitness—1 Adult over 65

\_\_\_ Husband & Wife Fitness (22-64 yrs)

\_\_\_ Single Adult Fitness (22-64 yrs)

\_\_\_ Young Adult Fitness (18-21 yrs)

Name of Program: \_\_\_\_\_

Program for: \_\_\_\_\_

(name(s) of person(s))

**Financial Information:** Please itemize your **monthly, pre-tax income** and **selected expenses**:

Gross wages, salary & tips: \$ _____	Rent/Mortgage\$ _____
Unemployment Compensation \$ _____	Gas \$ _____
Social Security \$ _____	Electric \$ _____
Child Support \$ _____	Car Payment\$ _____
AFDC/TANF \$ _____	Telephone \$ _____
Food Stamps \$ _____	Groceries \$ _____
Retirement (non-Social Security) \$ _____	Insurance \$ _____
Other: (Alimony,Interest, Dividend) \$ _____	Other: (explain)\$ _____

Total **MONTHLY** Income \$ \_\_\_\_\_ Total **MONTHLY** Expense \$ \_\_\_\_\_

## Child Care/Camp Addendum

If applying for child care or camp financial assistance this box must be completed. It is important for the YMCA to know if you are currently receiving or may be eligible for any other type of financial help for these costs. If you are eligible for support from the state, through the Child Care Circuit, it will save you money. And it will allow the YMCA to use its resources to assist families and children who do not have other options to make YMCA Child Care or Camp affordable.

- Is your child currently attending child care (YMCA or other) on a Child Care Circuit Voucher? \_\_\_ Yes \_\_\_ No  
If yes, Voucher expiration Date: \_\_\_\_\_  
Name of Child Care \_\_\_\_\_

\*\*If you answered yes to the above, YMCA ACCESS may not be the best option for you, as the Child Care Circuit can transfer your voucher to our child care and/or summer camp. Please speak with your Child Care Circuit Counselor about this transfer before filling out this application.

- Are you currently receiving government assistance in the form of welfare/transitional assistance? \_\_\_ Yes \_\_\_ NO

If no, have you received such assistance in the past 12 months? \_\_\_ Yes \_\_\_ No

\*\* If you answered yes to either part of #2, you are likely to be eligible for financial aid from the state in the form of a voucher for child care and/or camp. You must apply for a voucher as your first means of financial assistance. The cost for child care/camp will likely be much lower than YMCA ACCESS.

### HOW TO OBTAIN A CHILD CARE CIRCUIT VOUCHER

Call the Child Care Circuit at 978-921-1631 for information. Even if vouchers are unavailable right now, you must be put on the waiting list. You may receive financial assistance from the YMCA ACCESS Program in the interim, but eventually you will come to the top of the waiting list.

**If you answered yes to # 1 or 2 above, you must provide proof of your visit/call to the Child Care Circuit before this application will be considered for ACCESS funds. Please have your Child Care Circuit Counselor complete below:**

\_\_\_ The applicant is **eligible** for a state funded-voucher effective \_\_\_\_\_.

\_\_\_ The applicant is **ineligible** for a state funded because: \_\_\_\_\_

Name of Child Care Circuit Worker: \_\_\_\_\_  
Print Clearly

Signature of Child Care Circuit Worker \_\_\_\_\_ Date \_\_\_\_\_

### I M P O R T A N T

To complete this application you must attach a copy of your last or this year's **federal income tax form**, and copies of **pay stubs** for the most recent month's earnings. If you are receiving AFCD/ TANF, unemployment, food stamps, and/ or Social Security, you must attach a copy of **grant notification form(s)**. For child support or alimony, a court ordered **award statement** must be attached.

I attest that all of the information provided is true:

Signature \_\_\_\_\_ Date \_\_\_\_\_