



## YMCA Open Doors

The Middlesex YMCA is a non-profit health and human services organization which offers high quality programs, services, and facilities that are made accessible to individuals and families of all income levels through our Open Doors membership. Through use of a sliding fee scale, anyone who wants to participate in our YMCA programs can do so.

Please thoroughly complete the application and attach the required income documentation specified. Once approved, your subsidy level will remain the same for one year after which time a new application with updated documentation must be provided.

If any adult in the household is currently unemployed, initial approval for financial assistance will be for a period of three months, after which time updated documentation of their employment status must be provided. Your level of assistance will then be re-evaluated using the updated information.

Applications will be reviewed within 3 business days of its submission. Following that timeframe, please call the YMCA at (860) 343-6201 to check its status. If you have any questions regarding documentation requirements, you may call:

Membership:	Dave Jacob	(860) 343-6212
	Lin Anderson	(860) 343-6216
Kids Korner:	Lisa Graves	(860) 343-6218
Camp Ingersoll:	Helen Peaslee	(860) 343-6230

***Please see the reverse side of this page for documentation requirements.***

In order to ensure that the program is administered in a consistent manner and that funds are fairly distributed, the following documentation **must** accompany the Open Doors application.

If you do not have a copy of your most recent tax return, call the IRS at 1-800-829-1040 to request a copy. If you did not file taxes last year or if you do not have the alternative documents noted above, you must submit a detailed letter that explains the reasons why, and explains your current life situation that makes financial assistance necessary.

**\*\*\*FINANCIAL INFORMATION IS REQUIRED FOR ALL ADULTS IN THE HOUSEHOLD\*\*\***

***\*\*\*Please note that your W-2 form is NOT an acceptable form of documentation\*\*\****

For all those currently working and NOT on Social Security, please submit:

- Copy of your last two pay stubs or proof of income for one month if self-employed
- Copy of last year's tax return – **1040A form** (if you were required to file)
- Copy of budget sheet for any State Benefits including Welfare & Food Stamps (if applicable)
- Copy of child support/alimony statement (if applicable)

For all those unemployed, please submit:

- Copy of last unemployment check **OR** recent bank statement w/proof of unemployment income
- Copy of last year's tax return – **1040A form** (if you were required to file)
- Copy of budget sheet for any State Benefits including Welfare & Food Stamps (if applicable)
- Copy of child support/alimony statement (if applicable)
- Copy of pension benefit statement (if applicable)
- Letter explaining financial circumstances if not receiving unemployment benefits (if applicable)

For all those receiving State Benefits/Social Security/Disability, please submit:

- Copy of budget sheet for any State Benefits including Welfare & Food Stamps
- Copy of last social security check **OR** disability check **OR** bank statement (if applicable)
- Copy of last year's tax return – **1040A form** (if you were required to file)
- Copy of child support/alimony statement (if applicable)

For those in a residential group housing facility, please submit:

- Letter from housing authority explaining life situation
- Copy of all income, including social security, disability, and/or food stamps (if applicable)
- Copy of child support/alimony statement (if applicable)

# Open Doors Application

Northern Middlesex YMCA  
99 Union Street  
Middletown, CT 06457  
860-347-6907  
[www.midymca.org](http://www.midymca.org)

## Office Use only:

Application reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Average Annual Gross Estimate \$ \_\_\_\_\_

Membership and Program subsidy level \_\_\_\_\_

Camp and Childcare subsidy level \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_

- Please circle one:    Single    Married    Separated    Divorced    Widowed
- How many people in the household contribute to household income? \_\_\_\_\_
- How many children are in the household? \_\_\_\_\_
- Please list everyone that lives in your household. Include last names if different from applicant.

Spouse/Partner (if applicable) \_\_\_\_\_ Birthdate \_\_\_\_\_ M / F

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M / F

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M / F

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M / F

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M / F

- What are your areas of interest at the Northern Middlesex YMCA? Circle each that applies:  
Membership    Preschool Childcare    School Age Childcare    Youth Programs    Adult Activities    Camp

## Applicant's/Primary Employment Information

• Employer's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Years/Months Employed \_\_\_\_\_ How many hours per week \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Supervisors Name \_\_\_\_\_

## Secondary Employment Information

• Employer's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Years/Months Employed \_\_\_\_\_ How many hours per week \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Supervisors Name \_\_\_\_\_

- Please check and list all other monthly income that applies\*: (Use additional sheet if necessary)

Social Security	\$ _____	Child Support	\$ _____
City/State Welfare	\$ _____	Alimony	\$ _____
Food Stamps	\$ _____	Pension	\$ _____
Family Support	\$ _____	Other	\$ _____

\*For item(s) checked above, documentation must be provided.

- Currently receiving childcare subsidy through Care4kids or another state agency. Circle one: Yes No

• Please circle one: African American      Caucasian      Hispanic      Other

- All information will remain confidential.
- Applications will be processed only after all information is submitted and the application is filled out completely and signed by the applicant.
- Applicant must call 860-347-6907 two business days after submitting application for approval information.
- You must remain in good standing with all payments. Failure to do so can result in loss of assistance.

If you have questions please call one of the following:

Camp	Helen Peaslee	860-343-6230	June-Sept. 860-342-2267
Childcare	Lisa Graves	860-343-6218	
Membership/Programs	Dave Jacob	860-343-6212	

My signature below affirms the preceding information is true. I understand that the information will be used confidentially by authorized personnel for consideration in granting financial assistance. I understand that if any information is found to be false my membership and/or program participation will be terminated. I also understand that I must notify the Northern Middlesex YMCA of any changes in family or financial status immediately.

*Childcare families receiving financial assistance through the YMCA may be required to apply for assistance through the state funded Care4Kids program. Applications are available at the YMCA. Families that are not eligible for childcare subsidy through Care4Kids will remain eligible for funding through the YMCA as long as funds are available.*

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

**DON'T FORGET TO INCLUDE YOUR PROOF OF INCOME!**

Please submit the following:

- Two most recent pay stubs for each contributing adult
- Copy of IRS tax return (1040 etc. not W2)
- Bank statements indicating direct deposit of social security or disability income etc.
- Documentation verifying supplemental income