

# Open Doors Application

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

|  |
|--|
| <b>Office Use only:</b>                    |
| 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         | \$ _____ |

- 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 860-343-6201 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           | Rose O'Toole  | 860-343-6218 |                         |
| Membership/Programs | Alison Swann  | 860-343-6209 |                         |

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.
- Bank statements indicating direct deposit of social security or disability income etc.
- Documentation verifying supplemental income