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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

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EVERYONE
BELONGS**

**Open Doors Application
YMCA of Madison County**

**YMCA of Madison County
For Questions Please contact:**

**Anderson YMCA
Andrea Mabee—Membership Director
P: 765.644.7796 E-mail: amabee@ymcamadco.org**

**Elwood YMCA
Mark Springer—CEO
P. 765.552.9808 E-mail: mspringer@ymcamadco.org**

**Pendleton YMCA
Jody Wilson –Branch Program Coordinator
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For Office Use Only - Documents received:

Staff name (print): _____ Date: _____

They filed a Federal Tax Return for last year and must provide the following:

- 1040 Federal Tax forms for ALL in the household that filed.
I am providing _____ 1040 forms.

They receive assistance and must provide the following:

- Social Services/DHR Award Letter showing proof of Food Stamps, TCA or Temporary Disability.
- Proof of Child Support
- Proof of Social Security, SSI or VA Compensation.
- Unemployment Compensation Letter
- Proof of Foster Stipend

OR

They did not file Federal Taxes for last year OR their household income has changed since they filed for last year and must provide the following:

Documents showing most recent 30 days of income from ALL sources.

- Pay Stubs
- Letter from Employer
- Social Services/DHR Award Letter showing proof of Food Stamps, TCA or Temporary Disability.
- Proof of Child Support
- Proof of Social Security, SSI or VA Compensation.
- Unemployment Compensation Letter
- Proof of Foster Stipend

The YMCA of Madison County is a non-profit, Christian based organization committed to helping people reach their full potential in spirit, mind and body. You may turn in your Open Doors application at anyone of our 3 locations: Anderson Family YMCA, Elwood Family YMCA, Pendleton Family YMCA. We are here to serve people of all ages, backgrounds, abilities, and incomes. We are a community-based organization with a focus on Youth Development, Healthy Living, and Social Responsibility. We believe that our programs and services should be available to everyone. That is why we offer the Open Doors Program. The Open Doors Program is a sliding fee scale that is designed to fit each individual's financial situation. We believe that a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their membership and/or programming; therefore you will be asked to pay some portion of the fees.

The funds available for OPEN DOORS are made possible through the generosity of our members, volunteers and community donors in the Annual Fundraising Campaign. The YMCA of Madison County requires that individuals provide the requested information on the attached form regarding income, family size and necessary expenses so that the financial assistance can be provided in a fair and consistent manner. All information will be kept confidential. The Y also requires that you reapply annually in order to keep information on the application updated. Your fees are subject to increase when you reapply. If you do not reapply when requested, your enrollment may be terminated.

Please allow 5-7 days for us to process your application. You will be notified by telephone if your application has been approved or if you need to submit additional information. Financial assistance is awarded on a first come, first serve basis, subject to available resources. All Y members and program participants receive the same benefits, regardless of whether or not they are receiving assistance. Y members can feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families and strong communities. **If you have any questions please call Andrea Mabee at the Anderson YMCA at 765.644.7796.**

Confidential Financial Assistance Application

(Please complete this application entirely. Providing as much information as possible is appreciated. A complete application, with as many details as possible, will allow us to process your application quickly.)

I am applying to renew my current assistance; expires _____

I am applying for assistance for the first time

I am applying for assistance for:

Membership Only Programs Only, which programs _____ Both Membership & Programs

- Membership can include anyone in your household that wants to be a member. Your rate is determined by how many people in your household are members.
- Who will be the primary account holder? Individual Adult Senior Adult (62+)
- How many: ___ Additional Adults ___ Additional Seniors
___ Children 0-18 ___ College Students (full time) under 26
- Total number of people living in household: _____
- Total number benefiting from the program/membership (# of participants): _____
- Female Head of Household? _____

How much can you afford to pay a month towards membership? _____

How much can you afford to pay toward programs? _____

First Adult

Name: _____

Date: _____

Address: _____

City/State/Zip: _____

Phone (h): _____ Phone (c): _____ email _____

Date of Birth: _____ Employer: _____

Additional Adults

Name: _____ DOB: _____ Phone: _____

email _____ Employer: _____

Name: _____ DOB: _____ Phone: _____

email _____ Employer: _____

Name: _____ DOB: _____ Phone: _____

email _____ Employer: _____

Children to be included on membership

Name: _____ DOB: _____ Age: _____ College: Y/N

Name: _____ DOB: _____ Age: _____ College: Y/N

Name: _____ DOB: _____ Age: _____ College: Y/N

Name: _____ DOB: _____ Age: _____ College: Y/N

Demographic Information (Please indicate number of persons in each category participating in program/activity/membership):

Caucasian: _____ African American: _____ Hispanic: _____

Asia, Pacifica Islander: _____ Am. Indian/Alaskan Native: _____ Other: _____

Total Number of Dependents on Tax Return: _____

Number of Adults in the home: _____ Number of Children in the home: _____

To qualify for Open Doors, please provide the documents for one of the following scenarios:

I filed a Federal Tax Return for last year

- 1040 Federal Tax forms for ALL who have filed in the household.

I am providing _____ 1040 forms.

I receive assistance and must provide the following:

- Social Services/DHR Award Letter showing proof of Food Stamps, TCA and/or Temporary Disability.
- Proof of Child Support
- Proof of Social Security, SSI or VA Compensation.
- Unemployment Compensation Letter
- Proof of Foster Stipend

I did not file Federal Taxes for last year OR my household income has changed since I filed for last year

Documents showing income from All sources:

- Pay Stubs (last 30 days)
- Letter from Employer
- Social Services/DHR Award Letter showing proof of Food Stamps, TCA and/or Temporary Disability.
- Proof of Child Support
- Proof of Social Security, SSI or VA compensation.
- Unemployment Compensation Letter
- Proof of Foster Stipend

OR

Monthly Expenses:

Mortgage/Rent _____

Food _____

Medical _____

Loans _____

Other (please specify) _____

Other (please specify) _____

Utilities _____

Child Care _____

Credit Cards _____

TELL US MORE! Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper. **I want/need Open Doors Assistance because:**

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family. I understand that false or incomplete information could jeopardize my financial assistance.

Parent/Guardian/Adult Signature

Date