



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 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. We use a sliding fee scale so that anyone who wants to participate in our YMCA programs can do so.

Please thoroughly complete the application and attach the required income documentation specified on the reverse side of this page. Once approved, depending on your household financial situation, your subsidy level will remain the same for three months to one year, after which time a new application with updated documentation must be provided.

Applications will be reviewed within seven business days of 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:	Sue Dionne	(860) 343-6222
Kids Korner:	Amy Cardoza	(860) 343-6218
Camp Ingersoll:	Helen Peaslee	(860) 343-6230
YMCA Front Desk:	Staff	(860) 343-6201

Unprocessed applications will be kept on file for 90 days after they are reviewed, at which point they will be shredded for security purposes.

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

## **OPEN DOORS ASSISTANCE IS BASED ON TOTAL HOUSEHOLD INCOME – MUST INCLUDE ALL ADULTS LIVING IN THE HOME**

### **ALL APPLICATIONS MUST INCLUDE:**

- A copy of the first page of your most recent Federal Tax Return (if you were required to file)  
\*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, please submit a detailed letter that explains the reasons why and also explains your current life situation that makes financial assistance necessary.
- Copy of your last two pay stubs or proof of income for one month if self-employed

### **ADDITIONAL REQUIREMENTS:**

#### **BRING IN THE FOLLOWING DOCUMENTATION AS IT APPLIES TO ANY ADULT IN YOUR HOUSEHOLD:**

- Pension benefit statement, check, or bank account statement showing deposits
- Social Security benefit statement, check, or bank account statement showing deposits
- Disability benefit statement, check, or bank account statement showing deposits
- Food Stamps benefit statement
- Housing Subsidy Assistance (document showing amount of assistance provided by Section 8, HUD, and/or another party's help with rent/mortgage payments)
- State Budget Sheet
- Worker's Compensation benefit statement or check
- Unemployment benefit statement, check, or bank account statement showing deposits
- Letter written by oneself explaining financial circumstances if not working and not receiving unemployment benefits
- Letter signed by Housing Manager on letterhead stating residency (if living in a group housing facility)
- If self-employed, Schedule C and a 6 month statement from a personal/business checking account
- Child Support benefit statement or check (If not receiving Child Support, see below)

#### **Applications of single parent with children at home must include:**

Either child support/alimony statement OR proof that you are not receiving any support.

\*To obtain proof that you are not receiving support, please call Middletown's Support Enforcement at 860-704-3100. If your court case was not held in Middletown or you never took out a court case for support, please write a letter stating the financial agreement/circumstance with the other parent

**\* Additional supplemental information may be requested upon review of application \***

# Open Doors Application

Northern Middlesex YMCA

99 Union Street

Middletown, CT 06457

860-347-6907

[www.midymca.org](http://www.midymca.org)

Date submitted: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

## What are your areas of interest at the Northern Middlesex YMCA?

Which of the following areas are you interested in? Please number your choices, with **1** being the most important to your needs:

\_\_\_ Membership

\_\_\_ Camp Ingersoll

\_\_\_ Preschool Childcare

\_\_\_ Adult Activities

\_\_\_ Summer Enrichment Camp

\_\_\_ School Age Childcare

## 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 each other individual that lives in your household. Please include last names.

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

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

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

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

## 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	\$ _____
Disability	\$ _____	Unemployment	\$ _____
Family Support	\$ _____	Housing Subsidy/Assistance	\$ _____
		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 five to seven 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 (Oct – Mar) or 860-342-2267 (Apr – Sept)
School Age Childcare	Amy Cardoza	860-343-6218
Membership/Programs	Sue Dionne	860-343-6222

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

\_\_\_\_\_

Staff Signature

\_\_\_\_\_

Date

**DON'T FORGET TO INCLUDE THE REQUIRED DOCUMENTATION**  
(See page 2 for information required for this application)