



OPEN DOORS PROGRAM

The Rappahannock Area YMCA is a nonprofit, community-based health and human services organization committed to helping people achieve their full potential in Spirit, Mind and Body. The YMCA's doors are open to people of all ages, backgrounds, abilities and incomes.

The OPEN DOORS program follows a sliding fee scale, designed to fit each individual's financial situation. In order to foster a sense of ownership in the YMCA, you will be asked to pay a portion of the membership fee. The funds available for the OPEN DOORS program are made possible through the generosity of our staff, members and donors.

In order to provide financial assistance in a fair and consistent manner, the Rappahannock Area YMCA requires that individuals provide the requested information on the attached form regarding income, family size and expenses. All personal information will be kept confidential. After the initial application has been completed and membership is established, a member renewal evaluation will be required every 6 months. The membership and/or program fees are subject to change due to an increase/decrease in your personal family income or YMCA membership annual rate increases.

The YMCA membership office will determine your financial assistance eligibility after thoroughly reviewing your application. Applications will only be processed after all required documents have been submitted. Financial assistance is awarded on a first come, first serve basis and are subject to available funds and eligibility.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving financial assistance. YMCA members feel great knowing that they are involved in an organization that is committed to youth development, healthy living and social responsibility.

OPEN DOORS PROGRAM PROCESS

STEP 1: Gather documentation

When declaring your income, please include documentation to support all forms of income that you and your household* receive. All documentation for individuals in the household must be included in order to be evaluated. You may have an unusual situation that requires additional documentation. Please call the branch Member Services representatives if you have questions.

- Current income from all employers, self-employment, unemployment compensation, retirement income, survivor's benefits, inheritance
 - 2 most recent paycheck stubs or income statements to show gross income (before taxes are deducted) are required or
 - Schedule C and/or 1099 for contract and/or self-employment
- For families – a 1040 tax return to show all dependents in the household. For non-filing families,



- please submit birth certificates or social security cards for all dependents
- State assistance including SNAP or TANF
 - Letter showing assistance amounts and household size is required
- Social security or disability income
 - Award letter to show monthly amount is required
- Child support or alimony supplements, for both receivables and payables
 - Court order or income statement is required
- Student loan or grant assistance
 - Award letter or income statement is required
- Past 2 months of bank statements
- Dependent care letter of support from any outside source providing financial assistance/aid or supplemental income
- Child care receipts (within 60 days)
- Medical bills/invoices to pay within the year, outside of co-pays or insurance premiums for an ongoing condition or emergency medical circumstance
- Elderly care receipts
- Photo ID

*Household is primary head-of-household, spouse/partner their dependents as claimed on the 1040 tax return; for other adults living in the household, finances will have to be considered and there may be extra family plan fees added to the base cost of membership)

STEP 2: Schedule and appointment and/or submit application & documentation

Please contact a YMCA Member Services Representative at the appropriate branch:

Massad	Gia Hale	(540) 371-9622 or ghale@family-ymca.org
Ron Rosner	Member Services	(540) 735-9622 or SMembership@family-ymca.org
King George	Elizabeth McBride	(540) 775-9622 or emcbride@family-ymca.org
Caroline	Schericka Twyner	(804) 448-9622 or stwyner@family-ymca.org

Appointment Date: _____ Time: _____ With: _____

For School Age Childcare (SACC), please contact:

Spotsylvania County	Tiffany Keyser	(540) 735-9622 x 2012 or tkeyser@family-ymca.org
Stafford County	Haley Jenkins	(540) 371-9622 x 1055 or hjenkins@family-ymca.org

STEP 3: Evaluation & scholarship award

Upon review of your completed Open Doors Program application during an appointment, we strive to setup immediate membership and program scholarships. For those dropping off documentation, you will be contacted by a YMCA Member Services Representative to discuss the amount of scholarship awarded and the requirements of the Rappahannock Area YMCA's Open Doors Program within 3-5 business days.

FOR RE-EVALUATION

For those renewing, all documentation and the Open Doors renewal template will need to be submitted. You will be contacted by a YMCA Member Services Representative to discuss the amount of scholarship awarded within 3-5 business days.

Have you experienced any financial distress or extenuating circumstance to prevent loss of income in the last 90 days such as someone in the household being fired, laid off, gone on sick or maternity leave, gone on strike, quit a job or reduced work hours? Yes () No ()

If yes, please explain in detail the circumstances: _____

Does anyone expect any change in the type of money received, employment, or hours worked, either this month or next month? Yes () No () If yes please explain and give date.

Does anyone in the household have an emergency medical need or ongoing medical condition? Yes () No () If yes, please explain in detail below:

Do you file taxes? Yes () No () If no, does anyone else claim you or any of your children as a dependent on their taxes? Who and why? _____

Housing: () Own, Mortgage Amount: \$_____/mo. () Rent, Lease Amount: \$_____/mo.
() Live with family/friends and assist in payment of \$_____/mo.
() Friend/family member owns home, pay no rent () Section 8/Gov't Assisted

Does someone outside the household pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills, or any other bill? Yes () No () If yes, please explain in detail:

How much per month? _____ How is the money being used? _____

Is anyone listed above a tenant in your home? Please explain. _____

Please check any that apply to you or any household members. Please attach appropriate statement(s).

() Checking Account () Savings or Investment Account () Credit Union Account
() Christmas Club Account () CD's or Money Market Account () Stocks or Bonds
() Trust Funds () Pension Plans () Retirement, Mutual Funds, IRA's, Annuities

Total amount in all \$_____

Attach proof of all money or benefit received below in the form of a stub or statement. Use the last column to explain any variations in the amount or frequency of the listed money or benefit.

INCOME SOURCES			For who(m) in household	Amount	Frequency received (weekly, bi-weekly, bi-monthly, monthly)
Wages / Salary	Yes ()	No ()			
Contract Income	Yes ()	No ()			
Commissions, bonuses, or tips	Yes ()	No ()			
Self-employment	Yes ()	No ()			
Vacation or sick leave pay	Yes ()	No ()			
Social Security or SSI	Yes ()	No ()			
Retirement	Yes ()	No ()			
Child Support / Alimony	Yes ()	No ()			
SNAP / TANF	Yes ()	No ()			
Unemployment	Yes ()	No ()			
Worker's Compensation	Yes ()	No ()			
Military Allotment	Yes ()	No ()			
Rental Income	Yes ()	No ()			
Interest / Dividends	Yes ()	No ()			
Insurance Settlement	Yes ()	No ()			
Inheritance	Yes ()	No ()			
Loans	Yes ()	No ()			
Cash gifts or Contributions	Yes ()	No ()			
HUD or Section 8 Housing	Yes ()	No ()			
Training Allowances	Yes ()	No ()			
Educational Grants	Yes ()	No ()			

DEDUCTIONS			For who(m) in household	Amount	Monthly Expense
Medical/Dental (not including co-pays or insurance premiums)	Yes ()	No ()			
Medications	Yes ()	No ()			

I certify that all information submitted is correct, complete and accurate. I understand that additional information may be requested in order to qualify for the Rappahannock Area YMCA's Open Doors Program. I understand that my membership may be terminated if I have provided false information.

Applicant Signature: _____ Date: _____

Received by: _____ Date: _____

Interview Date: _____ Time: _____ YMCA Representative: _____

OPEN DOORS PROGRAM EVALUATION

TO BE COMPLETED BY YMCA MEMBER SERVICES REPRESENTATIVE ONLY

Applicant Name: _____ Date: _____

DOCUMENTATION INCLUDED:

- Photo ID
- 1040 Federal Tax Return or for Non-Filing: Birth certificates or social security cards
- Current employment income: 2 paycheck stubs Schedule C/1099 Other _____
- 2 months of bank statements
- SNAP/TANF
- Child Support/Alimony Statement
- Social Security/Disability Statement
- Unemployment Statement
- Workers Compensation Statement
- Applicant Letter of Support
- Any other income sources: _____
- Deductions to income: Medical/Dental Prescription Elderly Dependent Care

APPLICANT STATUS: ___ New Applicant ___ Renewal ___ Current Member

APPLYING FOR: ___ Membership: Membership Type _____

___ Program: Program Name & Dates _____

EVALUATION RESULTS: Gross Income \$ _____ Household Size: _____

SCHOLARSHIP AWARDED: ___ % paid by Open Doors ___ % paid by participant

Original Member Fee \$ _____ - Scholarship Amount \$ _____ = Adjusted Member payment \$ _____

Original Program Fee \$ _____ - Scholarship Amount \$ _____ = Adjusted Program payment \$ _____

PAYMENT OPTIONS: \$ _____ 1 Full Payment \$ _____ 2 Payments \$ _____ 3 Payments

\$ _____ Monthly Draft \$ _____ Monthly Invoice (payment agreement needed)

RENEWAL DATE: _____

STAFF SIGNATURE: _____ DATE: _____