



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

River Crossing YMCA Financial Assistance Policy/Application

River Crossing YMCA is a charitable, nonprofit organization committed to strengthening our communities through membership and programs that foster youth development, healthy living, and social responsibility for all. River Crossing YMCA's Board of Directors feels strongly that the YMCA is for everyone. No one will be turned away because of their inability to pay, subject to the availability of funds. Our mission is to serve the people of our local communities.

Aid is not a handout, but a helping hand. The YMCA is here for people of all walks of life - when things are OK and when there are problems. Most people can afford the quality programs of the Y and expect to pay fees out of a sense of personal responsibility. In times of need, YMCA financial assistance continues this responsibility in a partnership of assistance. Each participant will pay a part of the fees, based upon gross household income and the specific needs of the individual or family. Assistance will be granted based on financial need. The YMCA reserves the right to refuse assistance to any applicant. Financial assistance is a temporary agreement extending assistance in a time of need. As the need decreases, it is expected that your share of payment will increase accordingly.

Before financial assistance is granted for our Youth Education Centers, we would need to verify if you would qualify for funding through Early Learning Resource Center ([ELRC](#)) or New Jersey Cares for Kids ([NJCK Norwescap](#)). These agencies are subsidized childcare programs that helps low-income families pay their childcare fees. The state and federal governments fund this program, which is managed by ELRC and Norwescap. Please review their guidelines to determine your eligibility and submit an application to them. Provide the Y with a copy of your Eligibility Letter you will receive from ELRC and Norwescap after they process your application.

APPLICATION PROCESS:

- 1) Complete the Financial Assistance Application and submit it with supporting documents.
- 2) Allow at least three weeks for processing.
- 3) Receive a letter by mail notifying you of your qualifying status. Assistance will be granted for one year. If assistance is still required after this period of time, another financial assistance application will need to be completed.

SUBMIT APPLICATION AND SUPPORT DOCUMENTATION:

For Bucks and Hunterdon counties: Catherine Refice, Regional Financial Assistance Director

Email: crefice@ymcarivercrossing.org **Fax:** 215-348-3084 **Phone:** 215.348.8132 x1139

Address: River Crossing YMCA, 2500 Lower State Road, Doylestown, PA 18901

For Lehigh and Northampton counties: Megan Lutz, Financial Assistance Specialist

Email: mlutz@ymcarivercrossing.org

Address: River Crossing YMCA, 601 S. Oxford Valley Rd., Fairless Hills, PA 19030

More information and our FA Guidelines can be found at ymcarivercrossing.org/fa

As a youth serving organization, River Crossing YMCA conducts regular sex offender screenings against the national database using Raptor Technologies. Raptor Technologies, provides the capability to search the national database of known sex offenders. Our Y will scan the entire database monthly for registered sex offenders, and daily for new members, visitors, guests and as part of our financial assistance application process. All visitors or guests must provide a valid state or government issued photo ID to be scanned through our Raptor Software. Those verified as known sex offenders will receive notification and membership will be terminated immediately. By submitting this application, I acknowledge and accept this policy.

RIVER CROSSING YMCA FINANCIAL ASSISTANCE APPLICATION
ALL PERSONAL INFORMATION WILL BE HELD IN CONFIDENCE

APPLICANT INFORMATION:

Please print legibly. Complete this application in full. Blank areas will delay processing.

Person requesting assistance **(if minor, use Parent or Guardian's name):**

Name: _____ Age: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email (**REQUIRED – this is our primary source of contact for you**): _____

Daytime number in which to contact you or can leave message: _____

*List yourself and all members of your family who currently live with you.
Indicate if you are requesting assistance for them.*

_____	Age ____	Birth Date _____	Requesting assistance? Yes ____ No ____
_____	Age ____	Birth Date _____	Requesting assistance? Yes ____ No ____
_____	Age ____	Birth Date _____	Requesting assistance? Yes ____ No ____
_____	Age ____	Birth Date _____	Requesting assistance? Yes ____ No ____

Reason requesting financial assistance:

List all sources of MONTHLY income: *

Gross Wages/Salary _____
ATTACH THREE, MOST RECENT AND CONSECUTIVE PAYSTUBS **and**
ATTACH CURRENT FEDERAL INCOME TAX RETURN:
-Form 1040 with Letter Schedules if applicable (Not W-2)

Child Support/Alimony _____
ATTACH CURRENT CHILD SUPPORT/ALIMONY DOCUMENTATION

Disability/Social Security _____
ATTACH CURRENT SOCIAL SECURITY, OR DISABILITY STATEMENT

Unemployment Compensation _____
ATTACH UNEMPLOYMENT DETERMINATION DOCUMENT

Other _____
ATTACH SUPPORTING DOCUMENTATION

TOTAL GROSS Monthly Income \$ _____

List all major MONTHLY expenses:

Rent or Mortgage _____

Child Support/Alimony _____

Medical Bills _____
(NOT INCLUDING INSURANCE OR CO-PAYS)

Student Loans _____
ATTACH MONTHLY PAYMENT AND BALANCE

Other _____

TOTAL Monthly Expenses \$ _____

**** Support documentation is required before processing can start.***

I certify that the information on this application is true and complete to the best of my knowledge.
I understand that any fraudulent information will disqualify my application for consideration.

Applicant Signature

Date of Application