



# YMCA Y MATCH PROGRAM

## CHILD CARE APPLICATION



### **Our Mission**

The YMCA of Cass and Clay Counties is a not-for-profit community service organization dedicated to enhancing the spirit, mind and body of all persons through quality leadership, programs, services and facilities.

### **Our Service to the Community**

The Y Match Program is an income based rate scale that is designed so that all people will have access to the programs and services of the YMCA. The Y Match Program is a partnership between the United Way and the YMCA. The United Way grants money to the YMCA each year to assist individuals and families with membership, childcare, YMCA programs, and camp. Participants in the Y Match Program are required to contribute to the cost of their child care tuition; as a result, members develop a sense of caring, belonging, and ownership. Individual and Family financial awards are granted to the extent of resources available.

### **How to Apply**

Applications are available at either YMCA location or from your Site Director.

Complete the application thoroughly and accurately. You must provide verification of your income. All records are kept confidential.

Proof of income includes:

- Two payroll stubs
- Award letters for food stamps, child support, SSI or SSDI
- W-2 Check Stubs
- Unemployment Check Stub

Return completed application and income verification to your Site Director. Or mail or bring to:

YMCA of Cass and Clay Counties  
Attn: Child Care Scholarships  
400 1st Ave S  
Fargo, ND 58103

# YMCA Child Care Y Match Program

Application Type:  NEW       RENEWAL

**Applicant Name:** \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Student:  Full-time  Part-time  NA

**Spouse/2nd Adult:** \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Employer: \_\_\_\_\_ Student:  Full-time  Part-time  NA

List All Persons in Household:	Relationship:	Birthdate:	Sex:	School Attending:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have health insurance?    Yes, family \_\_\_\_\_    Yes, self \_\_\_\_\_    No \_\_\_\_\_

Income Verification: Please itemize your monthly income and provide income verification as requested.

<p><b>Monthly Income</b></p> <p>Gross Earnings (Salary, wages, tips, etc.)    \$ _____</p> <p>Spouse/Partner Earnings    \$ _____</p> <p>Family Assistance            \$ _____</p> <p><b>Government Assistance</b></p> <p>Food Stamps                    \$ _____</p> <p>Housing Subsidy                \$ _____</p> <p>Unemployment                 \$ _____</p> <p>Foreign Gov. Assistance       \$ _____</p> <p>Social Security                 \$ _____</p> <p>W-2                                \$ _____</p>	<p><b>State/Federal Aid</b></p> <p>Alimony/Child Support    \$ _____</p> <p>Foster Care Payments      \$ _____</p> <p>Child Care Assistance      \$ _____</p> <p><b>Other Income</b></p> <p>Investment Income (rental properties, etc.)    \$ _____</p> <p>Pension/Retirement       \$ _____</p> <p>Other                              \$ _____</p> <p><b>Total Monthly Gross Income                 \$ _____</b></p>
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Please Complete Other Side.

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For Office Use Only:    Approval Date: \_\_\_\_\_    Discount/Level: \_\_\_\_\_    Exp: \_\_\_\_\_  
 Comments: \_\_\_\_\_

## Enrollment

It is a requirement of the YMCA Childcare Department that your child be enrolled in one of our quality programs before applying for financial assistance.

Child's Name: \_\_\_\_\_ Site: \_\_\_\_\_

Enrollment Schedule: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Site: \_\_\_\_\_

Enrollment Schedule: \_\_\_\_\_

## Special Circumstances

Please list any special circumstances that contribute to your request for financial assistance. (i.e. medical condition, disability, unemployment, etc.)

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## Voluntary Data (Please check one):

Caucasian  African American  Hispanic/Latino  Asian/Pacific Islander  Native American  
 Refugee, From Where? \_\_\_\_\_

*This information is used to help us secure funding so we may continue to provide financial assistance for YMCA memberships, programs, childcare and camps. We appreciate your assistance by voluntarily providing this information.*

## Applicant Signature

In completing this application and signing it, I certify that all the information supplied to the YMCA is true, accurate and complete to the best of my knowledge.

I am also aware that it is my responsibility to notify the YMCA, in writing, of any change in information supplied in the application, such as: income, address or other matters which might affect my eligibility for financial assistance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If referred to the YMCA of Cass and Clay Counties by a social agency, please complete the following:

Name of Agency: \_\_\_\_\_

Agency Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason YMCA financial aid is recommended: \_\_\_\_\_

I hereby give my permission for this agency to release information as requested to complete this application for financial assistance at the YMCA of Cass and Clay Counties.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_