



WELCOME TO ALL

PERSONAL PRICING PLAN

*COMPLETE THIS FORM AND RETURN TO THE SHERIDAN COUNTY YMCA ALONG WITH REQUIRED DOCUMENTS FROM BOX 4

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BASIC INFORMATION

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Primary Phone #: (____) _____

Valid Email: _____

Date of Birth: _____

Gender: M F N Are you a veteran? Yes No

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HOUSEHOLD INFORMATION

Number of adults living in household: _____

Number of dependents living in household: _____
(Dependent children are age 24 or younger)

I can afford \$ _____ per month

CURRENT PERSONAL PRICING PLAN STATUS:

- First time applying
- Renewing/Currently receiving assistance

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I AM APPLYING FOR

- Adult (25-59)
- Single Parent
1 adult + dependents under the age of 25 living in household
- Young Adult (19-24)
- Senior Couple (60+)
- Senior (60+)
- Youth (12-18)
- Family
2 adults + dependents under the age of 25

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THE FOLLOWING DOCUMENTS ARE REQUIRED WHEN REQUESTING A PERSONAL PRICING PLAN

- (A) WORKING CURRENTLY OR SELF EMPLOYED**
- Most Recent Tax Return*
 - 30 Day Proof of Income for Entire Household
 - 30 Day Gross Income
- OR**
- (B)** If you are uncertain or unable to provide these documents, please inform us so we can arrange an appointment or call to best assist you.
- PHONE CALL APPOINTMENT

- (C) OTHER ASSISTANCE RECEIVED**
- If applicable, documentation of SSI, SSD, Food Stamps/Notice of Action, AFDC, unemployment, child support, etc.
- | | |
|--------------------------|----------|
| Monthly SSI/SSD | \$ _____ |
| Monthly Unemployment | \$ _____ |
| Monthly Food Stamps | \$ _____ |
| Monthly Child Support | \$ _____ |
| Other Monthly Assistance | \$ _____ |
| Total Monthly Assistance | \$ _____ |

TELL US MORE ABOUT YOUR STORY AND HOW THE YMCA CAN HELP YOU AND/OR YOUR FAMILY

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PLEASE FILL IN THE CIRCLE IF YOU WOULD LIKE YOUR INFORMATION REVIEWED FOR ADDITIONAL ASSISTANCE IN Y PROGRAMS

- GENERAL Y PROGRAMS (Sports, Swim, etc) SUMMER CAMPS YMCA AFTERSCHOOL CARE

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APPLICATIONS MUST BE RENEWED EVERY 12 MONTHS UNLESS OTHERWISE SPECIFIED

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income or assistance not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that assistance is based on need. In the event that I or my family must cancel our participation, I will contact the YMCA immediately. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

PRINT NAME

SIGNATURE

DATE



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PERSONAL PRICING PLAN

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Sheridan County YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access because of an inability to pay. Through our Personal Pricing Plan, the Y provides assistance to youth, adults, and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by our YMCA in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance. Y members can feel confident knowing they are a part of an organization that cares greatly for the well-being of all people. We're committed to youth development, healthy living, and social responsibility.

- Personal Pricing Plan reduces membership fees on a sliding scale; it does not eliminate them. All members pay something.
- Program fees are also reduced by a Personal Pricing Plan. Occasionally the program fee minimum exceeds the amount of the Personal Pricing Plan.
- The Sheridan County YMCA requires that individuals and families reapply every 12 months with updated documentation unless otherwise specified.
- If you do not reapply, your membership and PPP will expire. It is each participating member's responsibility to reapply.

IF YOU BECOME TWO MONTHS DELINQUENT OF MEMBERSHIP FEES, YOUR PPP MAY BE CANCELLED WITHOUT NOTICE

OFFICE USE ONLY

MEMBER NOTIFICATION:

- IN PERSON
- E-MAIL
- MAIL
- PHONE

STAFF INITIALS _____

ADDITIONAL NOTES:

FRONT DESK STAFF: _____ DATE RECEIVED: _____

PPP REVIEWER: _____ DATE REVIEWED: _____

VERIFICATION OF INCOME (INITIALS) _____

MONTHLY FEES:

BANK/CARD DRAFTS: \$ _____

AFS CARE: \$ _____

CHILDCARE: \$ _____

PPP discount %: _____

Date to reapply: _____

SHERIDAN COUNTY YMCA

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