

BERNALILLO COUNTY

FREE AND REDUCED FEES PROGRAM



Dear Applicant,

Our goal is to make your application process go as smoothly as possible, and we recognize your time is very valuable. If you are applying for Bernalillo County's Free and Reduced Fees Program and your family receives SNAP (Supplemental Nutritional Assistance Program) and/or TANF (Temporary Aid to Needy Families) benefits, please note what our office requires as proof of your case status in order for your application process to be successful:

The "Notice of Case Action Letter" you received in the mail from the Human Services Department contains *all* the information we need to continue processing your application. Please keep this for your records. If you no longer have this specific letter, perhaps your caseworker can reprint it for you.

If this is not possible, please note any other form of proof you provide of your receiving SNAP / TANF benefits (such as a print-out from an authorized online source), *must* contain the following information to be accepted by our office:

- The name and address of the applicant (usually the parent).
- The names of *all of the children and household members* who are receiving SNAP / TANF benefits (one or both programs). The name of the child or children you are applying for must be included as being covered under *one or both* of these programs, and the program title must be stated clearly.
- The date you and your household were certified to begin receiving SNAP or TANF (or both).
- The date you and your household must re-certify to receive SNAP / TANF.

The above dates must cover the time of your application and the duration of the program you are applying for. If these dates do not cover this time, your case status changes, or your certification runs out before the end of the program, you will need to bring in proof of *re-certification* as soon as it is available to you in order for your child/children to continue to participate in our program utilizing the Free or Reduced Fees Program. If this is not possible, you will be expected to pay the remainder of your child's fees in order for he or she to continue to participate in our program(s).

If the proof you provide contains ALL OF THE ABOVE information, it can be accepted by our office. If it does not contain all of the above, it will be rejected as incomplete.

We wish you the best, and we thank you for your attention to these details.

Sincerely,

A handwritten signature in black ink that reads "Debbie Almager".

Debbie Almager

Director

Bernalillo County Parks & Recreation



Bernalillo County Parks & Recreation Department

Free & Reduced Program Fee Application for Youth Programs

(Please Note: Qualification does not exclude the non-refundable \$15 registration fee for first child, and \$10 per subsequent children)

Date: _____

Center/Site Name: _____

Applicant's Name: _____

Participant's Name: _____

REQUIRED DOCUMENTATION

Please Note: Married couples who state they are separated must provide proof of separate residence.

Social Security Cards must be presented.

- Proof of legal guardianship (except for natural parents) is required.
- Birth Certificates are required for all program participants at the point of first registration (only).
- Proof of SNAP (Supplemental Nutrition Assistance Program): Qualification letter from state with participant's name, *the names of children covered*, and expiration date. [Preferable proof: "Notice of Case Action Letter"] **OR**
- Proof of TANF (Temporary Assistance for Needy Families) with participant's name, *the names of children covered*, and expiration date. [Preferable proof: "Notice of Case Action Letter"] **OR**
- Proof of Supplemental Security Income (SSI) and Social Security. *The Participant* (child) must be the individual receiving Supplemental Security Income (SSI) benefits for *automatic qualification*. *If one or both parents receive SSI, this does not automatically qualify their household for Free or Reduced fees. The income stated on the SSI award letter will be used (as with any other type of income, along with family size) for the calculation of free or reduced-fee status.* Social Security Income (not SSI) is likewise to be regarded as any other type of income for calculation purposes. *If Social Security is the ONLY source of income in the household, the applicant must state so and it must be noted on the (copied, not original) form, and the notation is to be signed and dated by the applicant. Notarization is unnecessary here.* (Original forms of proof are always made copies of and returned promptly to applicant). **OR**
- One (1) month (4 weeks') worth of consecutive check stubs/payroll proof for all household members, **OR**
- Un-Employment letter from WorkForce Solutions detailing benefits. Valid for one (1) 9-week period only for Community Center Programs only. In the case of Married household members, if one is unemployed, but is not registered with the unemployment office, they may provide a statement which details the date in which they ceased employment, whether or not they receive financial assistance, and the name, address, and contact number of their previous employer. *This letter must be notarized at applicant(s)' expense.*

REQUIREMENTS FOR APPLYING FOR FINANCIAL ASSISTANCE

- Parent/Legal Guardian's address and telephone numbers
- Center/Facility Name
- Parent/Legal Guardian name and last four (4) digits of Social Security Number or USCIS/Green Card ID number. (Staff will verify)
- Participant(s) name and last four (4) digits of Social Security Number(s) OR USCIS/Green Card ID number. (Staff will verify)
- Household member(s) Name and last four (4) digits of Social Security numbers or complete USCIS/Green Card ID number. (Staff will verify)
- Household gross monthly income (proof of income must be supplied)
- Parent/Guardian Signature
- Checked current program(s) being applied for

Staff: Highlight all participants' names.

For SNAP or TANF recipients, RE-CERTIFYING INFORMATION IS REQUIRED promptly IF benefit end-date does not cover period applied for; if this remains unsupplied by applicant, payment for remaining period will be due.

FOR OFFICE ONLY:

- Circled or highlighted participants' name(s) Calculations of pre-approval shown on prices grid
- Pre-approval determination checked (Free/Reduced/Does Not Qualify)
- Completed Cost of Program, Cost to Participant, Cost to County Processor's printed name and signature Auditor's name and signature
- Center/Program Manager's review signature

recCenter Process:

- Participant entered into recCenter system and RECEIPTED (free fees must be receipted)



BERNALILLO COUNTY PARKS & RECREATION

APPLICATION FOR FREE OR REDUCED FEE(S)



Community Center _____

Programs applying for (ALL THAT APPLY): Before School _____ After School _____ Summer _____ Parky's Pals _____

APPLICANT, PLEASE COMPLETE IN FULL - THIS FRONT PAGE ONLY

Please Note: A non-refundable Registration Fee of \$15 for the first child and \$10 for each subsequent child is due at the time of enrollment.

PARENT/LEGAL GUARDIAN INFORMATION:

NAME OF FATHER: _____ HOME #: _____
 EMAIL ADDRESS: _____ CELL #: _____
 Physical Address: _____ City/State/Zip _____
 Last Four SS #: _____ Verified: _____ Please if applicable: I am not the natural parent, but can prove legal guardianship: _____

NAME OF MOTHER: _____ HOME #: _____
 EMAIL ADDRESS: _____ CELL #: _____
 Physical Address: _____ City/State/Zip _____
 Last Four SS #: _____ Verified: _____ Please if applicable: I am not the natural parent, but can prove legal guardianship: _____

HOUSEHOLD STATUS: (PLEASE) SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____

Please note: *If legally married, yet separated, please provide proof of separate residences (ex: court document, utility bill, etc.)*

PLEASE LIST ALL HOUSEHOLD MEMBERS HERE:

STAFF USE ONLY

NAME (First, MI, Last): _____	SS Verified _____
AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____	BC VERIFIED _____
NAME (First, MI, Last): _____	SS Verified _____
AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____	BC VERIFIED _____
NAME (First, MI, Last): _____	SS Verified _____
AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____	BC VERIFIED _____
NAME (First, MI, Last): _____	SS Verified _____
AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____	BC VERIFIED _____
NAME (First, MI, Last): _____	SS Verified _____
AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____	BC VERIFIED _____

All Current Household Income Sources (check all that apply): Employment _____ SNAP _____ TANF _____ SSI _____

Other: _____ (Specify) GROSS MONTHLY INCOME: \$ _____ HOUSEHOLD SIZE: _____

In signing this application below, I certify that all of the above information is true and correct to the best of my knowledge, and that all household income is being disclosed here. I understand that the information on this application will be used solely for the determination of the Free or Reduced Fee for Bernalillo County's Parks & Recreation Programs. (I also understand that proof of income must be supplied with this application.)

Parent/Legal Guardian Signature

Today's Date

TO BE COMPLETED BY STAFF ONLY:

Participant(s) First Names or Initials:	PROGRAM(S) BEING APPLIED FOR				
	PROGRAM NAME	DURATION	BASIC COST	# OF PARTICIPANTS	COST (Per Line)
	BEFORE SCHOOL	YEARLY	\$212.00		
		QUARTERLY	\$64.00		
	(VGCC only)	TRIMESTER	\$85.00		
	AFTER SCHOOL	YEARLY	\$312.00		
		QUARTERLY	\$98.00		
	(VGCC only)	TRIMESTER	\$131.00		
	PARKY'S PALS	32 WEEKS	\$230.00		
		4 WEEKS	\$36.00		
	SUMMER PRO-GRAM	7 WEEKS	\$212.00		
	YBL SPORTS	SUMMER	\$100.00		
		FALL/WINTER	\$100.00		

TOTAL COST OF PROGRAMS: \$ _____

TOTAL COST TO APPLICANT: \$ _____

Check One: Reduced (50% Off) ___
Free ___

TOTAL COST TO COUNTY: \$ _____

GRAND TOTAL: \$ _____

RecCenter RECEIPT NO(S)

PRE-APPROVED FOR: FREE: ___ REDUCED: ___ DOES NOT QUALIFY: ___

IF APPLICANT RECEIVES SNAP OR TANF, WRITE-IN END DATE FOR CERTIFICATION: _____

IF APPROVAL IS BASED ON EARNINGS, INCLUDE: FAMILY SIZE ___ MONTHLY INCOME: \$ _____

PROCESSOR'S NAME: _____ SIGNATURE: _____ DATE: _____

CENTER/SECTION MGR.'S SIGNATURE: _____ DATE: _____

F & R AUDITOR COMPLETES:

APPROVED FOR: FREE: ___ REDUCED: ___ DOES NOT QUALIFY: ___

Center: _____
Sheet: _____ Quarter: _____

EXPLANATION (IF DENIED): _____

_____ See Attached: _____

AUDITOR'S NAME: Ruth Smith SIGNATURE: _____ DATE: _____

DEPARTMENT DIRECTOR'S SIGNATURE: _____ DATE: _____