Bernalillo County Parks & Recreation Department

Free & Reduced Application for YBL Sports Program

(Please Note: Qualification does not exclude the non-refundable $15 Registration Fee per child, payable in all forms except cash.)

Date: _____

Program Name: YBL SPORTS

Applicant's Name: _____

Participant's (Child'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 YBL Program participants at the point of first registration only –not for returning participants.

☐ 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 also 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**

☐ Unemployment letter from Work Force 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

☐ Program name (YBL Sports)

☐ 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)

☐ All household member(s) names 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

Staff: Highlight all participants' names.

For SNAP or TANF recipients, RE-CERTIFIYING 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 ☒Parks & Recreation Director's signature

recCenter Process:

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