



Bernalillo County Parks & Recreation Department

Reduced Rate Registration Check-List

(Please Note: Qualification does not exclude the non-refundable \$15.00 registration fee per child or the non-refundable \$25 taken after the Early Bird registration deadline. Payment is due in full at the time of Registration. Debit/Credit/Check/Money Order

Date: _____ Program Name: Youth Basketball League

Applicant's Name: _____

Participant's Name: _____

REQUIRED DOCUMENTATION

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

- Parent/ Legal Guardian Information
- Social Security Cards
- Birth Certificates are required for all Program participants at the point of first registration only–not for returning participants.
- Proof of legal guardianship
- Dependents and Participants names and last four (4) digits of SS number or Green Card number. (Staff will verify)

Documentation for Approval of Application

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 Reduced Rate Registration. 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 reduced-fee status.*

OR

Proof of Income - Last 30 days of income, four (4) consecutive check stubs for all household members. Current Income will be used to calculate Annual Income and must not exceed Financial Assistance Guidelines.

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.*

OR

Previous year Tax Return: Tax return documents must reflect the name of the person who is applying for the reduced rate registration program. Participants name must be listed as a Dependent of individual filing the taxes.

Parent/Guardian Signature

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:

- Highlighted participant name(s)
- 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 PKreports and RecCenter system and RECEIPTED

Revised January 14, 2020

BERNALILLO COUNTY YOUTH BASKETBALL LEAGUE REDUCED RATE REGISTRATION



Dear Applicant,

Our goal is to make your application process go as smoothly as possible, and we recognize that your time is very valuable. If you are applying for Bernalillo County's Reduced Rate Registration and your family receives SNAP (Supplemental Nutritional Assistance Program) and / or TANF (Temporary Aid to Needy Families), 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" or "Case Decision Letter" that you received in the mail from the Human Services Department contains all the information we need to continue processing your application. If you no longer have this specific letter, your caseworker may reprint it for you. You can also go online to Yes New Mexico's website, create an account if you don't have one already, and search for documents that have been mailed to you. Any 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 or TANF benefits (one or more programs). The name of the child or children that 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.

Your status as a SNAP and/or TANF recipient must be valid at the point of registration in order to receive the Reduced Rate, which is: 50% of the Program Fee in addition to the non-refundable Registration Fee of \$15.00, for the Youth Basketball League. Payment in full is due at the time of registration.

If the proof you provided contains ALL OF THE ABOVE information, it can be accepted by our office. Your child will be registered to participate in our Youth Basketball League at the Reduced Rate as long as there are slots still available.

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

Sincerely,

A handwritten signature in cursive script that reads "Debbie Jo Almager".

Debbie Jo Almager, Department Director

Bernalillo County Parks & Recreation



BERNALILLO COUNTY PARKS & RECREATION YOUTH BASKETBALL LEAGUE

Application for REDUCED RATE REGISTRATION



APPLICANT, PLEASE COMPLETE IN FULL - THIS FRONT PAGE ONLY

Please Note: A non-refundable Registration Fee of \$15.00 (and if applicable, the non-refundable \$25 taken additionally after Early Bird Registration) per child is due at the time of enrollment. (payable in Debit/Credit/Money Order/or Check, but NOT IN CASH)

PARENT/LEGAL GUARDIAN INFORMATION

NAME OF PARENT: _____ 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 PARENT: _____ 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 DEPENDANTS UNDER THE AGE OF 18 YRS

NAME (First, MI, Last): _____
 AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR GREEN CARD ID: _____
 NAME (First, MI, Last): _____
 AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR GREEN CARD ID: _____
 NAME (First, MI, Last): _____
 AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR GREEN CARD ID: _____
 NAME (First, MI, Last): _____
 AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR GREEN CARD ID: _____
 NAME (First, MI, Last): _____
 AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR GREEN CARD ID: _____

STAFF USE ONLY

SS Verified _____
 BC. VERIFIED _____

SS Verified _____
 BC VERIFIED _____

Current Household Income Sources (CHECK ONE): 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 Reduced Fee for Bernalillo County's Parks & Recreation Programs. (I also understand that proof of income must be supplied with this application.) I understand by filling out this form does not mean I qualify for a reduced rate for any one program.

Parent/Legal Guardian Signature

Today's Date

TO BE COMPLETED BY STAFF ONLY:

		YOUTH BASKETBALL LEAGUE		
PARTICIPANT(S)' FIRST NAMES <small>(Please separate names w / commas)</small>	SEASON (Check One)		COST Per Individual	
	SUMMER	FALL/WINTER		Check Off
1			\$ 115.00	
2			\$ 115.00	
3			\$ 115.00	
4			\$ 115.00	
5			\$ 115.00	
6			\$ 115.00	

PRE-APPROVED FOR:	RecCenter Receipt #'s	GRAND TOTAL: \$ _____
REDUCED (50% OFF) <input type="checkbox"/>		TOTAL COST TO APPLICANT: \$ _____
		TOTAL COST TO COUNTY: \$ _____

Age Divisions: 5/6, 7/8, 9/10, 11/12, 13/14

BASIC PGM COST	X2	X3	X4	X5	X6	X7
\$115.00	\$230.00	\$345.00	\$460.00	\$575.00	\$690.00	\$805.00

Age Division: 15-17

BASIC PGM COST	X2	X3	X4	X5	X6	X7
\$125.00	\$250.00	\$375.00	\$500.00	\$625.00	\$750.00	\$875.00

QUALIFYING ONLY ON EARNINGS: FAMILY SIZE _____ MONTHLY INCOME: \$_____ (Check if appl.) SSI:___

ONLY ON (Highlight One): SNAP TANF RECERTIFICATION DATE: _____

PROCESSOR'S (Printed) NAME: _____ SIGNATURE: _____ DATE: _____

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

REDUCED AUDITOR:

APPROVED FOR REDUCED: _____ CENTER: _____ QUARTER: _____

AUDITOR'S NAME: Rosemarie Sanchez SIGNATURE: _____ DATE: _____

DEPARTMENT DIRECTOR'S SIGNATURE: _____ DATE: _____