Recreation Program Assistance Eligibility

Who qualifies? Any GDRD resident (0-17) who meets the age requirements of the specific program, who would not otherwise be able to pay for the program, or for whom payment would result in the family applying money which should be used for other pressing needs, or is referred to the program to provide benefits that would assist in reducing the child from being “at-risk”.

The family income must be under a certain amount patterned after the formula established by the State Department of Education for subsidized programs as currently reflected in the table below:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Income</td>
<td>$1575</td>
<td>$2111</td>
<td>$2648</td>
<td>$3184</td>
<td>$3721</td>
<td>$4257</td>
<td>$4794</td>
<td>$5330</td>
</tr>
</tbody>
</table>

The Application and Selection Process

The parent or legal guardian of a candidate must complete the Recreation Assistance Fund application and submit proof of income or verification that the family is receiving state or federal aid, or otherwise meets income eligibility. Applicants will be notified ASAP after submitting an application.

The Recreation Assistance Fund is provided by local organizations, businesses, and individuals. There may not be enough funds to provide for all families who meet eligibility requirements.

Commitment on the part of the family and individual or participant in the program once assistance is provided is very important. For this reason, all recipients, who receive 100% support, will be strongly urged to contribute a small amount back into the fund when they are able, or to provide volunteer services to the GDRD in a manner mutually agreed upon.

GDRD will provide eligibility verification for GDRD Community Partner activities, so that the Community Partner group can provide for reduced fees.

The GDRD General Manager will be responsible for administering the Recreation Assistance Fund. At all times, the dignity and privacy of applicants and their families will be respected throughout the process.
VERIFICATION:
Applications must be accompanied by copies of the following:
- Valid driver’s license or identification card
- A utility bill (i.e. electricity, water, refuse)
- First page of a current 1040 Federal income tax return form and supporting W-2’s or other tax form that verifies annual total household income
- Current pay stub

The GDRD, at its sole discretion may accept other forms of income verification. All applications and attachments are confidential and filed with the GDRD for the exclusive purpose of issuing the Youth Program Assistance.

PROGRAMS ELIGIBLE FOR ASSISTANCE:
Programs directly offered by the GDRD will be offered at a discount to children of resident families that complete the APPLICATION FOR REDUCED PROGRAM FEES FOR GDRD RESIDENTS and are eligible for the reduced fees. The GDRD reserves the right to limit eligibility. Commitment on the part of the family and individual or participate in the program once assistance is provided is very important. For this reason, all recipients, who receive 100% support, will be strongly urged to contribute a small amount back into the fund when they are able, or to provide volunteer services to the GDRD in a manner mutually agreed upon.

The dignity and privacy of applicants and their families will be respected throughout the process and at all times.

NONDISCRIMINATION:
Children that receive reduced program fees will be treated in the same manner as those children who pay full price for the same service. No child will be discriminated against because of race, sex, color, national origin, age, or disability. Family members will be asked to present proof of a GDRD issued youth program assistance when registering for or attending approved activities.

CONFIDENTIALITY:
The information provided on the APPLICATION FOR REDUCED PROGRAM FEES FOR GDRD RESIDENTS will not be given to anyone that is not part of the GDRD administrative staff. The information will be used only to decide if the child is eligible to receive reduced program fees.
GEORGETOWN DIVIDE RECREATION DISTRICT
Recreation Activities Fund Application
Youth 0–17 years old

Please complete application and return to:
Georgetown Divide Recreation District
4401 Highway 193
Greenwood, CA 95635

Parent Name: _________________________________    Home Phone:_____________________ Work Phone: __________________
(Print last name first)
Mailing Address: ___________________________________ City: ________________________ State: ________ Zip: _____________

CHILDREN(S) INFORMATION

<table>
<thead>
<tr>
<th>Last Name First</th>
<th>DOB</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<tr>
<td>5.</td>
<td></td>
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<tr>
<td>6.</td>
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</tbody>
</table>

HOUSEHOLD MEMBERS AND ANNUAL INCOME:

List all adult household members and indicate the amount of ANNUAL INCOME. (Including gross earnings from work, pensions, retirement, social security, welfare benefits, child support, alimony payments or other income.)

<table>
<thead>
<tr>
<th>Last Name First</th>
<th>Total Household Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

Which activity(s) will your children participate in?

- [ ] Youth Basketball
- [ ] Divide Little League
- [ ] Gold Country Girls Softball
- [ ] Gold Nugget Soccer
- [ ] Other ____________________________

ALL HOUSEHOLDS READ AND COMPLETE THIS SECTION

Application for reduced fees may be submitted at any time. Family members will be asked to present proof of GDRD issued Recreation Activities Fund assistance when registering for approved activities. Verification efforts may include checking the documentation produced by household members to prove the amount of income received. If incorrect information is reported, verification checks may result in a loss of benefits, claims for reimbursement or legal actions.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of reduced fees on GDRD programs and that officials may verify the information on the application. Deliberate misrepresentation of the information on this form may subject me to prosecution under applicable State and Federal Laws.

* _____________________________________________________________ Date_______________________

Signature of adult household member completing this form

Revised 2-2010