



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OPEN DOORS PROGRAM

The Rappahannock Area YMCA is a nonprofit, community-based health and human services organization committed to helping people achieve their full potential in Spirit, Mind and Body. The YMCA's doors are open to people of all ages, backgrounds, abilities and incomes.

The OPEN DOORS program follows a sliding fee scale, designed to fit each individual's financial situation. In order to foster a sense of ownership in the YMCA, you will be asked to pay a portion of the membership fee. The funds available for the OPEN DOORS program are made possible through the generosity of our staff, members and donors.

In order to provide financial assistance in a fair and consistent manner, the Rappahannock Area YMCA requires that individuals provide the requested information on the attached form regarding income, family size and expenses. All personal information will be kept confidential. After the initial application has been completed and membership is established, a member renewal evaluation will be required every 6 – 12 months. The membership and/or program fees are subject to change due to an increase/decrease in your personal family income or YMCA membership annual rate increases.

The YMCA membership office will determine your financial assistance eligibility after thoroughly reviewing your application. Applications will only be processed after all required documents have been submitted. Financial assistance is awarded on a first come, first serve basis and are subject to available funds and eligibility.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving financial assistance. YMCA members feel great knowing that they are involved in an organization that is committed to youth development, healthy living and social responsibility.





FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OPEN DOORS PROGRAM PROCESS

STEP 1: Gather Documentation

Please refer to the check-list below and submit all applicable documentation. Not all of the items listed below will apply to you. All documentation for individuals in the household must be included in order to be evaluated. You may have an unusual situation that requires additional documentation. Please call the member services office if you have questions.

- ✧ Signed 1040 Federal Tax Return (most recent) or Non Filing Letter from IRS
- ✧ Photo ID
- ✧ Copy of 2 recent pay stubs or 1099 (Contract workers)
- ✧ Copy of Government Assistance benefit amount: SNAP (Supplemental Nutrition Assistance Program)/TANF (Temporary Assistance for Needy Families Statements/HUD/Section 8 Housing/Letter of Residency (group home or shelter)
- ✧ Copy of Child Support/Alimony Statements
- ✧ Copy of Social Security/Disability/Retirement Statements
- ✧ Unemployment Benefits Statement (W6 is required if not employed)
- ✧ Workers Compensation Statement
- ✧ Retirement/Military Allotment/Insurance Settlement/Inheritance Statements
- ✧ Financial Assistance received from Educational Institutions
- ✧ Dependent Care or Letter of Support

STEP 2: Submit Application & Documentation

Please contact a YMCA Member Services Representative at the appropriate branch:

Massad: Jennifer Barbosa – (540) 371-9622 or jbarbosa@family-ymca.org.

Ron Rosner: Member Services – (540) 735-9622 x2035 or smembership@family-ymca.org.

King George: Elizabeth McBride – (540) 775-9622 or emcbride@family-ymca.org.

Caroline: Sarah Faulconer – (804) 448-9622 or sfaulconer@family-ymca.org.

STEP 3: Evaluation & Scholarship Awarded

Upon review of your completed Open Doors Program application, you will be contacted by a YMCA Member Services Representative to discuss the amount of scholarship awarded and the requirements of the Rappahannock Area YMCA's Open Doors Program.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OPEN DOORS PROGRAM APPLICATION

Full Name: _____

(Parent, Guardian, Head of Household, if applicable)

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Best Contact Phone #: _____

E-Mail Address: _____

Please select the type of membership you are applying for: Family Adult

Please select the type of program you are applying for: Summer Camp Youth Sports

Adult Sports Aquatics SACC (School Age Child Care) Preschool Other

Please list all names of persons living in the household:

FULL NAME	DOB	RELATIONSHIP	GENDER

Have you experienced any financial distress or emergency medical need in the last 60 days? If yes, please explain:



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

When declaring your income, please include all forms of income from all sources within the household (Household is defined as everyone living at the residence that is providing towards running the household monetarily or otherwise and their dependents).

INCOME TYPE	MONTHLY AMOUNT RECEIVED
Monthly Gross Salary	
Unemployment Compensation	
Social Security/Disability	
Child Support/Alimony	
Workers Compensation	
SNAP/TANF Compensation	
Other: _____	
Other: _____	
TOTAL	

Please provide expenses or additional extenuating circumstances that you would like for us to consider when processing your application (i.e. medical bills, elderly dependents, etc.):

I certify that all information submitted is correct, complete and accurate. I understand that additional information may be requested in order to qualify for the Rappahannock Area YMCA's Open Doors Program. I understand that my membership may be terminated if I have provided false information.

Applicant Signature: _____ Date: _____

Received by: _____ Date: _____

Interview Date: _____ Time: _____ YMCA Representative: _____

