

GREAT FUTURES START HERE.



**BOYS & GIRLS CLUB
OF WEST SPRINGFIELD**

Financial Assistance Application

➤ Child(ren): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Age of Child(ren): _____

How many years has your child(ren) attended the Boys and Girls Club? _____

How many children and adults in the home? _____

➤ Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Workplace: _____ Work Phone: _____ Hours: _____

Supervisor's Name: _____

How long have you worked at this location: _____

➤ Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Workplace: _____ Work Phone: _____ Hours: _____

Supervisor's Name: _____

How long have you worked at this location: _____

DOCUMENTATION CHECKLIST - - You MUST provide all applicable documentation of income.

- | | | | |
|-----------------------------------|-----------------|-------------------|---------|
| ● Most recent Income Tax Return | ● Disability | ● Alimony | ● Other |
| ● Most Recent Pay Stubs (4 weeks) | ● Food Stamps | ● Social Security | |
| ● SSI Award Letter | ● Child Support | ● Welfare | |

INCOME DOCUMENTATION -- List below ALL current household income sources and amounts before deductions. The amounts listed should reflect what is brought in per month. ****The Boys & Girls Club of West Springfield reserves the right to verify this information.**

Source of Income	Self	Spouse/Partner or Parent/Guardian	All Others living in your household contributing income
Employment	\$	\$	\$
Alimony	\$	\$	\$
Child Support	\$	\$	\$
Disability	\$	\$	\$
Food Stamps	\$	\$	\$
Inheritance	\$	\$	\$
Parental Support	\$	\$	\$
Social Security	\$	\$	\$
Supplemental Security Income - SSI	\$	\$	\$
Unemployment	\$	\$	\$
Welfare	\$	\$	\$
TOTAL	\$	\$	\$

EXTRAORDINARY EXPENSES -- List any extraordinary or unusual expenses for your household. Examples of acceptable extraordinary expenses are: student loan payments, out of pocket medical expenses, school tuition and book expenses that are not covered by financial assistance. Please provide us with a copy of a bill or invoice that states such expenses.
****Items NOT accepted for extraordinary expenses are for example: rent, cell phone, regular monthly bills, etc.**

Type of Expense	Amount Paid <i>per Month</i>
1.	\$
2.	\$
3.	\$

Please give a brief description of why you are applying for assistance:

Assistance will not be considered without the above information. The information I have supplied is accurate to the best of my knowledge. I understand that assistance is limited and the information provided is confidential. I understand that all the information I have provided will be considered by the Boys & Girls Club of West Springfield and assistance will be awarded upon family need.

 Parent/Guardian Signature

____/____/____
 Date

Financial Assistance Application Policies:

1. The financial assistance application is used to apply for financial assistance for the programs at The Boys & Girls Club of West Springfield.
2. Financial assistance applications must be completed entirely and may be supplied at any time.
3. All supporting documentation must be submitted along with the application. Any missing information will delay the application process.
4. Applying for financial aid does not guarantee that you will qualify for aid.
5. It is the mission of the Club to supply services to those families who need us most. If you should need financial assistance, the Club encourages you to apply for Financial Aid. Financial aid forms can be found on our website at <http://www.wsbclub.org/>, as well as in the Membership Office. We ask that you also fill out a New England Farm Workers waiting list form, which we can fax on your behalf. If you should need assistance filling out the form, our Membership Director, Youth & Family Director, or Office Manager would be happy to assist you.
6. The necessary documents needed to apply should be provided to the Membership Director. The list of documents include: latest tax return, four weeks' worth of most recent pay stubs, social security, disability, food stamps, child support, alimony, and any other form of assistance. Financial aid is calculated by a scale that is provided on a case-by-case basis and is subject to financial aid funding.
7. If you receive a Financial Aid rate for your child, that installment rate is a fixed rate. If your child does not attend the program due to an illness or other reason, there will be no refund or credit placed on the account for the missed day(s). Any weeks that are shortened due to a holiday closing, will be pro-rated for the week. Additionally, since a Financial Aid rate is being provided to your child, he/she will not be eligible for additional discounts.

☞ _____ I have contacted New England Farm Workers Council (childcare voucher program) and submitted the required application (413) 788-8401.

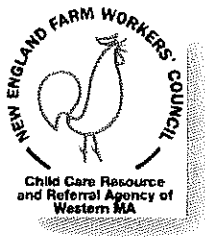
☞ _____ I have completed, signed and dated the information requested on the Assistance Application.

Additional Financial Assistance Information

1. New Farm Workers Council, 1628 Main Street, #2, Springfield, MA 01103
Phone: (413) 272-2207
2. MassResources.org
3. Single Parents Alliance of America (SPAOA): www.spaoa.org
4. Department of Child & Families Services, 140 High Street, #4, Springfield, MA 01105
Phone: 413.452.3200

Parent/Guardian Signature

____/____/____
Date



New England Farm Worker's Council Child Care Referral Form

Thank you for choosing the New England Farm Workers' Council to assist you in your search for child care in the Hampden, Hampshire, Berkshire and Franklin Counties of Massachusetts. Finding a quality, affordable child care program takes time and energy. We are here to help you make an informed decision. We help families find child care by giving you referrals (not recommendations) of providers based on the information you give us. Our referral service is free and your information is kept confidential.

You may use this form in two ways:

- Print out this form, complete it and fax it to us at 413.746.9743 or mail it to New England Farm Workers' Council, 1628-1640 Main Street, 2nd Floor, Springfield, MA 01103

Parent's Information

First Name: _____ Last Name: _____

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from home address): _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Employer if applicable: _____

Work Phone Number: _____ Ext. _____

School / college if applicable: _____

Fax Number if you wish to receive your referrals by fax: _____

Your Email Address if you wish to receive your referrals by email: _____

Please send my referrals by: by US mail Fax me Email me

Do you have a voucher? Yes No

Do you need Transportation for your child? Yes No

Please note: Transportation is approved only if you do not have a vehicle and/or do not have access to public transportation.

Please Turn Over

Tell us about your child care needs

Child Number One

Name: _____ Date of Birth: _____

Date you need care to start: _____ Drop off time: _____ Pick up time: _____

Check One: Full time care Part time care

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

In what city / town / zip code you are looking for care in? _____

What type of care are you interested in?

Family Child Care Center Based Child Care Part Time Preschool

Before School Care After School Care Summer Camps

Care In Your Home Playgroups Other: _____

For before and after school care only:

What Elementary School does your child attend? _____

Child Number Two

Name: _____ Date of Birth: _____

Date you need care to start: _____ Drop off time: _____ Pick up time: _____

Check One: Full time care Part time care

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

In what city / town / zip code you are looking for care in? _____

What type of care are you interested in?

Family Child Care Center Based Child Care Part Time Preschool

Before School Care After School Care Summer Camps

Care In Your Home Playgroups Other: _____

For before and after school care only:

What Elementary School does your child attend? _____

Child Number Three

Name: _____ Date of Birth: _____

Date you need care to start: _____ Drop off time: _____ Pick up time: _____

Check One: Full time care Part time care

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

In what city / town / zip code you are looking for care in? _____

What type of care are you interested in?

Family Child Care Center Based Child Care Part Time Preschool

Before School Care After School Care Summer Camps

Care In Your Home Playgroups Other: _____

For before and after school care only:

What Elementary School does your child attend? _____

The following questions are optional and your answers are used only for statistical purposes.

What is your family status?

Two parent Single Parent (17 or younger) Single parent (18 or older)

Relative / Family member Foster parent Decline to answer

What is the number of people living in your household? _____

What is your gross yearly family income? _____

What is the primary language spoken in your household? _____

What is your Race ? Asian Black/African American Caucasian Hispanic

American Indian/Alaskan Native Native Hawaiian/Other Pacific Other



**TOWN OF WEST SPRINGFIELD
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
SELF-DECLARATION FORM & APPLICATION
All Information is Confidential**

NAME: _____ CHILDREN'S NAME(S) / AGE(S) _____
 ADDRESS: _____ AGE _____
 PHONE: _____ AGE _____

INSTRUCTIONS: Find the line that matches the number of persons in your family (include yourself). Check the box next to household income category that applies to your family.

	HOUSEHOLD SIZE		HOUSEHOLD INCOME	
	LESS THAN	BETWEEN	BETWEEN	MORE THAN
1 PERSON	\$18,050 ()	\$18,051 and \$30,100 ()	\$30,101 and \$44,750 ()	\$44,751 ()
2 PERSONS	\$20,600 ()	\$20,601 and \$34,400 ()	\$34,401 and \$51,150 ()	\$51,151 ()
3 PERSONS	\$23,200 ()	\$23,201 and \$38,700 ()	\$38,701 and \$57,550 ()	\$57,551 ()
4 PERSONS	\$25,750 ()	\$25,751 and \$42,950 ()	\$42,951 and \$63,900 ()	\$63,901 ()
5 PERSONS	\$27,850 ()	\$27,851 and \$46,400 ()	\$46,401 and \$69,050 ()	\$69,051 ()
6 PERSONS	\$29,900 ()	\$29,901 and \$49,850 ()	\$49,851 and \$74,150 ()	\$74,151 ()
7 PERSONS	\$31,950 ()	\$31,951 and \$53,300 ()	\$53,301 and \$79,250 ()	\$79,251 ()
8 PERSONS	\$34,000 ()	\$34,001 and \$56,700 ()	\$56,701 and \$84,350 ()	\$84,351 ()

I certify that the information contained herein is true, complete and correct to the best of my knowledge and belief.

Signature (s): _____ Date: _____

NOTE: The above information is subject to verification by the West Springfield Office of Community Development and by Federal Officials.

Optional: Providing the following information is NOT required but it is needed for statistical purposes for the state agency which gave us the funding for this program. Please check the appropriate items below:

Check one: Male ___ Female ___
 If female, are you a head of household? YES ___ NO ___
 Are you 60 or more years of age? YES ___ NO ___
 Do you have a disability: YES ___ NO ___
 Do you consider yourself Hispanic: YES ___ NO ___

Check one of the following with which you most closely identify:

- White _____
- Black/African American _____
- Asian _____
- American Indian/Alaskan Native _____
- Native Hawaiian/Other Pacific Islander _____
- American Indian/Alaskan Native and White _____
- Asian and White _____
- Black/African American and White _____
- American Indian/Alaskan Native and Black/African American _____
- Other (Multi-Racial) _____

Number of weeks of Summer Camp requested _____ Group recommending child _____

Name of person recommending child (please print) _____

Authorizing Signature _____
 West Springfield Boys and Girls Club

