



Confidential Child Care & Educational Programs ASSIST Application

MetroWest YMCA

PERSONAL INFORMATION

Parent or Guardian's Name: _____ Soc. Sec. #: _____

Address: _____ Town: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Marital Status: _____

Are you a YMCA member? Yes No If yes, what is membership exp. date? _____

Have you previously received assistance from the YMCA? Yes No Date: _____

Number of family in household: _____ Preferred Language: _____ Email: _____

FAMILY INFORMATION

ADULT INFORMATION (Please fill out for all adults in family)

Name: _____ Birth Date: _____ Salary: _____ Avg. Hrs./Week. _____

If not employed are you: In School On Disability On Maternity Leave Looking for Employment

Name: _____ Birth Date: _____ Salary: _____ Avg. Hrs./Week. _____

If not employed are you: In School On Disability On Maternity Leave Looking for Employment

CHILD / CHILDREN INFORMATION (Please fill out for all children ~ even those not enrolling.)

If seeking financial assistance for a child, please fill in Program Name such as School Name or Center Name.

Name: _____ Birth Date: _____ Program Location _____

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Name: _____ Birth Date: _____ Program Location _____

Name: _____ Birth Date: _____ Program Location _____

Name: _____ Birth Date: _____ Program Location _____

DO ANY OF THE FOLLOWING APPLY TO YOUR FAMILY?

- | | |
|--|---|
| <input type="checkbox"/> Special Need of Child | <input type="checkbox"/> Child of Military Personnel |
| <input type="checkbox"/> Special Need of Parent | <input type="checkbox"/> Caregiver is a Grandparent |
| <input type="checkbox"/> Homeless Shelter Activities | <input type="checkbox"/> Currently or within 3 months received financial aid for any child through EEC (voucher, community partnership slot, contracted slot) |
| <input type="checkbox"/> DSS Foster Care | |
| <input type="checkbox"/> Retired Caregiver Age 65 and Over | <input type="checkbox"/> TANF/TAFDC (welfare) |

INCOME

INCOME VERIFICATION IS REQUIRED ON BOTH PARENTS / GUARDIANS.

Total Household monthly gross income: \$ _____

(Including TANF/TAFDC, SSI, and Child Support)

I understand that by applying for MetroWest YMCA Assist, my information will be added to the Massachusetts Department of Early Education and Care waitlist for child care subsidies. If I am given the opportunity to receive a child care tuition assistance from another source, I will use this alternative funding source instead of the MetroWest YMCA Assist. I certify that the information on this form is accurate and true. I agree to pay the amount determined by the YMCA on a timely basis and realize that failure to do so may result in the loss of services. I understand that I will need to reapply for YMCA Assist based on the expiration date stated on my approval letter.

Applicant Signature: _____ Date: _____

In order to process this application, please attach a copy of your most recent 1040 tax form, copies of government subsidies, two recent pay stubs and proof of all other income.

*Assistance is awarded based on state sliding scale fee guidelines.
The amount of assistance offered will not exceed the resources of the MetroWest YMCA.*