

GATEWAY SPECIAL RECREATION ASSOCIATION

Financial Assistance Policy

Policy

It is the opinion of the Gateway Special Recreation Association that every resident should have the opportunity to participate in recreational programs. The Association will attempt to provide leisure opportunities for residents faced with financial hardship, through the provision of program options with affordable fees, as well as through the financial assistance program.

Qualification for Financial Assistance

Proof of financial need must be demonstrated to qualify for financial assistance. Items that will be considered when evaluating need include current participation in Medicaid, LINK, school lunch or subsidized housing programs, excessive medical bills and/or family income.

Procedure

Persons requesting financial assistance must complete the appropriate application form and submit it to Gateway Special Recreation Association each season. Applications will be individually reviewed and evaluated. Applicants will be notified as soon as possible of a decision.

1. All information submitted is confidential.
2. All information submitted on the application must be true and accurate. Financial assistances awarded on the basis of false information supplied by the applicant will be nullified.
3. All financial assistance will be awarded on the basis of need and availability of financial assistance funds. Gateway Special Recreation Association reserves the right to approve full or partial funding or deny applicant's request.
4. All requests for financial assistance will be evaluated by the Superintendent.
5. References and Release of Information Permission must be provided by applicant.
6. Applications must be submitted seasonally with program registration.
7. There are limited funds available. Recipients should notify the office if the participant will be unable to attend the program so the dollars could be made available to other participants.

Limits on Financial assistances

1. Financial assistances for programs will be limited to a maximum of \$100 per participant per session for Winter, Spring and Summer sessions. When the financial assistance request exceeds the limit for that season a payment plan may be established for the remainder of the fees, if the participant wishes to attend all programs requested.
2. In order to receive full financial assistance, applicant must be on at least one of the public aid programs, verified by at least two of the references given on the application form or must be able to convey significant financial hardship, verified by references.
3. Partial financial assistances may be available for those who do not qualify for public assistance programs. An established minimum payment must be paid, or payment plan approved before the participant is registered and can attend the program.

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4. Financial assistances are not available through Gateway Special Recreation Association for door to door transportation. Financial assistances are only available for GSRA programs.
5. Total financial assistance dollars available are determined by the Gateway Special Recreation Association Board of Trustees on an annual basis.

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Financial Assistance Application

This form must be completed and returned to GSRA. Applications received prior to the registration deadline will be given first consideration for assistance. Financial assistance funds are limited. Partial, delayed or divided payments are encouraged whenever possible. All information is confidential and not a matter for public records, however references will be checked. Following verification of information supplied, applicant will be notified as to disposition of request.

Name of Participant _____

Address _____

City/State/Zip _____

Home Phone # _____ Daytime Phone # _____

Park District/Village _____ Township _____

Person Completing Application _____

Relationship to Participant _____

Type of Assistance Requested

_____ Partial Financial assistance Amount able to Pay \$ _____

_____ Full Financial assistance

_____ Payment Plan: 50% of full fees due upon registration, balance due upon first session of class

Assistance Requested For:

Program Name	Program Code	Program Fee
Total Dollar Amount Requested		\$
GSRA Financial Assistance Award		\$

Please check items to indicate financial need and attach documentation

_____ Public Aid/Medicaid Aid No. _____

_____ Food Stamps Case No. _____

_____ School Lunch Program School _____

_____ Subsidized Housing

_____ Household family income in compliance with Cook or DuPage County Section 8 Assistance Payment Program. Enclose copy of recent check stub(s).

_____ Excessive Medical Bills. Please explain:

_____ Other Financial Difficulties. Please explain:

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Do you receive or participate in the following programs:

_____ Home Based Services

_____ Dupage Work Group

_____ Respite Voucher

References: Please provide two references (i.e. social service agencies, schools, employer, physicians or other) must be provided and permission given below for them to supply GSRA with information regarding applicant's financial need. Provision of detailed reference information below will expedite the process.

<u>Agency Name</u>	<u>Address</u>	<u>City</u>	<u>Zip</u>	<u>Phone</u>	<u>Contact Name</u>
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1. _____

2. _____

Release of Information Permission: ____ Yes ____ No

For references provided to supply GSRA with information regarding financial need.

I certify that the above information is true, correct and complete, and authorize Gateway Special Recreation Association to conduct reference checks to verify accuracy of information.

Signature

Date

Printed Name