



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

JOPLIN FAMILY YMCA SCHOOL AGE SERVICES FINANCIAL AID APPLICATION

In an effort to provide financial assistance to all qualifying candidates, the Joplin Family YMCA requires all applicants to file an application for childcare assistance with the Missouri Department of Social Services.

Please see Child Care Application/Eligibility Statement on the Missouri state website:

Missouri Department
of Social Services

<https://dss.mo.gov/fsd/child-care-apply.htm>

If your application with the state is denied due to your income, then your current financial aid will be evaluated. The amount of financial aid you will receive will be based on several components including, but not limited to; your household income, the number of people living in your household and the number of dependents that you have. If your financial aid has been adjusted, you will be contacted by email regarding your new weekly payment amount. Your child will be able to attend the program during this process, however, you will be responsible to pay the weekly rate until the adjusted rate has been processed.

If your application with the state is approved, the state will then notify the Joplin Family Y via KinderConnect of your potential benefits that will then allow us to determine your weekly copay.

The following documents will be required in order for us to process a financial aid application:

- A completed copy of the Joplin Family Y Child Care Financial Aid Application
- Most current tax return and 1 month's worth of paycheck stubs
- Note: A state denial letter will be required to continue financial aid

All completed financial aid applications should be submitted with the enrollment packet. Incomplete applications will not be accepted. Please allow up to two weeks for your completed financial aid application to be processed.

Questions regarding all financial aid applications should be directed to Dooriya Linny, Accounting Specialist at 417 781 9622 or dlinny@joplinfamilyy.org.



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This application is used to determine financial aid eligibility for participants in the School Plus Program & Day Camp Weekly Program.

Parent/Guardian Name (First, Last): _____ Phone #: _____

Address: _____ City/State: _____ Zip Code: _____

School / Program child attends: _____ Is child a current JFY member? Yes No

Email: _____

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List all participating children whom you are applying for:

Participant's Name	Grade	Date of Birth	Age

Date Submitted: _____
Initial: _____
Parent Copay: _____
Percentage: _____
P or T Dates Approved: _____
Date Notified: _____

How many persons are currently living in your household? _____

Income Verification: When you turn this form in to the School Age Services office you must provide us with one month's worth of paycheck stubs AND your latest Tax Return (we only need the page that shows your Adjusted Gross Income) or your financial aid cannot be processed.

You must list everyone in the household who is employed.

1. Name: _____ Relationship to child? _____

Employer: _____ How much are you paid before taxes? _____

weekly every 2 weeks twice monthly monthly

2. Name: _____ Relationship to child? _____

Employer: _____ How much are you paid before taxes? _____

weekly every 2 weeks twice monthly monthly

Does anyone in your household receive other income, such as child support, alimony, unemployment, social security benefits, food stamps, or other?

Person receiving	Who provides the money	Amount received	How often

If there are other circumstances you would like us to consider, please list them here:

THE INFORMATION I HAVE PROVIDED ON THIS FORM IS CORRECT, AND I AGREE TO PROVIDE ADDITIONAL INFORMATION IF NEEDED.

Printed Name: _____ Signature _____ Date: _____