



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



YCares Prequalification Form

First name _____ Last name _____

Email _____ Phone number _____

Date of birth _____ Total number of individuals living in your household _____

Street address (PO box not accepted) _____

Apt # _____ City _____ State _____ Zip Code _____

*Have you lived at this address less than 60 days? Yes or No

If yes, what was your previous address? _____

Apt # _____ City _____ State _____ Zip Code _____

Which YMCA services or programs are you interested in for yourself or a member of your household?

- CHECK ALL THAT APPLY**
- Membership
 - Before & After Care**
 - Summer Camp**
 - Youth Sports & Specialty Programs
 - Group Swim Lessons
 - Swim Team

Are you currently a CCA YMCA member? Yes No Are you currently receiving YCares support? Yes No

Our YCares team will review your submission within two (2) business days. Please note all inquiries are confidential. If you are approved using our Instant Check process, we will communicate what percentage of savings you qualify for, for each area of interest. You are responsible for paying the difference. Your approval is valid for 30 days from the date of approval.

If there is NOT enough information to instantly confirm your approval, our YCares team will need additional documentation and will work with you through our general application process to verify your level of need. Failure to provide requested information will make you ineligible for this program.

The CCA YMCA reserves the right to reevaluate all approved applications at any point within a 12 month period or request additional documentation for verification purposes.

Upon approval, the following will be required in order to activate your membership.

- Facility Membership Application
- Automatic Monthly Draft Form or minimum prepayment
- Photo IDs for all adults listed on the account (ex: State Driver's License, State ID, Passport – photo, DOB, address)
- Proof of Guardianship for all dependents (ex: Birth Certificate or Court Ordered Guardianship document)
- **Rutgers Denial Letter (required prior to registration for any Child Care program)

Please note: All programs require registration and are based on availability.

YCARES APPLICATION - PERSONAL LETTER OF NEED

At the Y, we understand that not all needs are based on numbers. We take into careful consideration all of your current struggles. Please share with us **as much detail as possible**, all special circumstances regarding your situation that **helps us understand your level of need.** **PLEASE PRINT LEGIBLY**

Tell us about you and your family. What personal struggles have you been dealing with? _____

Has anything happened in the last year that has impacted your household? How so? _____

What medical/health related struggles you or anyone in your household are dealing with and how do you think joining the YMCA can help? _____

Why do you think you should be considered to receive YCares Financial Assistance? _____

If you have additional information to share that we should take into consideration please attach a separate piece of paper.

Primary Applicant Signature: _____ Date: _____

-OFFICE USE ONLY- Date received: _____ Received By: _____ Daxko ID: _____

FACheck Run By: _____ Date Run: _____ **Result:** **Approved** **NOT Approved** **Not Found**

FACheck Approved Rates: Membership Before & After Care** Summer Camp**

Youth Sports & Specialty Programs Group Swim Lessons Swim Team

NOTES: _____

Director Approved Rates: Membership Before & After Care** Summer Camp**

Youth Sports & Specialty Programs Group Swim Lessons Swim Team

Email Sent on _____ Phone Call on _____ Membership Activated on _____ Standard Process Req.