

# **West Springfield Park & Recreation Department**

---

## **FINANCIAL ASSISTANCE APPLICATION: DIRECTIONS**

THE PARK & RECREATION DEPARTMENT REQUIRES THE FOLLOWING DOCUMENTS WHEN APPLYING FOR FINANCIAL ASSISTANCE

### **1. PROOF OF RESIDENCY: PHOTO I.D.**

If you have recently moved a **PIECE OF MAIL WITHIN 30 DAYS** is required with:  
POSTMARK, NAME, & ADDRESS  
or  
MOST RECENT UTILITY BILL

### **2. PROOF OF HOUSEHOLD MEMBERS:**

MASS HEALTH  
or  
BIRTH CERTIFICATE

### **3. PROOF OF INCOME:**

1. COPIES OF ASSISTANCE
2. COPY OF MOST RECENT PAY STUBS
3. COPY OF MOST RECENT TAX RETURNS

Approved applicants must re-file their application annually. All Financial Assistance Program approvals will expire February 1<sup>st</sup> of each year.

# West Springfield Park & Recreation Department

---

## FINANCIAL ASSISTANCE POLICY

### PURPOSE

The West Springfield Park & Recreation Department understands the necessity of recreational programs for quality of life and wants to provide those opportunities regardless of income. Therefore, the Park & Recreation Department offers financial assistance for children who reside in the Town of West Springfield.

### DISCUSSION

Subject to available funds, financial assistance is provided for various recreation programs and youth leagues. To receive financial assistance, applicants must fill out all of the required paperwork and supply supporting documents for proof of income, including any assistance and residency in the community.

Those approved to receive financial assistance will be required to pay **at least 20% and up to 60% of the regular program fee**. The minimum for program registration fees must be met before subsidized clients can register. Fees for supplies or contractual obligations are not discounted.

Eligibility for financial assistance is based on family size and income (see attached guidelines). The income guideline chart is updated yearly according to the Federal Poverty Income Guidelines, published annually by the U.S. Dept. Health and Human Services.

In order to be eligible, an individual must complete and file a "Financial Assistance Application Form" with all supporting documentation including income tax returns for the prior year. The Financial Assistance Program is currently funded by various community grants.

### GUIDELINES

1. Late fees will not be waived. All late fees must be paid at the time of registration and are non-refundable.
2. Financial assistance will only be given for one week/session of a program, per participant. (Example: Centrum Playground is a 6-week program, if financial assistance is approved it would only apply to one week. Any additional weeks desired would have to be paid for in full). All registration fees must be paid at the time of registration.
3. Participants who receive financial assistance must follow all West Springfield Park & Recreation rules, regulations, and policies. Failure to do so will result in the participants losing financial assistance and loss of privileges.
4. Approved applicants must re-file their application annually. All Financial Assistance Program approvals will expire February 1<sup>st</sup> of each year.
5. All information provided will be handled confidentially.
6. The Department Director must verify the status of eligibility and the availability of funds prior to the approval of each registration request.
7. Exceptions to this policy may be considered on a case-by-case basis, and the decision will be made in writing by the Park & Recreation Department Director citing further basis for the waiver.

### REVIEW & REVISION HISTORY

Previous policy created February 2006

Revised policy – 1<sup>st</sup> reading February 28, 2011, 2<sup>nd</sup> reading March 14, 2011 and approved March 14, 2011

Updated Income Guidelines February 18, 2015

# West Springfield Park & Recreation Department

## FINANCIAL ASSISTANCE INCOME GUIDELINES

[Effective from February 2, 2020 to February 1, 2021]

<b>80 % Financial Assistance</b> (20% is paid by applicant)				<b>40% Financial Assistance</b> (60% is paid by applicant)		
Family Size	Year	Month	Week	Year	Month	Week
1	\$17,236	\$1,436	\$331	\$18,735	\$1,561	\$360
2	\$23,336	\$1,945	\$449	\$25,365	\$2,114	\$488
3	\$29,435	\$2,453	\$556	\$31,995	\$2,666	\$615
4	\$35,535	\$2,961	\$683	\$38,625	\$3,219	\$743
5	\$41,635	\$3,470	\$801	\$45,255	\$3,771	\$870
6	\$47,734	\$3,978	\$918	\$51,885	\$4,324	\$998
7	\$53,834	\$4,486	\$1,035	\$58,515	\$4,876	\$1,125
8	\$59,933	\$4,994	\$1,153	\$65,145	\$5,429	\$1,253

\*\*For households with more than 8, add \$4,420 for each additional person\*\*

### COMPUTING CURRENT INCOME

If the household reports income as a weekly amount, use the following calculation to convert the income to a

Monthly Figure:

Monthly Income = Weekly Income X 4.33

= Bi-Weekly Income (every 2 weeks) X 2.15

= Semi-Monthly Income (twice a month) X 2



# West Springfield Park & Recreation Department

February 2020 - 2021

## Financial Assistance Form

**FEE ASSISTANCE IS EXCLUSIVELY FOR WEST SPRINGFIELD RESIDENTS. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. PROGRAM REGISTRATION FORM MUST BE FILLED OUT AND ATTACHED TO THIS FORM.**

**Applicant Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ (Please print)

<b>NAME OF FAMILY MEMBERS</b> *Please include all dependent family members in the house and their monthly income – include child support/alimony.	<b>APPLICANT'S RELATIONSHIP TO PARTICIPANT</b>	<b>MONTHLY Gross earnings from Work (before deductions)</b> <i>Attach Documents</i>	<b>MONTHLY Welfare, Child Support, Alimony</b> <i>Attach Documents</i>	<b>MONTHLY Pensions, Retirement, Social Security</b> <i>Attach Documents</i>	<b>MONTHLY Other Income ( EBT, Food stamps, TANF)</b> <i>Attach Documents</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
<b>SUBTOTALS OF MONTHLY INCOME</b>		\$	\$	\$	\$
		<b>TOTAL MONTHLY INCOME</b>			\$
		<b>TOTAL YEARLY INCOME</b>			\$

I certify that all of the above information is true and correct and that ALL income is reported. I understand that the Park and Recreation Department may verify the information on the application and that any deliberate misrepresentation of the information will disqualify me from financial assistance and I may be prosecuted under applicable state laws.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Financial Assistance Approved:** \_\_\_\_\_ **80 %** \_\_\_\_\_ **40%** \_\_\_\_\_ **Denied** **Directors Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_