CITY OF SAN MATEO
Parks and Recreation Department

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CITY OF SAN MATEO
PARKS & RECREATION DEPARTMENT

2014 RECREATION FEE ASSISTANCE GUIDELINES

1. The Recreation Fee Assistance Program is limited to City of San Mateo residents only.

2. Fee assistance is issued for class registration fees only and not for supplies, extra fees or admission costs for field trips or excursions. Not all classes are eligible for fee assistance.

3. Fee assistance will be considered in the following increments: 30% 60%

4. Adults are only eligible for fee assistance up to 30%. Youth 17 and under are eligible for fee assistance up to 60%. (Beresford Kids Club registrants are only eligible up to 50%)

5. The household main contact must complete the enrollment application and the entire household must verify economic need through proof of income documents.

<u>How to complete an application</u>

1. Complete the form on the back page in its entirety, including the signature.

2. Attach copies of your household's proof of income documents to your application.

   The following documents will be accepted as proof of income and in general fee assistance can be approved the same day as submittal:

   - ✓ Eligibility letter from the County of San Mateo for CalWorks
   - ✓ Eligibility letter from the County of San Mateo for General Assistance
   - ✓ Notice of Action letter from the County of San Mateo for Medi-Cal or Medi-Cal card with valid issue or expiration date
   - ✓ WIC (Women, Infants & Children) Voucher

   The following additional documents will be accepted as proof of income, but fee assistance approval could take up to 5 business days and applications must be submitted at least 5 business days before course start date:

   - ✓ Income Tax Return for household with copies of all relevant W-2 forms.
   - ✓ Three recent, consecutive pay stubs for all working household members

3. Return the application to one of the City's Recreation Centers or the Recreation Admin Office.

4. Submittal of an application is not confirmation of fee assistance or course registration. You will be notified by phone or mail should there be additional information required to process your request. Any course registration confirmations will be sent to you.

5. Inquiries about your fee assistance application or registration forms should be submitted to the Center where you submitted the forms.

6. Approved enrollment is typically valid until December 31.

Effective 12/10/13

City of San Mateo
Parks & Recreation Department

2014 ENROLLMENT APPLICATION FOR RECREATION FEE ASSISTANCE PROGRAM

HOUSEHOLD MAIN CONTACT: _____
First Name Last Name Phone

RESIDENCE ADDRESS: _____
No. & Street City Zip

1. What percentage scholarship are you applying for? 30% 60%
2. Have you enrolled in the scholarship program before? YES NO
3. Please list the gross household annual income (income before taxes): $_____
4. How many persons are living in your household, including the main contact? _____
5. Use the following form to list the names of all persons living in the household, their relationship to the main contact and their date of birth. Check the box by their name if you want that household member enrolled in the Fee Assistance program. *Income information needs to be included for all household members when submitting Income Tax Return or pay check stubs as proof of income.*

Full Name	Relation to the main contact	Date of Birth or 18+ for adults	Monthly gross earnings from employment	Monthly Pension, Retirement, Social Security, Child Support or Alimony income	Other monthly income	Check to Enroll in Fee Assistance Program	OFFICE USE ONLY - Percent Approved
						☐	
						☐	
						☐	
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6. Please check the type of income documentation attached to verify the household income. Only one type is needed. Only current documentation accepted.

☐ General Assistance Letter ☐ CalWorks Letter ☐ Medi-Cal Notice of Action
☐ Medi-Cal Card with valid date ☐ WIC Voucher

☐ Income Tax Return for household with copies of all relevant W-2 forms
☐ Three recent, consecutive pay stubs (for all working adults)

7. Your signature verifies the information provided is accurate and true.

_____
Signature of Household Main Contact Date

OFFICE USE ONLY	Household Income Total: _____
Date Processed ___/___/___	Denied Because_____
Staff Initials _____ Center _____	_____
	Notified:_____