



OPEN DOORS PARTICIPANT SURVEY

NEW APPLICANTS, indicate your new status in Questions #1 & #2 and disregard the rest. Your survey will be mailed to you again later this year and your response will be required in order to continue receiving assistance.

Name: _____

1. How long have you been part of the YMCA? (CIRCLE ONE)

NEW APPLICANT Less than 6 months 6-12 months Over 1 Year

2. Type of Membership provided: (CIRCLE ONE)

Youth Young Adult Adult Single Parent Family Family

3. How often do you or members of your family use the YMCA? (CIRCLE ONE)

Daily 2Xs/week 3Xs/week More than three times /week

4. The Findlay YMCA has measurably improved my life and the lives of others in my family in the following ways: (CHECK ALL THAT APPLY)

- Provided a more stable environment for my family
- Improved my (our) own personal health
- Provided me (us) wholesome place to enjoy health and recreation
- Relieved emotional and physical stress
- Helped me (us) adjust to living with a physical disability
- I (we) are now engaged in healthy, social activities
- Allowed me (and/or my spouse) to continue working
- Helped me (us) to be a better parent(s) / guardian(s) of our children
- I (we) make better lifestyle choices since having been involved at the YMCA
- My (our) self -esteem has been improved

Return to:
Findlay YMCA
300 East Lincoln St.
Findlay, OH 45840



Findlay YMCA OPEN DOORS

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A program designed to make YMCA services available to everyone.

Financial assistance is provided on a sliding scale based upon household size and income. Individuals who participate in this program will be expected to pay a portion of their program or membership fees.

The Findlay YMCA is a 501-C3, not for profit organization committed to building the foundations of our community by providing programs that promote Christian values and enhance the quality of life for all people.

The OPEN DOORS program is funded through the generosity of those philanthropic donors who contribute to the YMCA's Annual Giving Campaign and to the United Way of Hancock County.

The YMCA provides scholarship assistance for both Membership and Program services. Applicants who are applying for help with Childcare fees MUST show that they have first made application to the Ohio Department of Job and Family Services before making application to the YMCA.

To properly administer these funds the Findlay YMCA requires all participants to fill out the application completely and provide all necessary documentation requested. All information is confidential.
A new application and updated information will be required annually.

NO APPLICATION WILL BE CONSIDERED UNLESS COPIES OF THE FOLLOWING DOCUMENTATION ARE ATTACHED

- A fully completed OPEN DOORS APPLICATION
- Two most recent pay stubs if working
- A copy of your most recent W-2 form
- A copy of your most recent tax return, including the signature page.
- Documentation to support all information in Questions # 10
- Attach your completed and signed YMCA Membership Application with this request

If no source of income can be provided, proof of external support for membership must be given.

Ex: written letter, bank statement.

PLEASE ALLOW 10-15 WORKING DAYS FOR YOUR APPLICATION TO BE PROCESSED AND RETURNED.

**Findlay Family YMCA
300 E Lincoln St
Findlay, OH 45840
419-422-4424**

For office use only:

Staff Receiving _____ Date _____

All documents needed are attached

Approved for _____% Scholarship Date _____

Membership Type _____



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Findlay Family YMCA OPEN DOORS Application

1. Name of Applicant: _____ Age: _____
 Address: _____
 City: _____ Zip: _____
 Day Phone: () _____ - _____ Evening Phone: () _____ - _____
 Email: _____

2. I am: Single and living alone Married Separated Divorced
 Living with family or friends who pay for my : **(Check all that apply)**
 shelter Food Other needs

3. I can afford to pay \$ _____ each year or \$ _____ monthly.
 The YMCA will not provide 100% assistance, so please **DO NOT LEAVE THIS SPACE BLANK.**

4. List the ages of your children **living with you at home**: _____

5. Have you received financial assistance from the YMCA in the last year? YES NO

6. List all working members of the household below. Print the names of their employer, and the number of hours worked each week.

Name	Employer	Hours	Hourly Wage or

7. If unemployed: For how long? _____ Have you applied for unemployment benefits? YES NO

8. If you receive financial assistance from any of the sources listed below, indicate the amount you receive each month and **provide copies of documents to support your information.**

Unemployment Benefits	\$	Food Stamps	\$
Government Assistance for Housing	\$	Child or Spousal Support	\$
Disability or Social Security	\$	Worker's Compensation	\$
Aid for Dependent Children	\$	Pension / Investment Dividends/other	\$

9. Indicate the type of membership you are requesting and be sure to include with this application a completed Membership Application form. If you are a parent(s) with children in the home and you wish to **ONLY** have your children participate in YMCA activities, you may request youth memberships for each child over the age of ten rather than a family membership plan.

- Youth (10-18 years of age)
- Young Adult (ages 19-26 years of age)
- Adult (Single adult 27+ years of age)
- Single Parent Family (Single or legally divorced with children)
- Family (**Legally married** – includes parents and children under 26 years of age)

10. If you request assistance for Program or Summer Camp, please indicate what session/weeks you wish to attend. If you are applying for assistance for summer camp, attach a summer camp registration form.

Participant's Name	Program Requested	Program Session or Camp Weeks

I certify that all the information I've provided is true at the time of application and that changes must be reported to the YMCA within a week if circumstances change. I also understand that the YMCA may discontinue assistance and deny future assistance if I fail to make my share of membership/program payments, or neglect to respond to surveys.

Signature of parent/guardian or adult applicant

Date