



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Daxko Unit ID

CUMBERLAND CAPE ATLANTIC YMCA

YCares Prequalification Form in partnership with **Fxcheck** (last updated on 2/2025)

By Insightful Markets

YCares Financial Assistance Program Guidelines:

- YCares Financial Assistance offers a percentage towards membership and select programs for individuals and families facing financial and/or personal hardship and the recipient is responsible for paying the balance.
- Submissions are reviewed within two (2) business days. All information provided is confidential.
- Approvals will be communicated and are valid for 30 days. To activate a YMCA membership, Photo ID, proof of residence and guardianship will be required at enrollment for all active members. All programs require advance registration and are based on availability.
- Additional information or supporting documents may be requested in order to determine 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.

First name _____ Last name _____

Email _____ Phone number _____

Date of birth _____ Household Size _____ # of Adults _____

of Dependents _____ Ages of each dependent _____

Home address* (PO box not accepted) _____

Apt # _____ City _____ State _____ Zip Code _____

Do you share this residence with any other individual or family (Have a roommate or currently living with an independent relative, renting a room/space?) Yes No

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

If yes, list your previous address _____

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

CHECK ALL THAT APPLY

- ☐ YMCA Membership
☐ Youth Sports & Specialty Programs
☐ Group Swim Lessons or Swim Team
☐ Before & After Care or ☐ Summer Camp**

**Rutgers Denial Letter is required prior to registration for any Child Care program.

1. Are you currently a CCA YMCA member? Yes No

2. Are you currently receiving YCares financial assistance? Yes No

3. If so, what current level of financial assistance do you receive? _____

4. Are you solely interested in Financial Assistance towards Child Care Programs (Before and After Care or Summer Camp) Yes No

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: _____ Run By: _____ Date Run: _____

Result: ☐ **Approved** ☐ **NOT Approved** ☐ **Not Found** Approved Rates: Membership _____ Before/After Care _____

Summer Camp _____ Youth Sports & Sp. Programs: _____ Group Swim Lessons & Swim Team _____

NOTES: _____

Director Approved Rates: Membership _____ Before & After Care Summer Camp _____ Youth Sports & Sp.

Programs: _____ Group Swim Lessons & Swim Team _____ Communication Sent on: _____