



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Open Doors

The Middlesex YMCA is a non-profit health and human services organization which offers high quality programs, services, and facilities that are made accessible to individuals and families of all income levels through our Open Doors membership. We use a sliding fee scale so that anyone who wants to participate in our YMCA programs can do so.

Please thoroughly complete the application and attach the required income documentation specified on the reverse side of this page. Once approved, depending on your household financial situation, your subsidy level will remain the same for three months to one year, after which time a new application with updated documentation must be provided.

Applications will be reviewed within seven business days of submission. **Following that timeframe, please call the YMCA at (860) 343-6201 to check its status.** If you have any questions regarding documentation requirements, you may call:

Membership:	Staff	(860) 343-6201
Kids Korner:	Amy Cardoza	(860) 343-6218
Camp Ingersoll:	Helen Peaslee	(860) 343-6230

Unprocessed applications will be kept on file for 90 days after they are reviewed, at which point they will be shredded for security purposes.

Please refer to the documentation requirements on the following page...

OPEN DOORS ASSISTANCE IS BASED ON TOTAL HOUSEHOLD INCOME – APPLICATION MUST INCLUDE ALL ADULTS LIVING IN THE HOME

ALL APPLICATIONS MUST INCLUDE:

- A copy of the first page of your most recent Federal Tax Return (if you were required to file)
 - ***If you do not have a copy of your most recent tax return**, call the IRS at 1-800-829-1040 to request a copy.
 - ***If you did not file taxes last year**, please submit a detailed letter that explains the reasons why and also explains your current life situation that makes financial assistance necessary.
- Copy of your last two pay stubs or proof of income for one month if self-employed

ADDITIONAL REQUIREMENTS:

BRING IN THE FOLLOWING DOCUMENTATION AS IT APPLIES TO ANY ADULT IN YOUR HOUSEHOLD:

- Pension benefit statement, check, or bank account statement showing deposits
- Social Security benefit statement, check, or bank account statement showing deposits
- Disability benefit statement, check, or bank account statement showing deposits
- Food Stamps benefit statement
- Housing Subsidy Assistance (document showing amount of assistance provided by Section 8, HUD, and/or another party's help with rent/mortgage payments)
- State Budget Sheet
- Worker's Compensation benefit statement or check
- Unemployment benefit statement, check, or bank account statement showing deposits
- Letter written by oneself explaining financial circumstances if not working and not receiving unemployment benefits
- Letter signed by Housing Manager on letterhead stating residency (if living in a group housing facility)
- If self-employed, Schedule C and a 6 month statement from a personal/business checking account
- Child Support benefit statement or check (If **not** receiving Child Support, see below)

Applications of single parent with children at home must include:

Either child support/alimony statement OR proof that you are not receiving any support.

*To obtain proof that you are **not** receiving support, please call Middletown's Support Enforcement at 860-704-3100. If your court case was not held in Middletown or you never took out a court case for support, please write a letter stating the financial agreement/circumstance with the other parent

**** Additional supplemental information may be requested upon review of application ****

Open Doors Application

Northern Middlesex YMCA
99 Union Street
Middletown, CT 06457
860-347-6907
www.midymca.org

Date submitted: _____

Staff Initials: _____

What are your areas of interest at the Northern Middlesex YMCA?

Which of the following areas are you interested in? Please number your choices, with **1** being the most important to your needs:

____ Membership ____ Camp Ingersoll ____ School Age Childcare
____ Adult Activities ____ Summer Enrichment Camp

Personal Information

Name: _____ Home Phone: _____

Address: _____ Email: _____

Town, State, Zip: _____

- Please circle one: Single Married Separated Divorced Widowed
- How many adults are living in the household? _____
- How many children are in the household? _____
- Please list each other individual that lives in your household. Please include last names.

First & Last Name

Birthdate

Gender

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Applicant's/Primary Employment Information

- Employer's Name _____ Work Phone _____
Years/Months Employed _____ How many hours per week _____
Hourly Wage _____ Supervisors Name _____

Secondary Employment Information

- Employer's Name _____ Work Phone _____
Years/Months Employed _____ How many hours per week _____
Hourly Wage _____ Supervisors Name _____

If more space is needed to show additional employment information, please include an attachment.

- Please check and list all other monthly income that applies*: (Use additional sheet if necessary)

Social Security	\$ _____	Child Support	\$ _____
City/State Welfare	\$ _____	Alimony	\$ _____
Food Stamps	\$ _____	Pension	\$ _____
Disability	\$ _____	Unemployment	\$ _____
Family Support	\$ _____	Housing Subsidy/Assistance	\$ _____
Other	\$ _____		

****For item(s) checked above, documentation must be provided.***

- Currently receiving childcare subsidy through Care4kids or another state agency. **Circle one:** Yes No

Please circle one: African American Caucasian Hispanic Other

- All information will remain confidential.
- Applications will be processed only after all information is submitted and the application is filled out completely and signed by the applicant.
- Applicant must call 860-347-6907 five to seven business days after submitting application for approval information.
- You must remain in good standing with all payments. Failure to do so can result in loss of assistance.

If you have questions please call one of the following:

Membership:	Staff	(860) 343-6201
Kids Korner:	Amy Cardoza	(860) 343-6218
Camp Ingersoll:	Helen Peaslee	(860) 343-6230 (Oct – Mar) or (860) 342-2267 (Apr – Aug)

My signature below affirms the preceding information is true. I understand that the information will be used confidentially by authorized personnel for consideration in granting financial assistance. I understand that if any information is found to be false my membership and/or program participation will be terminated. I also understand that I must notify the Northern Middlesex YMCA of any changes in family or financial status immediately.

Childcare families receiving financial assistance through the YMCA may be required to apply for assistance through the state funded Care4Kids program. Applications are available at the YMCA. Families that are not eligible for childcare subsidy through Care4Kids will remain eligible for funding through the YMCA as long as funds are available.

Applicant Signature Date

Staff Signature Date

DON'T FORGET TO INCLUDE THE REQUIRED DOCUMENTATION

(See page 2 for information required for this application)

Revised April 2019

MEMBERSHIP APPLICATION



Northern Middlesex YMCA
99 Union Street
Middletown, CT 06457
(860) 347 - 6907
www.midymca.org

PRIMARY MEMBER

First Name _____ Middle _____ Last Name _____

Date of Birth _____ Gender you identify as _____

Ethnic/Racial Background ☐ Unspecified ☐ Asian/Pacific Islander ☐ Alaskan Native ☐ African American
☐ Native American ☐ Caucasian ☐ Hispanic ☐ Other

Household Income ☐ \$0-\$25,000 ☐ \$25,000-\$50,000 ☐ \$50,000-\$100,000 ☐ \$100,000+

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer _____ Work Phone _____

Emergency Contact _____ Emergency Contact Phone _____

ADDITIONAL MEMBERS

For couple and family memberships only, additional members must be living in the same household.

First Name	M.I.	Last Name (if different)	Date of Birth	Gender you identify as	Race	Relationship to Primary

Have you ever had a membership or registered for a program at the Northern Middlesex YMCA before? ☐ YES ☐ NO

HOW DID YOU HEAR ABOUT THE Y?

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Email | <input type="checkbox"/> Billboard/Sign |
| <input type="checkbox"/> TV | <input type="checkbox"/> Employer | <input type="checkbox"/> Drive/Walk By |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> YMCA Website |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Member | <input type="checkbox"/> Medical/Physician |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Other _____ | |

WHO CAN WE THANK FOR REFERRING YOU?

Name _____

Phone _____

OUR MISSION

The Northern Middlesex YMCA offers a path toward a fuller more productive life. The YMCA will provide to a broad spectrum of our community, high quality programs, services, and facilities that improve individual and family life, encourage healthier life styles and assist youth in developing into responsible adulthood.

CONDITIONS OF MEMBERSHIP

All members are required to present a current, valid membership card or photo identification when using the YMCA's facilities and programs. Membership cards are not transferable. Joiner fees are non-refundable and non-transferable. As a member of the YMCA, you are agreeing to follow the policies, procedures and appropriate behaviors for the safety and comfort of all members and guests.

RELEASE AND WAVIER OF LIABILITY

I understand that the Young Men's Christian Association of Northern Middlesex County, Inc. (referred to as the YMCA hereafter) assumes no responsibility for injuries or illnesses, which my family members or I sustain as a result of my physical condition or resulting from my participation in any activities, the use of any equipment and the facilities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of all such usage and further agree to hold harmless the YMCA and its staff members from any and all claims, suits, losses, or related causes of action for damages including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way for exercising or using the facilities at the YMCA. I understand that the YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. I give my permission to the Middlesex YMCA to use, without limitation or obligation, photographs, or film footage, which may use image or voice for purposes of promoting or interpreting YMCA programs.

YMCA NATIONWIDE MEMBERSHIP PROGRAM

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

SEX OFFENDER SCREENING

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Primary Participant Name (please print)

Signature of Participant or Guardian

Date

Additional Participant Name (please print)

Signature of Participant or Guardian

Date