



## CITY OF CALDWELL PARKS & RECREATION

### “SECRET PAL” FINANCIAL ASSISTANCE PROGRAM APPLICATION

#### ELIGIBILITY

1. Applicants must reside within the city limits of Caldwell.
2. The City of Caldwell believes that a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their program involvement; therefore, applicants will be asked to pay a portion of the fees.
3. Applicants are eligible for a discount of up to 75% of program fees, maximum benefit of \$250 per person and \$500 per family per year.

#### HOW TO APPLY

1. Applications are available online and in the City of Caldwell Parks and Recreation office.
2. Application must be filled out completely and submitted with ONE of the following options:
  - Option A) Documentation that the family is currently receiving assistance (i.e., Food Stamps or Medicaid); OR
  - Option B) Your previous year's tax return and proof of current monthly income.

#### SELECTION PROCESS

Financial assistance eligibility will be determined by the Recreation Superintendent or assigned staff, based on a thorough review of the application and interview with the applicant. Determination of benefits shall be completed within one week of application submission. Subsidies will be granted to the extent that the funds are available. The City of Caldwell reserves the right to refuse assistance to any applicant.

City of Caldwell Parks and Recreation  
**SECRET PAL FINANCIAL ASSISTANCE APPLICATION**

Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Are you currently employed? \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_

Please list every person living in the household, their age, and indicate which family members (age 16 and under) will be using the Secret Pal benefits, if awarded (attach additional page, if needed):

<b>Name:</b>	<b>Age:</b>	<b>Will be using Secret Pal benefits:</b>
_____	_____	Yes _____ No _____
_____	_____	Yes _____ No _____
_____	_____	Yes _____ No _____
_____	_____	Yes _____ No _____
_____	_____	Yes _____ No _____
_____	_____	Yes _____ No _____

**FINANCIAL**

**OPTION A**

*(If you are currently receiving assistance)*

Attach proof that the family is currently receiving assistance (i.e., Food Stamps or Medicaid).

**OPTION B**

*(If you are applying based on income)*

Gross income per month: \_\_\_\_\_

Attach proof of monthly income (i.e., paystub)

Attach a copy of last year's tax return

**GENERAL**

Child's interests, future goals, dreams: \_\_\_\_\_

Other programs or activities the child is involved in: \_\_\_\_\_

How will your child benefit from Parks & Recreation programs/classes? \_\_\_\_\_

The information I have provided on this form is correct and I agree to provide additional documentation to verify financial need, if required.

Parent/Guardian Signature

Date

**Office Use Only:**

# in Household: \_\_\_\_\_ Qualifies for \_\_\_\_\_ % Discount Yearly Benefit Per Person/Family \_\_\_\_\_ / \_\_\_\_\_  
 Monthly Income: \$ \_\_\_\_\_

Program	Fee – Discount = New Fee	Program	Fee – Discount = New Fee
Total of Secret Pal Funds			