

The City of Sanibel Financial Assistance Program Application Packet

The City of Sanibel Financial Assistance Program assists financially eligible Island (Sanibel / Captiva) residents' and Island worker's children to attend the after school program, fun days, holiday, spring and summer day camps at the City of Sanibel Recreation Center. These programs are held in a supervised, safe, friendly environment.

Applicants are awarded financial assistance on a sliding fee scale based on need objectively determined. The application includes the applicant's income, number of residents in the family household, income tax return and other relevant information that verifies the applicant's financial information. Names of applicants and identifying information of the applicant are struck from the application so that the Financial Assistance Committee in a public meeting makes an objective award determination. Financial awards range from 10% - 80%. Each applicant must pay the difference between the award and the program fee so that each applicant has "ownership" in the program.

The Financial Assistance Program applies to children in grades kindergarten through 6th grade and for students in the 7th and 8th grade. These children may participate even if off Island as long as they are Sanibel / Captiva residents or their parents/guardians work on Sanibel or Captiva.

An individual who is in the 7th or 8th grade and at least 12 years old may apply for membership at the City of Sanibel Recreation Center. If that individual requests financial assistance, the individual must have his parents/legal guardian complete an application for financial assistance. Upon receipt, the application will be reviewed and an award, if appropriate, will be made. The individual, his parents or legal guardian must pay for the membership in full before the individual receives his/her membership. A membership must be for one year.

The Financial Assistance Program is made possible by volunteers, sponsors, merchants, individuals, families and vendors. You and your family may wish to become a volunteer and consider donating your time at the following non-profit organizations which support the Financial Assistance Program.

Kiwanis	PO Box 1, Sanibel, FL 33957	President Pete Bender (239)472-5220
Rotary	PO Box 686, Sanibel, FL 33957	President John Grey (239)472-1522
Lions	PO Box 391, Sanibel, FL 33957	President Richard Siders (239) 395-0740
F.I.S.H. (Friends In Service Here)	1630 Periwinkle Way, Sanibel, FL 33957	Director Maggi Feiner, (239)472-4775



**CITY OF SANIBEL
RECREATION FINANCIAL ASSISTANCE APPLICATION**

The City of Sanibel has financial assistance available for Recreation Programs. The amount of the financial assistance will be determined using a sliding fee scale and is based on annual income and other financial support being received. To assist in our review, please provide:

1. Proof of eligibility letter for the free or reduced lunch program (if applicable)
AND
2. A copy of your most recent tax return (remove social security number/s) AND most recent pay stub
AND
3. Proof of filing for child support (if applicable)

**FINANCIAL ASSISTANCE APPLICATIONS ARE ACCEPTED
AT TIME OF PROGRAM REGISTRATION**

APPLICATIONS MUST BE SUBMITTED WITH ALL REQUIRED DOCUMENTS ATTACHED.

Name of Parent/Guardian: _____ Email Address: _____

Street address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

List the Names of Adults Living in Household who are 18 years & over (Income tax returns required for each):

1) _____ 2) _____ 3) _____ 4) _____

Number of Children Living in Household: _____ Ages of Children Living in Household: _____

ADDITIONAL QUESTIONS TO BE COMPLETED FOR THIS APPLICATION:

Are you an annual or monthly client of F.I.S.H? Yes No - If yes, amount received \$ _____

Are you an annual or monthly client of CHR? Yes No

Do you receive Aid to Dependent Children (ADC)? Yes No - If yes, monthly amount \$ _____

Have you or anyone on your behalf filed an action in court against the biological parent?
 Yes No If yes, what is the case number? # _____ State: _____ County: _____

Do you receive child support? Yes No If yes how much? \$ _____

If you do not receive support, is there a court order for you to receive child support? Yes No.

If yes, what is the case #? _____ State: _____ County: _____ Monthly Amount \$ _____

Do you receive Social Security Benefits? Yes No. If yes, how much monthly? \$ _____

Do you receive Social Security Benefits for your children? Yes No.
If yes, how much monthly? \$ _____

Do you receive a pension? Yes No. If yes, how much monthly? \$ _____

Do you receive alimony? Yes No. If yes, how much monthly? \$ _____

Do you receive Foster Care payments? Yes No. If yes, how much monthly? \$ _____

Do you receive Workers Compensation? Yes No. If yes, how much weekly? \$ _____

Do you receive Unemployment Compensation? Yes No. If yes, how much weekly? \$ _____

Do you receive daily, weekly, monthly, quarterly or annually, a financial gift from anyone?
 Yes No. If yes, state the amount. \$ _____

Do you receive an in kind benefit, such as someone paying your rent, mortgage, groceries, utilities, automobile gasoline, room and board? Yes No. If yes, amount. \$ _____

Do you receive any other monies or has anyone on you or your children's behalf provided you with additional monies? If so, from whom? _____ How much? \$ _____

Did you receive a Federal Income Tax Refund? Yes No If yes, how much? \$ _____

Total Household Annual Income: \$ _____

Please Check Program(s) for Financial Assistance Requested:

After-School Program Number of Children _____ Total: \$ _____

Holiday Program: Number of Children _____

Winter Total: \$ _____

Spring Total: \$ _____

Fun Days Number of Children _____ Total \$ _____

Total Financial Assistance requested for programs Total \$ _____

NOTE: Reminder, only sign up for programs after registration begins.

Summer Program Number of Children _____
Number of weeks for each child. _____ Total \$ _____

Total Financial Assistance requested for Summer Program: Total \$ _____

Total of Financial Assistance requested for all Programs: Total \$ _____

Other than what is listed in the above application, list any special circumstances to be considered. (If more space is needed, please attach additional information).

NOTE: I swear and affirm under penalties of perjury that the foregoing representations are true and correct to the best of my knowledge. I will report any change in my financial circumstance within 10 days, in writing with documentation, to the Recreation Staff Financial Assistance Representative. False reporting or lack of reporting may result in discontinuation of assistance. Continued eligibility is conditioned upon your program payments being current.

Signature of Parent/Guardian: _____ **Date:** _____

**STATE OF FLORIDA
COUNTY OF LEE**

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by
_____ (name of person acknowledging).

(NOTARY SEAL) _____
Signature of Notary Public

Typed/Printed Name of Notary Typed

Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

(You can get this application notarized at the Recreation Center, City Hall, Bank of the Islands and Sanibel/Captiva Community Bank at no charge)

This application will be reviewed by the Recreation Financial Assistance Committee in a public meeting which is held at McKenzie Hall. The Committee will review this application and determine if assistance can be granted. The Recreation Department will contact you and let you know of the Committee's decision.

STAFF USE ONLY

Date application received by staff: _____ Staff Signature: _____

Is application complete and reviewed by staff: Yes No Staff initial: _____

All Social Security numbers/names/phone numbers/addresses are blacked out: Yes No

Assistance amount has been determined and written on application: Yes No

Applicant is aware that they may participate in activity they applied for: Yes No

Applicant is aware that a sliding scale based on income is used to determine assistance: Yes No

Applicant has been told that the fee for programs are due at the time the program has began, or the committee has made a decision on the Financial Assistance: _____ Staff Initials: _____

Date applicant was contacted about committee decision: _____ Staff Initials: _____

Is F.I.S.H. providing assistance: Yes No (If yes) Amount: \$ _____

Does the applicant have an outstanding balance? Yes No (If yes) Amount: \$ _____

Staff must record status here, any outstanding balance and time and date of calls made to patrons:

Staff must keep track of approved applicant attendance in programs. Staff Initials: _____
(NOTE: Responsibility of Program Director and Front Desk designated Staff).

Date data entered into RecTrac: _____ Staff Initials: _____

STAFF/PANEL NOTES:

For Panel Review Committee and Staff Use Only:

<input type="checkbox"/> Application Approved <input type="checkbox"/> Application Denied
Signature of Approving Authority: _____ Date: _____
Assistance amount for After School type programs: \$ _____
Assistance amount of Summer Program: \$ _____ Total Assistance Granted: \$ _____

Summer Camp Program Sliding Fee Scale

# of Children in Household		Annual Household Income Range									
1		0 - \$28,500	\$28,501 - \$33,500	\$33,501 - \$38,500	\$38,501 - \$43,500	\$43,501 - \$48,500	\$48,501 - \$53,500	\$53,501 - \$58,500	\$58,501 - \$63,500	\$63,501 - \$68,500	
Financial Assistance %		60%	50%	45%	40%	35%	30%	25%	20%	10%	
Remaining Balance (Member)		\$ 272.00	\$ 340.00	\$ 374.00	\$ 408.00	\$ 442.00	\$ 476.00	\$ 510.00	\$ 544.00	\$ 612.00	
Remaining Balance (Non-Member)		\$ 336.00	\$ 420.00	\$ 462.00	\$ 504.00	\$ 546.00	\$ 588.00	\$ 630.00	\$ 672.00	\$ 756.00	
2		0 - \$28,500	\$28,501 - \$33,500	\$33,501 - \$38,500	\$38,501 - \$43,500	\$43,501 - \$48,500	\$48,501 - \$53,500	\$53,501 - \$58,500	\$58,501 - \$63,500	\$63,501 - \$68,500	
Financial Assistance %		70%	60%	55%	50%	45%	40%	35%	30%	20%	
Remaining Balance (Member)		\$ 204.00	\$ 272.00	\$ 306.00	\$ 340.00	\$ 374.00	\$ 408.00	\$ 442.00	\$ 476.00	\$ 544.00	
Remaining Balance (Non-Member)		\$ 252.00	\$ 336.00	\$ 378.00	\$ 420.00	\$ 462.00	\$ 504.00	\$ 546.00	\$ 588.00	\$ 672.00	
3 or more		0 - \$28,500	\$28,501 - \$33,500	\$33,501 - \$38,500	\$38,501 - \$43,500	\$43,501 - \$48,500	\$48,501 - \$53,500	\$53,501 - \$58,500	\$58,501 - \$63,500	\$63,501 - \$68,500	
Financial Assistance %		80%	70%	65%	60%	55%	50%	45%	40%	30%	
Remaining Balance (Member)		\$ 136.00	\$ 204.00	\$ 238.00	\$ 272.00	\$ 306.00	\$ 340.00	\$ 374.00	\$ 408.00	\$ 476.00	
Remaining Balance (Non-Member)		\$ 168.00	\$ 252.00	\$ 294.00	\$ 336.00	\$ 378.00	\$ 420.00	\$ 462.00	\$ 504.00	\$ 588.00	
Summer Camp Program Fees		Per Week	# Weeks	Total							
Member		\$ 85.00	10	\$ 850.00							
Non-Member		\$ 105.00	10	\$ 1,050.00							

Afterschool Program Sliding Fee Scale

# of Children in Household	Annual Household Income Range										
	0 - \$28,500	\$28,501 - \$33,500	\$33,501 - \$38,500	\$38,501 - \$43,500	\$43,501 - \$48,500	\$48,501 - \$53,500	\$53,501 - \$58,500	\$58,501 - \$63,500	\$63,501 - \$68,500		
1											
Financial Assistance %	60%	50%	45%	40%	35%	30%	25%	20%	10%		
Remaining Balance (Member)	\$ 212.00	\$ 265.00	\$ 291.50	\$ 318.00	\$ 344.50	\$ 371.00	\$ 397.50	\$ 424.00	\$ 477.00		
Remaining Balance (Non-Member)	\$ 253.20	\$ 316.50	\$ 348.15	\$ 379.80	\$ 411.45	\$ 443.10	\$ 474.75	\$ 506.40	\$ 569.70		
2											
Financial Assistance %	70%	60%	55%	50%	45%	40%	35%	30%	20%		
Remaining Balance (Member)	\$ 159.00	\$ 212.00	\$ 238.50	\$ 265.00	\$ 291.50	\$ 318.00	\$ 344.50	\$ 371.00	\$ 424.00		
Remaining Balance (Non-Member)	\$ 189.90	\$ 253.20	\$ 284.85	\$ 316.50	\$ 348.15	\$ 379.80	\$ 411.45	\$ 443.10	\$ 506.40		
3 or more											
Financial Assistance %	80%	70%	65%	60%	55%	50%	45%	40%	30%		
Remaining Balance (Member)	\$ 106.00	\$ 159.00	\$ 185.50	\$ 212.00	\$ 238.50	\$ 265.00	\$ 291.50	\$ 318.00	\$ 371.00		
Remaining Balance (Non-Member)	\$ 126.60	\$ 189.90	\$ 221.55	\$ 253.20	\$ 284.85	\$ 316.50	\$ 348.15	\$ 379.80	\$ 443.10		

Afterschool Program Fees	Per Semester	# Semesters	Total
Member	\$ 176.00	3	\$ 530.00
Non-Member	\$ 211.00	3	\$ 633.00

Frequently Asked Questions by Applicants

1. Is my income too high?

Answer: Financial awards are made on a sliding fee scale and many items including family size and extenuating circumstances are taken into account. An applicant may think his/her income is too high but that may not be the case so you are urged to apply.

2. Do I receive more financial assistance because I have more than one child?

Answer: If you qualify for assistance, the answer is yes.

3. Will all my information be kept confidential? I don't want others knowing that I am receiving financial assistance.

Answer: When you complete the financial assistance application and submit it to the recreation center personnel, your information is photocopied, and all identifying information (your name, address, social security number, children's names, etc.) are removed from the photocopy. The revised photocopy is copied again. These copies are transmitted to the Financial Assistance Committee with a number assigned to each application such as application 1, application 2.

4. What programs are eligible for financial assistance?

Answer: After school, summer day camp, fun days, holiday and spring break camp.

5. If approved, are all fees due at once or can I pay over the time of the program?

Answer: The Recreation Center will coordinate with you so fees can be paid over the length of the program. Our goal is to work with and assist all those who participate in the program to ease the financial obligation you have. Only one program requires payment up front and that applies to children who are in 7th and 8th grade and at least 12 years old who want to become an individual member of the recreation center and requests assistance. That membership is for one year and payment toward the annual membership fee of \$125 less the amount awarded must be paid at the beginning of the membership.

6. If I'm approved for a program and then don't use it, do I still need to pay for it?

Answer: No; however, if you sign up for 3 weeks of summer camp and only use 1½ weeks, you will have to pay for your share of the two weeks as we do not break up a week. Similarly, with the after school program, if you receive assistance for a school year and only come for 1 week, you have to pay for the trimester in which you used that 1 week.

7. Who makes the approval decision?

Answer: The Financial Assistance Committee is appointed by Sanibel City Council. These members are volunteers. There is a Chairman and Vice Chairman and three other committee members. They review each application and make a final decision on award amounts. The Financial Assistance Committee meets at City Hall in a public meeting once a month. At that time the five committee members review the applications and based on guidelines apply the amount of assistance that you are awarded for the programs you applied for such as after school, summer day camp, fun days, holiday and spring break camp.