



Financial Assistance Recreation Programs Policy & Procedures 2021-2022



Purpose:

It is the philosophy of the City of Waukesha Parks Recreation & Forestry Board and Department (WPRF) that program participants help defray the overall cost of the activity (i.e. equipment, facilities, staffing, etc.) through the assessment of user fees and charges. However, the Board/Department believes that everyone, regardless of income, should be able to participate in city-sponsored recreation opportunities. To help facilitate participation, financial assistance is available to eligible residents. Facility rentals are not eligible for assistance.

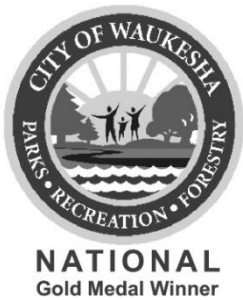
Verification:

City residents requesting financial assistance **must verify** eligibility by providing at least **one** of the following documents. **Documents must be current (30 days or less) at time of application.**

- Most recent Aid to Families with Dependent Children (AFDC) or Temporary Assistance for Needy Families (TANF) payment stub.
- Written Proof of receiving Badgercare, Food Share, Foster Care, Medicaid, or Supplemental Security Income (SSI). A benefit letter from the agency you receive the aid from is the proof we require. You may also print a copy from the ACCESS website.
- I.D cards are not suitable documentation.

Assistance Procedures:

1. Financial Assistance can only be applied toward recreation programming with the following exceptions: all senior/family trips, programs when the primary costs are contractual and/or programs are conducted by non-department employees and other programs listed in #4 below.
2. Residents may apply for financial assistance for themselves or any member(s) of their household of which they have guardianship and verification.
3. Residents are eligible to receive a 40% reduction of the program fee if qualified for Badgercare and registered by the registration deadline. Those residents qualifying for Food Share, Foster Care, Medicaid or SSI will receive a 65% reduction of the program fee if registered by the registration deadline.
4. Those qualifying for the 65% reduction will also be eligible for a 25% reduction in the following programs:
 - Discount Pool Pass Program
5. Please allow up to two weeks for the processing of the Financial Assistance Application. If an applicant wants to register for a program while the application is under review, a 35% deposit of the total program fee may be paid in order to hold a spot in desired program(s).
6. This is a school year qualification and a new application and current verification needs to be renewed each year on August 1.
7. Application must be fully completed with **current (30 days or less)** verification documents and residency.
8. Non-residents are not eligible.



Please allow up to two weeks for processing.

Annual Financial Assistance Application 2021-2022

Recreation Programs

1. All information must be completed (typed or printed).
2. Incomplete applications may result in an unaccepted application.
3. Be sure to review and understand the Financial Assistance Policies and Procedures provided.

APPLICANT – Head of Household

Name _____ Date: _____

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Email: _____

Birthdate: _____ Gender: _____

Applicants: Please fill in the information below for each household member that the Head of Household has guardianship, even if they will not be registering for a class at this time. If you need more space, please attach an additional sheet of paper.

Name	Relationship to Head of Household (i.e. spouse, child, parent, etc.)	Birthdate	Age	Gender
1.				
2.				
3.				
4.				
5.				
6.				

VERIFICATION

Number of Children living at home: _____ Number of Adults in household: _____

Documentation provided: AFDC Stub TANF Stub Food Share Foster Care
(Please circle)
 Medicaid SSI BadgerCare Other: _____

I certify that all of the information provided on this form and documentation are true and correct.

_____ Date _____
 Applicant Signature

Please return your completed application to: WPRF, Attn: Financial Assistance, 1900 Aviation Dr., Waukesha, WI 53188

FOR OFFICE USE ONLY 7/26/21	Documentation provided: _____	<u>APPROVED</u>	<u>DENIED</u>
	DATE REVIEWED: _____	40%	65%
	ADDRESSED VERIFIED _____	REASON _____	
	SUPERVISOR SIGNATURE : _____		
	NOTIFICATION LETTER SENT: _____		