



SLIDING FEE SCALE

Pricing for the entire Community!

The Center will not deny anyone participation in Center activities due to lack of funds.

SLIDING FEE POLICY

While participants are expected to pay their fair share of operating costs, use of the sliding fee scale may be obtained by completing a sliding fee scale application. The amount of assistance is determined by family size and household income. Applicants can receive 20-80% assistance for the “Beyond the Classroom” and “Summer My Way” programs. The source of these funds are the Center’s strategic business partners, donations, and other mission based revenue. Anyone interested in using the sliding fee scale may pick up an application at the Front Desk of The Center.

SLIDING FEE SCALE PROCEDURE

This is a very confidential process where only the Sliding Fee Scale administrator looks at the submitted information.

- ALL APPLICANTONS must be completed and returned to The Center with a copy of your head of household’s most recent tax return on the first of June. Recipients must re-apply every 12 months for assistance.
- If you did not file a tax return for the prior year you must go to the IRS website and file form 1040-EZ. Applications for a sliding scale discount will not be accepted without the required documentation.
 - For information regarding how to file a 1040-EZ go to:
<https://www.irs.gov/uac/about-form-1040ez>
- ASSISTANCE will be granted on the basis of financial need based on household size and total household gross income. Our subsidy guide chart will be used to determine initial eligibility. Depending upon gross monthly income or gross annual income and the number of household members, The Center can offer 20% to 80% off “Beyond the Classroom” and “Summer My Way” program fees. In some instances, an interview will be required prior to the approval of this application. The Center reserves the right to refuse assistance to any applicant.
- ONCE APPROVED, arrangements will be made for you to pay your share of the program fees in weekly or monthly installments paid at The Center’s front desk.
- PLEASE ALLOW at least 3 to 5 working days for your sliding fee scale application to be processed by the Center to determine eligibility. You will be contacted in writing by The Center’s sliding fee administrator.
- Applicants who re-apply in subsequent years are encouraged to write a brief letter explaining how they or their children benefited from their previous Center involvement and attach it to their application.
- We encourage all of our members to volunteer. If funds are limited, applicants who write letters and/or volunteer at The Center during the previous year will be given priority when they re-apply.
- All recipients that are awarded the sliding fee scale are required to volunteer at The Center. Exact volunteer requirements will be clarified within your award letter.



Subsidy Chart for “Beyond the Classroom” & “Summer My Way”

The Center Sliding Scale								
Household #	80%	70%	60%	50%	40%	30%	25%	20%
1	\$12,060	\$13,628	\$14,854	\$16,191	\$17,810	\$19,413	\$20,384	\$21,403
2	\$16,240	\$18,351	\$20,003	\$21,803	\$23,983	\$26,142	\$27,449	\$28,821
3	\$20,420	\$23,075	\$25,151	\$27,415	\$30,156	\$32,871	\$34,514	\$36,240
4	\$24,600	\$27,798	\$30,300	\$33,027	\$36,329	\$39,599	\$41,579	\$43,658
5	\$28,780	\$32,521	\$35,448	\$38,639	\$42,503	\$46,328	\$48,644	\$51,076
6	\$32,960	\$37,245	\$40,597	\$44,251	\$48,676	\$53,056	\$55,709	\$58,495
7	\$37,140	\$41,968	\$45,745	\$49,862	\$54,849	\$59,785	\$62,774	\$65,913
8	\$41,320	\$46,692	\$50,894	\$55,474	\$61,022	\$66,514	\$69,839	\$73,331
per addt'l person	\$4,200	\$4,746	\$5,173	\$5,639	\$6,203	\$6,761	\$7,099	\$7,454

In order to determine the eligibility of _____ for financial assistance, please assist us by completing the following information. **If proper documentation is not submitted, you will not be considered for sliding fees.**

INFORMATION PROVIDED IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY PURPOSE OTHER THAN TO DETERMINE FINANCIAL ELIGIBILITY.

Enrolling Person/ Guardian

Legal Last Name: _____ **Legal First Name:** _____

Phone: _____ **Email:** _____

Date of Birth: _____ **Phone #** _____ **Email #** _____ **Age:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

•Please provide information about everyone living (children and adults-employed or not employed) in your household. Monthly income includes gross earnings, child support, alimony, earned income credit, unemployment or workers compensation, or any other checks or cash received.

Family Information

Name	Age	Relationship to Member	Monthly Income (Gross)

COMMENTS? _____

I ATTEST THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT IF I GIVE FALSE INFORMATION ON PURPOSE, I MAY BE SUBJECT TO PROSECUTION FOR FRAUD. I WILL NOTIFY THE CENTER IF ANY OF THE INFORMATION THAT I HAVE PROVIDED CHANGES.

Signature of Applicant _____ **Date:** _____

VERIFICATION OF EMPLOYMENT/LOSS OF INCOME

THE CENTER OF ANNA MARIA ISLAND

APPLICATION FOR REDUCED FEES

Enrolling Person/Guardian Name _____

* Please complete one of the following options.

Verification

I. VERIFICATION: Active Employment (Please complete one of the following options if last 4 weeks' pay-stubs are unavailable).

1. NAME OF EMPLOYER _____
2. ADDRESS OF EMPLOYER _____
3. TELEPHONE OF EMPLOYER _____
4. DATE CURRENT EMPLOYMENT BEGAN _____
5. IS EMPLOYMENT SEASONAL? YES NO IF YES, SEASON BEGINS ENDS _____
6. NUMBER OF HOURS WORKED PER WEEK _____
7. HOW OFTEN IS EMPLOYEE PAID? DAY WEEK BI-WEEKLY MONTH
8. RATE OF PAY \$ _____ PER _____
9. ADDITIONAL INCOME: CHILD SUPPORT, ALIMONY, WORKERS COMP, CASH OR CHECKS \$ _____
10. TOTAL ANNUAL INCOME \$ _____

Loss of Income

Unemployment (Please have most recent employer complete this section OR if you are collecting unemployment or workman's compensation, you may supply copies of last 4 payments on page 3).

PERMANENT _____ TEMPORARY _____ EXPECTED DATE OF RETURN _____

1. NAME OF EMPLOYER _____
2. ADDRESS OF EMPLOYER _____
3. TELEPHONE OF EMPLOYER _____
4. DATE EMPLOYMENT ENDED _____
5. REASON FOR TERMINATION _____
6. LENGTH OF TIME EMPLOYED _____

Attestation statement:

I, _____, attest that the information above is true and correct.

Date: _____

ATTACHMENT "A"
GOVERNMENT ASSISTANCE PROGRAMS
ANNA MARIA ISLAND COMMUNITY CENTER
SLIDING FEE SCALE APPLICATION

To expedite proper processing, please complete this form.
Do you receive government benefits? If no please leave blank.

SECTION I

INCLUDE YOUR STATUS/YOUR DEPENDENT(S) LETTER OF ACKNOWLEDGEMENT THAT VERIFIES YOUR ELIGIBILITY AND RECEIPT OF ANY/ALL THAT APPLY FOR THE FOLLOWING:

	YES	NO
• Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
• A.F.D.C.	<input type="checkbox"/>	<input type="checkbox"/>
• EBT Services	<input type="checkbox"/>	<input type="checkbox"/>
• Welfare	<input type="checkbox"/>	<input type="checkbox"/>
• Medicaid	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

FOR OFFICE USE ONLY

ALL PROPER DOCUMENTATION HAS BEEN SUBMITTED: YES NO
ATTACHMENT: A-Government Assistance Programs ATTACHED: YES NO N/A
HOUSEHOLD SIZE: _____ TOTAL YEARLY INCOME: _____
APPROVED: _____ DENIED: _____ REASON FOR DENIAL: _____
REGULAR FEES: \$ _____ GRANTED REDUCED FEE: % _____ \$ _____
AGREED MONTHLY PAYMENTS: \$ _____ EFFECTIVE UNTIL: _____

Administrative Manager Signature _____ Date: _____