



## **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 initially determined by family size and household income. If there are other outlier factors, applicants are encouraged to also offer a letter with additional information to be reviewed. Applicants can receive % based assistance. 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>
- Our subsidy guide chart will be used to DETERMINE INITIAL ELIGABILITY.
- If the applicant does not meet guidelines on the sliding fee scale and needs assistance, they are encouraged to offer an Adversity Provision Letter, with additional information. This will be taken into consideration with the sliding fee scale numbers.
- 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.

### Subsidy Chart

Household #	80%	70%	60%	50%	40%	30%	20%
1	\$14,580	\$20,120	\$21,870	\$29,160	\$36,450	\$43,740	\$58,320
2	\$19,720	\$27,214	\$29,580	\$39,440	\$49,300	\$59,160	\$78,880
3	\$24,860	\$34,307	\$37,290	\$49,720	\$62,150	\$74,580	\$99,440
4	\$30,000	\$41,400	\$45,000	\$60,000	\$75,000	\$90,000	\$120,000
5	\$35,140	\$48,493	\$52,710	\$70,280	\$87,850	\$105,420	\$140,560
6	\$40,280	\$55,586	\$60,420	\$80,560	\$100,700	\$120,840	\$161,120
7	\$45,420	\$62,680	\$68,130	\$90,840	\$113,550	\$136,260	\$181,680
8	\$50,560	\$69,773	\$75,840	\$101,120	\$126,400	\$151,680	\$202,240

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: \_\_\_\_\_

Internal

Approved

Effective

Notified:

# 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:**

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