



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Parkview Huntington YMCA
Huntington, IN

Date: _____
New or Renewal **(Circle One)**

YMCA Membership Financial Assistance Application

Step 1. Primary Applicant Information

First Name _____ Middle Initial _____ Last Name _____

Birth Date _____ Gender: M ___ F ___

Address _____ City _____ State _____ Zip _____

Primary Phone Number _____

Email Address _____

Employer _____ Work Phone _____

I understand I must re-apply for assistance every 6 months. _____ Y or N _____

Step 2: All Members Living in the Household

Adult: _____ DOB: _____ Gender: ___ M ___ F

Adult: _____ DOB: _____ Gender: ___ M ___ F

Child: _____ DOB: _____ Gender: ___ M ___ F

Child: _____ DOB: _____ Gender: ___ M ___ F

Child: _____ DOB: _____ Gender: ___ M ___ F

Child: _____ DOB: _____ Gender: ___ M ___ F

Child: _____ DOB: _____ Gender: ___ M ___ F

50% OFF Membership Today

Step 3: I receive one or more of the following: Check ALL that apply and provide copies.

____ TANF

____ Medicaid

____ HIP

____ CHIP

____ SNAP

____ SS or VA Disability

OR

***I need more of a discount!**

Step 4: I will provide the front page of my 1040 with gross income for each adult OR pay stubs for one month from each adult in the household.

Y _____ or N _____

Annual Income \$ _____

Monthly Income \$ _____ x 12 = \$ _____

I did **NOT** file taxes and can provide alternative income documentation.

Y _____ or N _____



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YMCA Program Financial Assistance Application

In order for any program discounts to be approved, please provide copies of the documents listed in Step 4 (see front page).

Please indicate which individuals will be needing assistance and which programs you are applying for below.

| | |
|---|---------------------|
| Participant Name _____ | Date of Birth _____ |
| YMCA Member: _____ Y _____ N | |
| Program Applying for _____ | Program Cost _____ |
| How much can you pay for this program? \$ _____ | |
| Participant Name _____ | Date of Birth _____ |
| YMCA Member: _____ Y _____ N | |
| Program Applying for _____ | Program Cost _____ |
| How much can you pay for this program? \$ _____ | |
| Participant Name _____ | Date of Birth _____ |
| YMCA Member: _____ Y _____ N | |
| Program Applying for _____ | Program Cost _____ |
| How much can you pay for this program? \$ _____ | |

Please fill out our Huntington Community Health Improvement Survey (Enclosed with this application).

In consideration of being permitted to utilize the facilities, services, and programs of the Parkview Huntington YMCA we agree to hereby and forever release, waive, acquit, discharge and to hold strictly harmless the YMCA, it's agents and employees of any claims arising, incurred or sustained by the undersigned, including spouses, partners and those living in the home, or children of the undersigned. We agree to abide by the YMCA Code of Conduct. We acknowledge the policy of the YMCA to deny individuals convicted of a sexual offense and understand that the YMCA checks its member records for convictions.

Print Name _____ Signature _____ Date _____

YMCA Staff Member Signature _____ Date _____

| | |
|------------------------------------|-------------------------------|
| FOR OFFICE USE ONLY | |
| Membership Type: _____ | Reduction % _____ |
| Monthly Fee: \$ _____ | Date Approved: _____ |
| Expiration Date: _____ | Current Balance Due: \$ _____ |
| Program Assistance Approved: _____ | |



Huntington Community Health Improvement Survey

*Please complete this short survey and return it with your financial assistance application. To maintain confidentiality, please do **NOT** write your name on this survey. The results will be used to ensure that we are offering services to best meet the needs of the community.*

1. On average, how many hours per week are you physically active?
 - a. 0-1 hours/week
 - b. 2-4 hours/week
 - c. 5-7 hours/week
 - d. More than 7 hours/week

2. Please describe your current state of emotional well-being.
 - a. 0-1 (I'm completely overwhelmed with the challenges in my life.)
 - b. 2-4 (I have significant challenges, but am able to keep my head above water.)
 - c. 5-7 (I have significant challenges, but am able to keep my head above water.)
 - d. 8-10 (I'm able to handle stress productively. I'm basically satisfied and happy.)

3. On average, how many fruits and vegetables do you consume in a typical day?
 - a. 0
 - b. 1-2
 - c. 3-4
 - d. More than 5

4. Including yourself, does anyone in your household smoke?
 - a. Yes
 - b. No

5. What is the number one barrier to reaching your health goals?
 - a. Ability to pay for memberships and services
 - b. Access to safe sidewalks, trails, parks, or community resources
 - c. Healthy foods are too expensive
 - d. Not sure how to get started (need help or guidance)
 - e. Physical limitations
 - f. My personal lifestyle choices

6. At this time in your life, how important is maintaining a healthy lifestyle?
 - a. 1 (Making healthy choices is not important compared to my other challenges.)
 - b. 3 (I try to make healthy choices, but only when it's convenient.)
 - c. 5 (Healthy Living is at the top of my priority list.)