## **OPEN DOORS**

The Mansfield Area Y is a non-profit health and human services organization committed to helping people grow in spirit, mind, and body. The Mansfield Area Y is here to serve people of all ages, backgrounds, abilities, and incomes. The Y is community-based and believes that its programs and services should be available to everyone. That is why the Mansfield Area Y offers an OPEN DOORS program. OPEN DOORS is a sliding fee scale that is designed to fit each individual's financial situation. Over the years, we have found that the OPEN DOORS program is most utilized by:

- Youth referred by schools, churches and organizations
- ➤ Adults who are temporarily out of work
- Those who are divorced and are experiencing financial hardships
- People on fixed incomes
- ➤ People who are overwhelmed by medical bills
- ➤ Those experiencing other financial hardships

The Mansfield Area Y requires that individuals provide the requested information on the attached form regarding income, family size and necessary expenses so that it can provide financial assistance in a fair and consistent manner. The Y also requires that individuals reapply when requested to keep the information on their application updated.

Your fees are subject to increase when you reapply. If you do not reapply when requested, your enrollment may be terminated.

To process your application, we will need the following information:

- Copy of last year's tax returns
- ➤ Copy of last two consecutive pay stubs for all wage earners or copy of eligibility letter for welfare or food stamps
- > Documentation for all incoming funds AND expenses.
- ➤ If applicable, Copy of social security check or disability checks (or copy of bank statement showing amount of automatic monthly deposit)
- > Proof of Dependency for all children listed on application
- ➤ If you are renewing your Open Doors membership please include, on a separate sheet of paper, a short essay describing how your Y membership has helped you and (if applicable) your family to grow in mind, spirit, and body.

NOTE: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040).

Please allow 60 days to process your application. After this period, you may call the Y to see if your application has been approved or if you need to submit additional information.

All Mansfield Area Y members receive the same membership benefits, regardless of whether or not they are receiving assistance. Y members can feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families and strong communities.

## MANSFIELD AREA Y OPEN DOORS APPLICATION

## **Personal Information:** Name: Home Phone: Apt#\_\_\_\_\_ Address: State:\_\_\_\_\_ Zip:\_\_\_\_\_ Date of Birth: Are you a full-time student? \*\*If yes, please provide proof of enrollment and/or financial aid. Are you married?\_\_\_\_\_ Total number of dependants Is any other adult a full-time student?\_\_\_\_\_ List names (last names if different from applicant), date of birth, gender and relation to the Open Doors applicant. All persons listed must be claimed on the same tax return. D.O.B. M/F Relationship: D.O.B. M/F Relationship: 2.)\_\_\_\_\_ D.O.B. M/F Relationship: 3.)\_\_\_\_ D.O.B. M/F Relationship: 4.)\_\_\_\_\_ D.O.B. M/F Relationship: 5.) D.O.B. M/F Relationship: D.O.B.\_\_\_\_\_ M/F Relationship:\_\_\_\_\_ D.O.B. M/F Relationship: 8.) **Employment Information: Include anyone in the household with income** Work Phone: Applicant's Employer\_\_\_\_\_ City State Address Length of Employment Position\_\_\_\_ Part-Time\_\_\_\_ Full-Time\_\_ Gross Monthly Income (before taxes)\_\_\_\_\_ Supervisor's Name\_\_\_\_\_ Other Earner's Employer\_\_\_\_\_ Work Phone: City State Address Length of Employment\_\_\_\_\_ Part-Time\_\_\_\_\_ Full-Time\_\_\_\_\_ Gross Monthly Income (before taxes) Supervisor's Name\_\_\_\_ (For Office Use Only)

Membership Type (circle one): ADULT FAMILY

Staff Receiving

Date Received

## **INCOME and EXPENSES**

Please complete, using "0" for any that do not apply

INCOME	EXPENSES
Applicant's Gross Monthly Income \$	Rent/Mortgage (circle one)
Other Gross Income \$	\$Auto Loan
Child Support (Received) \$	Utilities
Aid to Dependent Children \$	
Welfare (submit copy) \$	**
Food Stamps (submit letter) \$	
Reduced Lunch Program YN	\$Child Care
Foster Care Reimbursement \$	
Other (Please Explain) \$	Cable or Satellite TV
TOTAL CDOCC MONTHLY MANCOMED	\$Groceries & Fuel
TOTAL GROSS MONTHLY INCOME\$	Other (Please Explain)
(HOUSEHOLD)	
TOTAL GROSS ANNUAL INCOME \$	<del>_</del>
(HOUSEHOLD)	
Dogs anyona alsa shara hausahald aynansas?	Total Number in Household
Does anyone else share household expenses?	Total Number in Household
How much do you feel you can afford each month?	
Trow much do you reer you can arrord each mondr.	_
Reason for applying for OPEN DOORS program?	
Reason for applying for of the books program.	
<ul> <li>Proof of social security/disability income: eithe the regular monthly deposit amount</li> <li>Proof of expenses: a copy of the most current st medical, auto loan(s), insurance, any other doct</li> <li>Proof of dependency for ALL children: either b or court of order showing legal custody</li> <li>Proof of welfare of food stamps: either a copy of monthly deposit amount, or a copy of an official</li> <li>Child support statement (paid or received)</li> </ul> If you are renewing your Open Doors membership please	ge earner as well as documentation of all incoming funds r a copy of the check or a copy of a bank statement that shows ratements for rent/mortgage, ALL utilities, cable/satellite TV, amented expenses. irth certificate with your name as a parent, an adoption decree, of the check, a copy of a bank statement showing the regular l agency document
describing now your 1 membership has helped you and (	z applicasies jour family to grow in imita, spirit and souj.
	ER ALL INFORMATION IS SUBMITTED AND ALL THE LED OUT COMPLETELY!
I verify that all information submitted is correct, complete, at Mansfield Area Y within 30 days. If I submit false or inaccu changes within 30 days, I may be terminated from the OPEN	rate information, or fail to notify the Mansfield Area Y of

Date

Signature of Applicant