



Brevard County Parks and Recreation

2012 SUMMER CAMP

Financial Assistance Program



Thank you for registering your child for the Brevard County Parks and Recreation Summer Program. It will be a fun and entertaining time for the children with lots of great adventures already planned.

If you wish to apply for a reduced rate, please follow the steps below. If you are eligible for a reduced rate, the reduction will apply for one (1) year from date of certification for all Brevard County run and/or sponsored programs. *This determination covers Holiday break, Spring break and all scheduled One Day Fun Day activities.*

Step 1:

To apply for financial assistance, review and complete the attached application. If you have not completed the process outlined in this letter, you will be asked to pay 50% of the first week's fee before your child will be admitted to the program. If it is determined that you are to pay more than 50%, the balance for the first week will be due when you return the signed Discount Determination form to the program site.

Step 2:

Take the registration form, completed application, and the items listed on the attached checklist to the Early Learning Coalition on the following dates:

May 11th, May 25th, June 1st, June 13th and June 27th.

The locations and times are listed below:

Early Learning Coalition LOCATIONS	TIME
Titusville 725 DeLeon st	10am-12pm and 1pm -3pm
Rockledge 1018 Florida Ave	10am-12pm and 1pm -3pm
Melbourne 2080 W Eau Gallie Blvd Ste A	10am-12pm and 1pm -3pm

You have seven (7) days in which to return the signed Discount Determination form to the program site. If you are eligible for a discount, it will immediately apply. Your weekly payment will be due prior to the child attending the program.



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In order to determine if you are eligible for financial assistance, you must bring the following items:

- ✓ Photo Identification and Brevard County address verification (utility bill, lease, letter from landlord, etc...)
- ✓ Social Security cards for all household members (optional, used for case identification purposes)
- ✓ Birth certificates for all children listed on the application
- ✓ If any person other than the child's legal parent is trying to register the child, they must provide one of the following document showing proof of guardianship:
 - Court order
 - DCF referral or proof of guardianship
 - Signed, dated, and notarized statement from parent authorizing an individual to enroll the child and that the child is under their guardianship. This statement must also include the absent parent's full names, addresses and phone numbers.
- ✓ Completed Summer Program registration form
Proof of last 30 days of income for all household members (bring all that apply)
 - Pay stubs for last four (4) weeks
 - If you do not receive actual paystubs, you may provide a letter from your employer on business letterhead that states your gross and net income for the last four (4) weeks. It must include name/address/phone of business and must be signed and dated by your employer.
 - If you are self-employed, you must bring last year's (2011) completed tax return (business and/or personal). If you are self-employed in a new business and have not yet filed a tax return, you will need to bring complete year-to-date business records showing gross income and receipts for the business.
 - If receiving unemployment, bring proof of payment history. Must provide payment history or Wage Transcript and most recent bank statement showing deposits or Wage Transcript and last 4 warrants mailed to you.
 - Child support documentation (Printout from Clerk of Courts website showing payments received for last 4 weeks. If you receive Voluntary Child Support, copies of checks/money order receipts for 4 weeks OR signed/dated letter from parent paying support that lists all payments made in the last 4 weeks.
 - Other unearned income verification: i.e. current award letter for TANF, SSI, SSA, Retirement, RCG, Veteran's, etc. For Relative Caregiver funds or TANF benefits submit a **current ACCESS** printout showing benefit amount and who receives it.

Please note: If your application is incomplete your discount cannot be determined.



BREVARD COUNTY PARKS AND RECREATION

FINANCIAL ASSISTANCE PROGRAM APPLICATION



PARENT/GUARDIAN NAME: _____

HOME ADDRESS: _____
(number, street and apartment # , if applicable)

City: _____ County: _____ State: _____ Zip Code: _____

MAILING ADDRESS (if different from above): _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Ph # _____ Work # _____ Cell/Alt. # _____

HOUSEHOLD INFORMATION- LIST ALL THE PEOPLE THAT LIVE IN YOUR HOUSEHOLD

NAME	RELATIONSHIP TO CHILD	DATE OF BIRTH	SOCIAL SECURITY#*	RACE/ETHNICITY	GENDER
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

*SOCIAL SECURITY NUMBER IS OPTIONAL. IF PROVIDED, ONLY USED TO IDENTIFY YOUR CASE.

1. Are you currently employed? **Yes or No**

If yes, list employer: _____

2. Does anyone else in the household work? **Yes or No**

If yes, who? _____

List all income for all household members (Including Wages, Child Support, SSI, SSA, TANF, Alimony, Pension, etc...)

Household Member	Type of Income	Amount received	How often received

I certify that the above information is true and correct.

Applicant Signature: _____

Date: _____



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Discount Determination

It has been determined that _____ is eligible for a discount of _____ %
off the cost of Summer Day Camp at _____

for the following children:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Eligibility Specialist: _____ Date: _____

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The below is determined by Community Centers in identified neighborhood strategy areas.

- In addition to the above discount the children identified above are eligible for an additional discount of 50% because they reside in and are attending a program in an identified neighborhood strategy area.
- Identified neighborhood strategy area: _____