



Eastern Rio Blanco Metropolitan Recreation and Park District Reduced Rate Program

ERBM Recreation & Park District (District) desires to provide individuals and families who reside within the District an opportunity to participate in its recreation programs despite their inability to do so due to financial hardship. If the cost of a program prohibits an individual or family from participating due to their current individual or family financial status, that individual or family may apply for assistance through the District's Reduced Rate Program. The Reduced Rate Program is designed to assist individuals and families in paying the cost of the District's programs or Meeker Recreation Center fees and is intended to supplement a contribution from the participants, not to fully cover participation fees. The District's Reduced Rate Program is funded on an annual basis and may be discontinued or revised at any time at the District's discretion.

Criteria for Determining Eligibility

1. The parent, foster parent, or legal custodian must be eighteen (18) years of age or older to apply.
2. Individuals and/or the family seeking financial assistance must reside within the District's boundaries.
3. Children in foster care are automatically eligible for financial assistance through the Reduced Rate Program.
4. The reduced rate provided will be 50% of the total cost of the program or Meeker Recreation Center fee.
5. To be eligible for a reduced rate, the individual must currently receive need-based assistance from either the federal or state government. Verification of participation in such federal or state government assistance programs will be required (either by documentation from the applicant of his/her current receipt of such assistance or verification of the information from an agency contact provided by the applicant). Failure to provide the requested information will result in a denial of the application.
6. The District believes a sense of commitment and ownership is developed if the individual receiving assistance contributes to the cost of the programs for which the individual is receiving the reduced rate. Therefore, individuals that receive the reduced rate will be asked to pay the difference between the financial assistance they receive and the cost of the program in which they intend to participate (i.e., the applicant will have to pay the remaining 50% cost of the program).
7. Certain programs are excluded from eligibility for the Reduced Rate Program.

Procedure to Apply

1. Applications are available at the Meeker Recreation Center, and must be completely filled out and returned to the District.
2. Financial assistance will be based upon a thorough review of the application and the supporting information, and as determined by the Executive Director or designee. The number of reduced rate recipients will vary depending on the extent of demonstrated need and availability of funds. No award of financial assistance is guaranteed.
3. As soon as practicable, the District will send a letter to the applicant outlining whether they have been accepted into the Reduced Rate Program, the start date of any such reduced rate and when the individual can commence participation.
4. Financial assistance is awarded on an annual calendar year basis and applications for the Reduced Rate Program must be completed each year. Financial assistance awards expire December 31st of each year. The fact financial assistance was provided in the prior year is no guarantee that such assistance will be awarded in any future year.

Please contact the District Office at (970) 878-3403 for further information.

Date of Application _____



**EASTERN RIO BLANCO METROPOLITAN RECREATION & PARK DISTRICT
REDUCED RATE PROGRAM APPLICATION**

Applicant understands that if the applicant is awarded, and accepts, financial assistance from the District, the applicant will have to pay a portion of the fee for any classes in which the applicant wants to register, or any memberships you wish to purchase. Such fee will be due at the time of registration or purchase. Payment plans are available for annual memberships. This application shall constitute the applicant's initial registration form with the District.

Person requesting Reduced Rate (please print):

Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Gender: _____

Date of Birth: _____ Do you have any allergies: Yes ___ No ___

If yes, please list: _____

Emergency Contact information:

Name/Relation: _____ Phone: _____

Please complete the following information for each additional household member. **This information is required.**

Name: _____

Gender: _____

Date of Birth: _____

Do you have any allergies: Yes ___ No ___

If yes, please list: _____

Emergency Contact Information:

Name: _____

Relation: _____

Phone: _____

Name: _____

Gender: _____

Date of Birth: _____

Do you have any allergies: Yes ___ No ___

If yes, please list: _____

Emergency Contact Information:

Name: _____

Relation: _____

Phone: _____

Please complete the following information for each additional household member. **This information is required for participation in the District's programs.**

Name: _____
Gender: _____
Date of Birth: _____
Do you have any allergies: Yes ___ No ___
If yes, please list: _____

Name: _____
Gender: _____
Date of Birth: _____
Do you have any allergies: Yes ___ No ___
If yes, please list: _____

Emergency Contact Information:
Name: _____
Relation: _____
Phone: _____

Emergency Contact Information:
Name: _____
Relation: _____
Phone: _____

If there are any additional household members, please list each person and information as listed above and attach to the application.

Please list which, if any, of these dependents residing with you are in foster care:

Please list any need-based assistance you receive from either the federal or state government (for example, free and reduced lunch program, federal food stamps, Supplemental Social Security Income (S.S.I.) or S.S.D., W.I.C. Recipients, Section 8 or Public Housing, Medicaid Recipients, or Child Health Plan Plus (CHP+) :

PLEASE PROVIDE DOCUMENTATION OF YOUR CURRENT RECEIPT OF THE GOVERNMENT ASSISTANCE IDENTIFIED ABOVE OR PROVIDE CONTACT INFORMATION BELOW FOR THE AGENCY REPRESENTATIVE(S) WHO CAN VERIFY YOUR PARTICIPATION IN THE ASSISTANCE PROGRAMS.

APPLICATIONS SUBMITTED WITHOUT THIS INFORMATION WILL NOT BE CONSIDERED.

Name: _____
Agency: _____
Number: _____
Email Address (if known): _____

Name: _____
Agency: _____ Phone
Phone Number _____
Email Address (if known): _____

Name: _____

Name: _____

Agency: _____

Agency: _____ Phone

Number: _____

Phone Number _____

Email Address (if known): _____

Email Address (if known): _____

I certify that all the above information is true and correct. I understand that District personnel may verify the information on the application and that a deliberate misrepresentation of the information will result in forfeiture of assistance and may prohibit future eligibility for the reduced rate program.

Signature _____ Date _____

Internal Use Only:

Date Approved: _____ Approved By: _____