



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# THE Y IN CENTRAL MARYLAND FINANCIAL ASSISTANCE APPLICATION

**APPLICATION FOR:** (Check any that apply and write in the school name / care location below.)  
Location listings and general information are available online at [ymaryland.org](http://ymaryland.org) or at any Y center.

- BEFORE/AFTER SCHOOL ENRICHMENT** (grades K-5): \_\_\_\_\_  
*Applications accepted July 1<sup>st</sup> preceding the start of the school year, until all funds are distributed.*
- PRESCHOOL** (up to age 5): \_\_\_\_\_  
*Applications accepted July 1<sup>st</sup> preceding the start of the school year, until all funds are distributed.*
- SUMMER CAMP** (grades K-12): \_\_\_\_\_  
*Applications accepted January 1<sup>st</sup>, until all funds are distributed.*

**For MEMBERSHIP assistance, please apply at your local Y center.**

## STEP 1 Enter Household Information: (Please print clearly)

First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender:  M  F

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ APT: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check One: Single: \_\_\_\_ Married: \_\_\_\_ Separated: \_\_\_\_ Divorced: \_\_\_\_ Employment Status: \_\_\_\_\_

### List names (including last names if different from applicant) and ages of everyone else residing in your household:

First Name	Last Name	Age	DOB MM/DD/YY	Gender	Relationship i.e. spouse, son, etc	Employment Status i.e. working part time, full time, etc
1. _____	_____	____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
2. _____	_____	____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
3. _____	_____	____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
4. _____	_____	____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
5. _____	_____	____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

(Please use an additional application OR attach another document if you need extra space for additional names.)

## STEP 2 Verify household income and submit supporting documents:

**A)** What is your current annual gross household income? \$ \_\_\_\_\_

**B)** Did you or another household member file federal taxes for last year? \_\_\_\_YES \_\_\_\_NO

If **YES** → Submit a copy of your most recent federal tax return 1040 form **AND** a copy of **ONE** of the following supporting documents:

- Last two pay stubs, for all household members
- Retirement income documentation
- Social security or disability award letter(s)
- Unemployment income verification

If **NO** → Submit a copy of **ALL** of the following supporting documents that are applicable:

- Last two pay stubs, for all household members
- Retirement income documentation
- Social security or disability award letter(s)
- Unemployment income verification
- Temporary Cash Assistance
- If \$0 income - Letter of how you meet your expenses

**C)** Do you receive Child Support? \_\_\_\_YES \_\_\_\_NO If yes, what is the monthly support? \$ \_\_\_\_\_ (**submit supporting documents**)

**D)** (optional) Attach a letter stating your specific need and/or hardship. Include special circumstances (if any) in the letter.

## STEP 3 Apply for the Child Care Subsidy Program with the State of Maryland and submit CCS status information.

**All applicants are required to apply to CCS Central for Child Care Subsidy program vouchers (formally POC vouchers) and submit a copy of your decision letter prior to our processing this application. If a new applicant to CCS, we can accept a copy of the receipt received when applying in lieu of a decision letter. Please call 1-866-243-8796 or email [CCSCentral@conduent.com](mailto:CCSCentral@conduent.com) for more information and to request an application. Y assistance applications will NOT be processed without this information.**

## STEP 4

The information I have provided on this form is complete and correct and I agree to provide additional documentation upon request to verify need of financial assistance. I understand that the Y provides financial assistance to the extent that resources are available and that the Y reserves the right to refuse assistance to any applicant. I also understand that my current Y account must be in good standing prior to this application being processed.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit this completed application and all supporting income documentation to the Y by either:  
**FAX:** 410-779-9426 **EMAIL:** [CustomerService@ymaryland.org](mailto:CustomerService@ymaryland.org) **IN PERSON:** At your local Y center  
**MAIL:** 303 West Chesapeake Avenue, Baltimore, MD 21204 Attn: Customer Service Department  
**QUESTIONS? CALL:** 443-322-8000