



Child Care Services Program CRRSA-Y.M.C.A. Membership Assistance Application

The Oneida Child Care Services department received supplemental funding under the Coronavirus Relief and Response Supplemental Appropriations Act (CRRSA). The Child Care Services Department will be offering assistance toward YMCA Membership fees for a total of 12 months. The assistance is for monthly membership fees only and will not include costs associated with special programs or classes the YMCA may offer. Approved applicants may join any of the YMCA locations in Brown or Outagamie Counties. Applications will be accepted starting May 3, 2021. Qualifying applicants will receive an approval letter in the mail which will be needed at the time of registration at the YMCA.

The intention of offering this assistance is to:

- Promote family engagement, socialization, and access to physical activity in a safe environment
- Support the mental and emotional wellness of families

Eligibility Criteria

- At least one household member must be enrolled in a federally recognized tribe.
- Must live on the Oneida Nation Reservation or reside in Brown or Outagamie county.
- One child in the household must be between the ages of birth and 12 years of age.

CHECKLIST (Incomplete applications will be mailed back to applicant)

Applications Requirements:

- _____ Tribal enrollment verification for one person in the household
- _____ Residency Verification (mail postmarked within the last 30 days, Ex: utility bill, lease)
- _____ Legal/temporary custody verification (if you are not the biological parent caring for the child)
- _____ Social Security Number for all household members (only list on application)
- _____ Copy of Birth certificate or tribal enrollment card for 1 qualifying child
- _____ Application must be completed in full, signed and dated

CRRSA-Y.M.C.A. Membership Assistance Application

YOU MUST BE APPROVED BEFORE REGISTERING WITH THE YMCA

APPLICANT INFORMATION				
Last Name	First Name	M.I.	Soc. Sec. Number	
Physical Address			On Reservation <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	Zip	County	
Mailing Address (if different than above)				
City		State	Zip Code	
Phone Number (area code)	Current YMCA member? (Circle one) Yes No Location:		YMCA area preference? (Circle one) Green Bay Fox Cities	
Date of Birth	Tribe	Tribal Enrollment Number		
How are you related to the children on the application? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caretaker/guardian or relative (Court documents needed)				

ADDITIONAL HOUSEHOLD INFORMATION

List EVERYONE living in the household i.e. children, other relatives, friends

Full Name	Date of Birth	Social Security Number	Relationship	Enrolled in Federally Recognized Tribe?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Listing people who DO NOT reside in your household will lead to an automatic denial of your application.

CRRSA-Y.M.C.A. Membership Assistance Application

AGREEMENT STATEMENT AND SIGNATURE
--

I understand that false or misleading information on my application may result in denial of benefits, including future CCDF/CRRSA benefits/programs.
--

Applicant Signature	Date
---------------------	------

Print Name

PLEASE MAKE SURE YOUR APPLICATION INCLUDES ALL THE REQUIRED VERIFICATIONS BEFORE SUBMITTING THE APPLICATION

FOR OFFICE USE ONLY

Approved: Yes	No	Date Approved:	Staff Initials:
---------------	----	----------------	-----------------