



The “REC” EXPANDED LEARNING / SUMMER CAMP 2020-2021 Sliding Fee Scale and Application

Thank you for your interest in the Emeryville After School Program or Emeryville Summer Camp. To be eligible for the sliding scale fee you must be:

- An Emeryville Unified School District Student** And/Or **A City of Emeryville Resident**

Families are also required to meet the income requirements for subsidized care outlined in this application. Enrollment is first come first served even if you turn in your application by the deadline. Please see the priority deadlines for sliding scale below:

Priority Deadline for Summer 2020: May 22, 2020, 6pm @ ECCL Office. Valid until for 1 Year

Priority Deadline for 2020-21 School Year: August 14, 2020, 6pm @ ECCL Office. Valid for 1 Year

Applications received after these dates will be processed based on staff availability.

Please read and sign below:

- There is only sliding scale rates for TK-8th grade summer camp and TK-5th grade after school programs.
- The sibling discount does not apply to the sliding scale rates.
- A \$5 non-resident (NR) fee will be assessed for each Emeryville Non-Resident
- ALL sources of income MUST be reported by each parent/guardian in the home
- Completing this form and process does not guarantee enrollment into program as space is limited.
- Once approved for sliding scale, your child(ren) will not be automatically enrolled in program. All registration paperwork and payments need to be completed by the published deadline.
- The City will not keep incomplete packets. Please make sure you get an approval form for your records.
- Applicants must be current legal guardians of the listed participant(s) to qualify for sliding scale
- See next page for a complete list of documentation requirements/ acceptable documents. Additional information/documentation may be requested at the staff’s discretion.
- All information you provide will remain confidential.

I have read and understand the above information: _____ **Date:** _____

<p style="text-align: center;">After School Program:</p> <p><input type="checkbox"/> M-F 1:30pm-6pm (TK/Kindergarten)</p> <p><input type="checkbox"/> M/T/Th/Fri, 3pm-6pm; W 1:30pm-6pm (Grades 1-5)</p>	<p style="text-align: center;">Summer Camp:</p> <p><input type="checkbox"/> Basic Day: M-F 9am-4pm</p> <p><input type="checkbox"/> Extended Day: M-F 7:30am-6pm</p>
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Income Limits are based on Alameda County HUD Guidelines

Family of 2	Family of 3	Family of 4	Family of 5	Family of 6+	%	TK/Kinder ASP (monthly)	Grades 1-5 ASP (monthly)	Summer Basic Day (weekly)	Summer Ext. Day (weekly)
\$2,479 & Under	\$2,788 & Under	\$3,096 & Under	\$3,346 & Under	\$3,592 & Under	30%	\$81/ \$86NR	\$60/ \$65NR	\$30/ \$35NR	\$42/ \$47NR
\$2,480- \$4,133	\$2,789- \$4,650	\$3,097- \$5,163	\$3,347- \$5,579	\$3,593- \$5,992	50%	\$135/ \$140/NR	\$100/ \$105NR	\$50/ \$55/NR	\$70/ 75NR
\$4,134- \$6,571	\$4,651- \$7,392	\$5,164- \$8,213	\$5,580- \$8,871	\$5,993- \$9,529	80%	\$216/ \$221NR	\$160/ \$165NR	\$80/ \$85NR	\$112/ \$117NR
Over \$6,571	Over \$7,392	Over \$8,213	Over \$8,871	Over \$9,529	100%	\$270/ \$275NR	\$200/ \$205NR	\$100/ \$100NR	\$140/ \$145NR

NR=Non-Resident

Updated 2/21/2020

EMERYVILLE COMMUNITY SERVICES
Application Checklist



Date: _____ Name of Parents/Guardians: _____

All supporting documents must be originals. Paperwork suspected of not being accurate will be returned and new paperwork will be needed. Please place a check (✓) mark next to items as you fulfill each requirement.

1. Are you the legal parent/guardian of the child(ren) who would receive this sliding scale rate? Yes No
 2. Are you a one income household? Yes No
 3. Does your spouse and/or other child's Parent/Guardian live in the home with you? Yes No
- If both #2 and #3 are answered "yes" then a tax return is the only accepted proof of income.**

SLIDING SCALE APPLICATION FORM

**INCOME VERIFICATION: PER PARENT/GUARDIAN WITHIN THE HOUSEHOLD

- A. EACH Employed/Working Parent and Guardian WITHIN THE HOUSEHOLD needs to provide one of the following:
- LAST YEARS FEDERAL TAX RETURN (REQUIRED IF SELF EMPLOYED)
 - LAST YEARS W2'S FOR EACH JOB HELD
 - LAST THREE CONSECUTIVE ORIGINAL PAY STUBS

And if applicable

- A complete and signed Declaration of Self Employment Form per parent/guardian (Attachment A)

- B. EACH Unemployed Parent/Guardian WITHIN THE HOUSEHOLD needs to provide:

Proof of Benefits (provide all that is received, fill out)

- Retirement/Pension (all retirement income, last three statements of each are required)
- Unemployment Award Letter
- Social Security Award Letter
- Disability Award Letter
- Supplemental Security Income (SSI)
- Do you receive: Cal Works/TANF/SNAP Award Letter Yes No**

Or

Proof of Seeking Employment

- Complete Declaration of Seeking Employment Form (Attachment B)

- C. Other Forms of Income:

Do you receive any of the following? Yes No

- Alimony
- Child Support
- Foster Care Subsidy

- CI. Other Income Information

Are there any other adults in the household that supports the household financially (i.g. pay part of the rent, contribute to groceries, pay part of utilities, etc.)? Yes No

Are you a student? Yes No

- Provide your last year's tax return and/or 1098T for all institutions
- Current Student Schedule for all institutions and

BIRTH CERTIFICATES or LEGAL GUARDIANSHIP (first time applicants only)

Please bring in original birth certificates OR proof of legal guardianship for all of the dependents in the household. Including children who are not planning to attend.

RESIDENCY (MUST BE COMPLETED TO GET THE RESIDENT RATE OR IF NOT AN ANNA YATES STUDENT)

Please provide (original copy) ONE of the following to confirm residency within the State of California:

- Utility Bill (PG&E, EBMUD, Water, Garbage)
- Rental/Lease Agreement
- CA Driver's License/CA ID card

PROOF OF ENROLLMENT IN ANNA YATES

**** ALL SOURCES OF INCOME MUST BE REPORTED.**

**“The REC” AFTER SCHOOL AND SUMMER CAMP PROGRAM
2020-21 SLIDING SCALE APPLICATION FORM PAGE 1 OF 2
(EMERYVILLE RESIDENTS AND/OR EUSD STUDENTS ONLY)**



List all children 17 and under living in the home below:

Child's Name	Grade	Age	Date of Birth	School	Attending this camp/after school program?

Adults Assuming Responsibilities and Care of Dependents (Legal Guardians):

A. Parent/ Guardian Name		Relationship to Child(ren)	Phone #	Address
B. Parent/Guardian Name		Relationship to Child(ren)	Phone #	Address
Income Information ALL ADULTS in Family (before taxes) Include any self-employment income			Family Size	
Person Employed	Company Name	Monthly Income	Adults: _____ Children: _____	
		\$		
		\$		
		\$		
		\$		

(continued on next page)

**“The REC” AFTER SCHOOL / SUMMER PROGRAM
2020-21SLIDING SCALE APPLICATION FORM PAGE 2 OF 2**



Please list any and all sources of income you have (check to indicate weekly, monthly, or annually):

Pension/Retirement: \$	Weekly Monthly	Annually
Child Support: \$	Weekly Monthly	Annually
Alimony: \$	Weekly Monthly	Annually
Disability: \$	Weekly Monthly	Annually
Unemployment: \$	Weekly Monthly	Annually
Social Security: \$	Weekly Monthly	Annually
SSI: \$	Weekly Monthly	Annually
*TANF/CalWorks: \$	Weekly Monthly	Annually
Other (specify): \$	Weekly Monthly	Annually

Additional information/documentation may be requested at staff discretion.

***If you receive TANF/CALWorks benefits, you may be eligible for additional financial assistance for childcare through other 3rd party programs (Banana’s, 4C’s, Davis Street, Hively, etc.). See staff for more details.**

By signing below, I agree under penalty of perjury that all statements made in this document are complete, true, and correct to the best of my knowledge. I certify that I have reported ALL sources of income. I hereby consent to allow the City of Emeryville to contact each employer listed and all adults living/ working in my family/household and/or contact all agencies to confirm the income I have listed for purposes of verifying my eligibility for reduced fees. I agree to notify the City of Emeryville staff and update my application if any of the above information changes. I understand that if I do not provide proof of income listed or provide correct information, I may not be eligible for reduced fees.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY-APPROVAL FORM

Parent/Guardian Name: _____

- Initial date of intake: _____ By: _____
- Items to bring to appointment highlighted? Yes _____ No _____
- Date or Appointment and/or Review: ____ / ____ / ____
- Returned Because: _____
- Accepted: YES NO/Reason: _____
- By (Print Staff's Name): _____
- Approved for: _____%
- Recert Date: _____
- Reason for Recert: _____
- Applicant Signature that Approval Form was received: _____ Date: _____
- Date Flag Applied to Account: _____ By (Print Staff's Name): _____

For more information or if you have any questions please call the Emeryville Community Services Department at 510-596-4395 or visit the Emeryville Center of Community Life at 4727 San Pablo Ave. in Emeryville.

Emeryville Community Services

4727 San Pablo Ave
Emeryville, CA 94608
Phone: (510) 596-4395
Fax: (510) 596-4339



SELF-EMPLOYMENT DECLARATION FORM

Date : _____

I, _____, parent/guardian of _____,

am declaring under penalty of perjury that I am self-employed.

I work as a (job description/title) : _____

Days and Hours of Self-Employment

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
A.M.							
P.M.							

Name of Business : _____

Address : _____

Phone # : _____ Cell Phone #: _____

My gross monthly income (before deduction) is: \$ _____

I understand that in order to qualify for sliding scale while self-employed, I must provide a copy of my most recent Federal Tax Return. I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date

Emeryville Community Services

4727 San Pablo Ave
Emeryville, CA 94608
Phone: (510) 596-4395
Fax: (510) 596-4339



SELF-DECLARATION OF SEEKING EMPLOYMENT

Date : _____

I, _____, the parent of _____,
(Parent/Guardian) (Names of all children enrolling in the After School Program)

am seeking care for my children from the Emeryville Recreation Center After School Program in order to seek employment. **I understand that this care is limited to a maximum sixty (60)* consecutive working days (excluding federal holidays) during the After School Program and fourteen (14) consecutive working days (excluding federal holidays) during the Summer Camp. I also understand that the care is limited to five (5) days per week and for less than eighteen (18) hours per week.** My plan to secure, change or increase employment is as follows:

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date

I understand that the Emeryville Community Services Department may request me to provide, no more than once per week, a description of the activities I have undertaken during the previous week to seek employment and as appropriate, may require additional documentation.

*If the parent has concurrently received services based on employment or vocational training for at least twenty (20) working days while receiving services for seeking employment, eligibility for seeking employment may be extended for an additional twenty (20) working days. For such a parent, services for this purpose shall not exceed eighty (80) working days during the contract period.

For Office Use Only

Hours of Service Monday through Friday : _____
Last day of Seeking Employment : _____