# YMCA – GREATER SAN ANTONIO PROVIDER | PHONE 210-924-2277
# PROVIDER IDENTIFICATION NUMBER: 74-1109634

## APPLICATION AND ELIGIBILITY CERTIFICATION FOR SERVICES
SOLICITUD DE SERVICIOS Y CERTIFICACION DE ELEGIBILIDAD

**Important: Be sure that you. Have answered each question correctly and completely.**
Importante: Antes de firmar esta solicitud, lea con much Cuidado para asegurase de haber contestado todas las preguntas.

| **1. Registration Date /** Fecha de registro | **2. Residence Address (Street, City, State)** / Dirección de Residencia en Texas (Calle, Ciudad, Estado, Codigo) | **3. Zip Code** / Código postal | **4. County** / Condado |
|---|---|---|---|

| **5. Home Phone** / Teléfono–Casa | **6. Other Phone** / Otro Teléfono | **7. School District/** Distrito de Escuela **SAISD** | **8. Number of family members including parents /** Numero de miembros en la familia (Incluyendo adultos y ninos) |
|---|---|---|---|

| | **9. Name (Last, First, Middle) /** Nombre (Apellido, Primero, Segundo) | **10.Relationship to Applicant /** Relación de el Applicante | Student ID# | **12. Grade /** Grado | **13. School** / Escuela | **14. Date of birth /** Fecha de nacimiento | **15. SEX /** Sexo | **16. RACE /** Raza | **17. ETHNICITY/** etnicidad |
|---|---|---|---|---|---|---|---|---|---|
| A. | | **Parent 1** | | | | | | | |
| B. | | **Parent 2** | | | | | | | |
| C. | | **Child** | | | | | | | |
| D. | | **Child** | | | | | | | |
| E. | | **Child** | | | | | | | |
| F. | | **Child** | | | | | | | |

**Key 16 Race: White (W), 2 or more (2+), Black (B), Asian (A), American Indian (AI), Hawaiian Pacific Islander (HP)**

**Key 17 Ethnicity: Hispanic/Latino (HL) White (W), Black (B), 2 or more races (2+), American Indian (AI), Asian (A), Hawaiian Pacific Islander (HP)**

**18. Number of Working Hours/** Numero de horas de trabajo:

Mother/Mama:_____ Father/Papa:_____

**19. Program Applying For**/Solicitación de programa:

_____ After School Challenge Program/Programa After School Challenge
_____ Summer Program/Programa de verano

**20. Number of College Hours Enrolled/** Numero de horas de colegio se matriculó:

Mother/Mama:_____ Father/Papa:_____

**21. Number of Workshop/Training/Continuing Education Hours/** Numero de horas de educacion de taller/formacion/continuacion:

Mother/Mama:_ Father/Papa:_____

**IMPORTANT: Be sure that you have answered each question correctly and completely. Do not leave any blanks.**

**I understand that: (1) a person who obtains or attempts to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws, (2) I am entitled to be notified about my eligibility. (3) services will be provided without regard to sex, race, creed, color, national origin, or disability; (4) the information on this application is confidential. I give permission to the City of San Antonio to contact a third party to verify income or family size.**

**I understand that by signing this form, I am applying for services for the After School Challenge Program or Summer Program. I understand that no refunds or prorated amounts are offered for these services. All information provided on the front side of this document represents a complete and accurate statement of my family's circumstances at the time of application.**

**IMPORTANTE: Antes de firmar esta solicitud, lea con mucho cuidado para asegurarse de haber contestado correctamente todas las preguntas.**

Comprendo que: (1) si obtengo o trato de obtener, por medios fraudulentos, servicios a los cuales no tengo derecho, me expongo a cargos judiciales bajo leyes estatales y federales; (2) tengo derecho a recibir un aviso con respecto a mi elegibilidad para servicios. (3) los servicios serán provistos sin distinción de sexo, raza, credo, color, origen nacional, ni incapacidad; (4) la información que doy en esta solicitud será confidencial. Doy permiso al dela ciudad San Antonio con un tercero para verificar ingresos o el número de familia.

Comprendo que al firmar esta solicitud estoy pidiendo servicios de After School Challenge Program o Programa de Verano. Yo entiendo que no habrá devolución ni prorrateo de cantidad alguna por estos servicios. La informacion que se da en esta solicitud es una representación completa y verdadera de la situación actual de la familia del solicitante.

_____
**22. Signature–Applicant** / Firma–Solicitante

_____
**Registration Date /** Fecha de registro

### OFFICE USE ONLY

**23. Household Annual Income $**_____

**24. Income Verification Documents:** _____**Income Tax**

**Other:** _____

**25. Sliding Scale Fee $**_____ **26. Receipt Number:** _____

**27. City Council**_____

**28.** _____
**Signature-Authorized Representative/**
Firma-Representante Auorizado, Persona Responsible, o Testigo

**29.** _____
**Program Start Date /**
Fecha de inicio de programa

PARENTS: Save your copy of this document and the receipt as proof of payment and of your child's enrollment

**Original - Provider** **Copy - Parent**