

Frequently Asked Questions by Financial Assistance Applicants

1. Is my income too high?

Answer: Financial awards are made on a sliding fee scale (see below). Extenuating circumstances are considered.

2. Do I receive more financial assistance because I have more than one child?

Answer: Financial assistance awards are based on income.

3. Will all my information be kept confidential? I don't want others knowing that I am receiving financial assistance.

Answer: The financial assistance application is submitted to the recreation department staff. Your information is photocopied and identifying information (your name, address, social security number, children's names, etc.) is removed.

4. What programs are eligible for financial assistance?

Answer: After school, summer day camp, fun days, winter camp, spring break camp, counselor in training (C.I.T.) program, babysitter training camp, youth basketball league, volleyball camp, and teen camp out.

5. If approved, are all fees due at once or can I pay over the time of the program?

Answer: Recreation staff will coordinate with you on a payment plan.

6. If I'm approved for a program and then don't use it, do I still need to pay for it?

Answer: If you sign up for 3 weeks of summer camp and only use 1½ weeks, you will have to pay for two weeks. We do not break up a week. Similarly, in the after school program, if you receive assistance for a school year and only come for 1 week, you have to pay for the trimester for the week used.

7. Who makes the approval decision?

Answer: The Financial Assistance Committee appointed by Sanibel City Council makes the final decision on award amounts.

*Application and all required paperwork must be submitted within 60 days to present to the Financial Assistance Committee.

| City of Sanibel Financial Assistance Sliding Fee Scale | | | | |
|---|---------------------|---------------------|---------------------|---------------------|
| Annual Household Income Range | | | | |
| | | | | |
| \$0 - \$33,500 | \$33,501 - \$43,500 | \$43,501 - \$53,500 | \$53,501 - \$63,500 | \$63,501 - \$73,500 |
| 80% | 75% | 70% | 65% | 60% |



CITY OF SANIBEL RECREATION FINANCIAL ASSISTANCE APPLICATION

The City of Sanibel has financial assistance available for Recreation Programs. The amount of the financial assistance will be determined using a sliding fee scale and is based on annual income and other financial support received. To assist in our review, please provide the following:

1. Copy of most recent pay stub, W-2, and tax return with social security numbers removed
2. Copy of bank statements for 90 days prior to the date of application if self-employed
3. Proof of filing for child support, if applicable
4. A Valid Florida Driver's License, ID card or Voter's Registration Card showing local address
5. All information must be provided within 60 days of application or the request for assistance will be denied

**The Financial Assistance Committee may require additional information in order to process application.*

***APPLICATION AND ALL REQUIRED PAPERWORK MUST BE SUBMITTED WITHIN 60 DAYS TO PRESENT TO THE FINANCIAL ASSISTANCE COMMITTEE.**

Parent/Guardian: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

List the names of all persons, 18 years & over, living in the household (income tax returns required for each):

1) _____ 2) _____ 3) _____ 4) _____

| | | |
|---|--|--|
| Are you a client of F.I.S.H? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Services received: _____ |
| Do you reside in CHR? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you currently own or rent your residence? | <input type="checkbox"/> Own <input type="checkbox"/> Rent | |
| Do you receive TANF Benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Monthly benefit amount: \$ _____ |
| Do you receive SNAP Benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Monthly benefit amount: \$ _____ |
| Is there a court order for child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Court ordered amount: \$ _____ |
| Case # _____ State: _____ County: _____ | Date ordered: _____ | |
| Do you receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Monthly support amount: \$ _____ |
| Is there a court order for shared child care expenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Court ordered amount/percent: \$ _____ |
| Do you receive the court ordered amount/percentage for shared child care expenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| DO YOU RECEIVE: | | |
| Social Security Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | Monthly amount: \$ _____ |
| Pension | <input type="checkbox"/> Yes <input type="checkbox"/> No | Monthly amount: \$ _____ |
| Spousal Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | Monthly amount: \$ _____ |
| Foster Care payments | <input type="checkbox"/> Yes <input type="checkbox"/> No | Monthly amount: \$ _____ |
| Workers' Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Monthly amount: \$ _____ |
| Unemployment Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Monthly amount: \$ _____ |
| Assistance with housing payments, groceries, utilities, automobile/gas, room/board, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Monthly amount: \$ _____ |
| Any other financial assistance? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Monthly amount: \$ _____ |
| From whom? _____ | | |
| | | SUBTOTAL: \$ _____ |
| Federal Income Tax Return Total Income: | | \$ _____ |
| Federal Income Tax Return Refund Amount: | | \$ _____ |
| Total Household Annual Income: | | \$ _____ |

Check Program(s) for which Financial Assistance is requested:

| | | |
|--|------------------|-----------------|
| <input type="checkbox"/> After School/Middle School Program: | # Children _____ | Amount \$ _____ |
| <input type="checkbox"/> Winter Camp: # of weeks _____ | # Children _____ | Amount \$ _____ |
| <input type="checkbox"/> Spring Break Camp: | # Children _____ | Amount \$ _____ |
| <input type="checkbox"/> Fun Days Program: # of days _____ | # Children _____ | Amount \$ _____ |
| <input type="checkbox"/> Summer Program: # of weeks _____ | # Children _____ | Amount \$ _____ |
| <input type="checkbox"/> C.I.T. Program: # of weeks _____ | # Children _____ | Amount \$ _____ |
| <input type="checkbox"/> Babysitter Training Camp: | # Children _____ | Amount \$ _____ |
| <input type="checkbox"/> Basketball League: | # Children _____ | Amount \$ _____ |
| <input type="checkbox"/> Volleyball Camp: | # Children _____ | Amount \$ _____ |
| <input type="checkbox"/> ZUNI Camp Out: | # Children _____ | Amount \$ _____ |

PROGRAM TOTAL \$ _____

Other than the information provided on page 1 of this application, list any special circumstances to be considered. Attach additional page if more space is needed.

NOTE: I swear and affirm under penalties of perjury that the foregoing representations are true and correct to the best of my knowledge. I will report any change in my financial circumstance within 10 days, in writing with documentation, to the Recreation Staff Financial Assistance Representative. False reporting or lack of reporting may result in discontinuation of assistance. Continued eligibility is conditioned upon program payments being current.

Signature of Parent/Guardian: _____ Date: _____

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by
_____(name of person acknowledging).

(NOTARY SEAL)

Signature of Notary Public

Typed/Printed Name of Notary Public

Personally Known _____ Produced Identification _____ Type: _____
(You may have this application notarized at the Recreation Center, City Hall, Bank of the Islands and Sanibel/Captiva Community Bank at no charge)

This application will be reviewed by the Recreation Financial Assistance Committee in a public meeting which is held at MacKenzie Hall. The Committee will review this application and determine if assistance can be granted. The Recreation Department will contact you and let you know of the Committee's decision.

STAFF USE ONLY

Date completed application received: _____

Staff Signature: _____

Applicant Status: ☐ New ☐ Repeat

All Social Security numbers/names/phone numbers/addresses are blacked out: ☐ Yes ☐ No

Assistance amount has been determined and written on application: ☐ Yes ☐ No

Applicant is aware that they may participate in activity they applied for: ☐ Yes ☐ No

Applicant is aware that a sliding scale based on income is used to determine assistance: ☐ Yes ☐ No

Applicant is aware that the fees for programs are due when the program begins, or at the time the Committee has made a decision on the Financial Assistance application: Staff Initials: _____

Date applicant was contacted about committee decision: _____ Staff Initials: _____

Is F.I.S.H. providing assistance: ☐ Yes ☐ No (If yes) Amount: \$_____

Does the applicant have an outstanding balance? ☐ Yes ☐ No (If yes) Amount: \$_____

Staff must record status here, any outstanding balance, and time and date of calls made to patrons:

Staff must keep track of approved applicant attendance in programs. Staff Initials: _____
(NOTE: Responsibility of Financial Assistance Representative).

Date data entered into RecTrac: _____ Staff Initials: _____

STAFF NOTES:

☐ Application Approved ☐ Application Denied

Committee Approved ☐ Yes ☐ No Date: _____

Assistance amount for After School/Middle School Program: \$_____

Assistance amount for Holiday Camp Programs: \$_____

Assistance amount for Fun Days Program: \$_____

Assistance amount for Summer Program: \$_____

Assistance amount for Babysitter Training Camp, C.I.T., Basketball,
Volleyball Camp, ZUNI Camp Out: \$_____

Total Assistance Granted: \$_____