

TANF GRANT PARTNERING WITH THE YMCA



The YMCA of Youngstown has partnered with the Mahoning County Department of Job and Family Services for a Grant Agreement. Eligible Mahoning County families (200% of Federal Poverty Level for households, and non-custodial parents) can participate in the YMCA Youth Development Programs for children ages 3-18, from October 1, 2022-September 30, 2023. Central YMCA and Davis Family YMCA programs are at NO COST. Camp Fitch YMCA Programs are at a reduced cost. Applications must be completed in full to be processed. For more information, check out our website, email, or call the contact person at each Y.

QUALIFYING PROGRAMS

Central and Davis Family YMCAs

After School Program
Arts & Humanities Classes
ASHI Child & Babysitting Care Class
Athletic Training
Counselor Apprentice
Enrichment Camps
eSports

Field Trips
Instructional Sports Classes
Kids Club
Leaders Club
Lifeguard Academy
Lifeguard Certification
Neptune Competitive Swim Team

Off School Days at the Y
Summer Day Camp
Group Swim Lessons
Y on the Fly
Youth and Government
Youth Basketball League
Youth Soccer Leagues

Camp Fitch YMCA

Mobile STEM Lab

Outdoor Education Camp
Residential Summer Camp

Weekend Adventure Program

PARTICIPANT INFORMATION

ADDRESS: _____ ZIP: _____

EMAIL: _____ PHONE: _____

CHILD'S NAME: _____ GENDER: ___ RACE: _____

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CHILD'S NAME: _____ GENDER: ___ RACE: _____

CHILD'S NAME: _____ GENDER: ___ RACE: _____

CHILD'S NAME: _____ GENDER: ___ RACE: _____

CHILD'S NAME: _____ GENDER: ___ RACE: _____

EMERGENCY CONTACT INFORMATION

NAME: First: _____ Last: _____

EMERGENCY CONTACT PHONE: _____

EMERGENCY CONTACT RELATION: _____

YMCAyo.org

CONTACTS

CENTRAL YMCA

17 North Champion Street
Youngstown, OH 44501

Contact: Nick Gliha

(e) ngliha@youngstownymca.org

(p) 330-744-8411 x 153

DAVIS FAMILY YMCA

45 McClurg Road
Boardman, OH 44512

Contact: Nikki Murray

(e) nmurray@youngstownymca.org

(p) 330-480-5656 x 218

CAMP FITCH YMCA

12600 Abels Road
North Springfield, PA 16430

Contact: Brandy Duda

(e) brandyduda@campfitchymca.org

(p) 814-844-6358

YMCA YOUTH DEVELOPMENT PROGRAM APPLICATION

HEAD of HOUSEHOLD _____ DATE OF APPLICATION _____

STREET ADDRESS _____ PHONE NUMBER _____

CITY, STATE, ZIP _____ SNAP NUMBER _____

SETS CASE NUMBER _____ MEDICAID NUMBER _____

Assistance Group = FAMILY = Caretaker + Child(ren)

NAME	SSN	DOB	AGE	APPLYING FOR YMCA PROGRAM? Y or N	GROSS MONTHLY INCOME

CHOOSE YMCA FACILITY: DAVIS FAMILY YMCA: _____ CENTRAL YMCA: _____

CAMP FITCH: _____

IS YOUR CHILD ELIGIBLE FOR THE FREE AND REDUCED-PRICE MEAL PROGRAM? YES: _____ NO: _____

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

*****MCDJFS USE ONLY*****

TANF GUIDELINE - 200% FPL FOR HOUSEHOLDS WITH A MINOR CHILD APPROVE: _____ DENY: _____

TANF GUIDELINE - 200% FPL FOR NON-CUSTODIAL PARENT APPROVE: _____ DENY: _____

DENIAL REASON: _____

CASE MANAGER: _____ DATE: _____