

# 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, Davis Family YMCA, and Camp Fitch YMCA\* programs are at NO COST. Applications must be completed in full to be processed. For more information, call 330-744-8411. Please return the COMPLETED application to the designated YMCA of Youngstown location, or email to [egeorge@youngstownymca.org](mailto:egeorge@youngstownymca.org).

## 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

Outdoor Education Camp  
Residential Summer Camp

Weekend Adventure Program

## PARTICIPANT INFORMATION

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Required for approval notification

CHILD'S NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ RACE: \_\_\_\_\_

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## EMERGENCY CONTACT INFORMATION

NAME: First: \_\_\_\_\_ Last: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_ EMERGENCY CONTACT RELATION: \_\_\_\_\_

\*Camp Fitch Summer Camp requires a registration deposit.

[YMCAyo.org](http://YMCAyo.org)

## 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 \_\_\_\_\_

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**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: \_\_\_\_\_