



## **ACTIVITY ASSISTANCE PROGRAM**

The City of Healdsburg Community Services Department wants every resident to have an opportunity to participate in recreation programs. The Activity Assistance Program ensure that eligible Healdsburg residents are afforded this opportunity.

### **HOW TO APPLY**

**Activity Assistance is available to City of Healdsburg residents and families who work/live in Healdsburg via the Transient Occupancy Tax (TOT).**

Complete the attached Activity Assistance Application. The form must be completed in full and must include the items below:

- Copy of a Valid Driver's License or Identification Card**
- Proof of Residency in Healdsburg, Geyserville, Cloverdale or Healdsburg based employment**
- Prior Year's Tax Return for each household member or joint tax return (preferred) or benefit statement.**

*The Community Services Staff at its sole discretion may accept other forms of income verification. All applications and attachments are confidential and filed with the Community Services Department for exclusive purpose of determining eligibility for Activity Assistance.*

Activity Assistance is granted on a percentage discount based off household income for a program/class. Completion and submission of the application does not guarantee approval. Incomplete applications will not be considered.

The Activity Assistance must be pre-approved, and submission of the application along with the supporting documents are required two-weeks prior to the first-class meeting. Please allow 3 business days for staff to review application and reach out to you with a determination. In addition, to the percentage of assistance a 20% sibling discount is added when registering multiple children in the same household. Approved applications are valid for 1 year from the time of the approval. Only one application is needed per household.

Family income must not exceed income limits. (See pg. 3)

### **CONFIDENTIALITY**

The information provided on the Application for Activity Assistance will not be given to anyone that is not part of the Community Services Department Staff. The information will only be used to determine eligibility for assistance.

### **NONDISCRIMINATION**

Individuals receiving activity assistance will be treated in the same manner as those who pay the full fee for a program. Individuals will not be discriminated against because of race, sex, color, national origin, age, or disability.

### **PROGRAMS ELIGIBLE FOR ASSISTANCE**

Only programs directly offered by the Community Services Department are eligible for activity assistance; programs that are offered by contracted instructors and other agencies working through the department are not eligible.

Eligible Programs: Swim Lessons, Summer Camp and School Break Camps, In-house Preschool Program, Soccer, Tee Ball, etc.

**If you have any questions or need assistance in completing the application, please call (707) 431-3301.**



**City of Healdsburg**  
**Community Services Department**  
 1557 Healdsburg Ave., Healdsburg CA 95448  
 Phone: (707) 431-3301/ Fax: (707) 431-2852  
 www.cityofhealdsburg.org

**APPLICATION for ACTIVITY ASSISTANCE**

**Applicant' Name:** \_\_\_\_\_ **Relationship to Participant(s):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Please List <u>all</u> Household Members by Name	Is this person an Adult (18+ yrs.)? Please circle Yes or No	Annual Income (only 18+)
1.	Yes      No	\$
2.	Yes      No	\$
3.	Yes      No	\$
4.	Yes      No	\$
5.	Yes      No	\$
6.	Yes      No	\$
7.	Yes      No	\$
8.	Yes      No	\$
<i>Use back of page 3 if necessary for additional household members</i>	<b>Total Annual Household Income*:</b>	\$

**PLEASE READ AND COMPLETE THIS SECTION**

Verification efforts may be carried out through program reviews, audits, and investigations. This may include contacting employers to determine income or benefits and checking the documentation produced by household members to prove the amount of income received. Submission and verification of incorrect information may result in the loss, or reduction of fee assistance award(s), administrative claims, or legal actions.

I certify that all of the above information is true and correct and that all household income is reported. I understand that this information is given for the sole purpose of determining eligibility for activity assistance for City of Healdsburg Community Services Department programs and that those officials may verify the information on the application. Deliberate misrepresentation of the information on this form may subject me to prosecution under applicable State and Federal Laws.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For Community Services Department Use Only</b>		
<b>Date Received:</b>	<b>Req. Docs Included:</b> Y N	<b>Verification of Residency:</b> Y N
<b>Eligibility Determination:</b> Y N	<b>Approved by:</b>	<b>Date:</b>
<b>Notified by:</b>	<b>Date:</b>	



**APPLICATION FOR ACTIVITY ASSISTANCE**

To be eligible for assistance the gross total household income must be less than or equal to the table below.

Percentage Discount Off Program Based on Household Income	Household Gross Income
	Include annual income (before taxes or any other amounts are deducted) for all adults living in the home. Do not include <u>earned income</u> of minor children 17 years or younger.
80%	\$58,000 or less
60%	\$58,000 - \$93,000
40%	\$93,000 - \$103,000
20%	\$103,300 - \$124,000
Full Price	\$124,000 or more

Participant's Name	Birthdate	Age	What Program(s)/Class(es) are you requesting Assistance for?	Class Fee
				\$
				\$
				\$
				\$
				\$

**PARTICIPANT RELEASE FORM**

The City of Healdsburg Parks and Recreation Department staff reserves the right to photograph facilities, activities, and program participants for potential future use. All photos will remain the property of the City of Healdsburg. In consideration of the acceptance of my application for entry into the above event I, the undersigned participant (if 18 years of age or older), or parent or guardian of above named participant in the City of Healdsburg community services program(s), hereby agree that the named participant be allowed to participate in the activity(ies), class(es), or event(s) described on this registration form and in the program brochure. I have been informed of the risks involved in such participation, including, but not limited to, temporary and/ or permanent injury to the property, person, and/or death because or on account of such participation. On behalf of myself and the above-named participant, I hereby waive any and all claims for damages of any kind whatsoever against the City of Healdsburg, its officers, employees, contract instructors and community organizations co-sponsoring programs, arising out of or incidental to participation in any of the above-named activity(ies), class(es), or event(s). I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I further authorize qualified physicians to render emergency medical treatment or care if they deem necessary for the participant because of illness or accident which occurs during the course of any of the above-described activity(ies), class(es), or event(s).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_