

**DUNDEE TOWNSHIP PARK DISTRICT
RECREATION ASSISTANCE PROGRAM APPLICATION (RAP) GUIDELINES
2019**

RECREATION ASSISTANCE PROGRAM POLICIES

1. "Recreation Assistance Program" applications must be submitted each calendar year. Information on this form will be kept on file until December 31 of each year and ***any changes to financial status must be reported promptly by the applicant to the Park District.***
2. All information submitted is confidential and is not a matter of public record of the Park District.
3. All information on the RAP application ***must be true and accurate.***
4. Limited funds are available for grants. All Recreation Assistance Program awards will be based on need and availability of RAP funds at the time of applying.
 - 4a. Grants will be made available to ***children only under the age of 16 years.*** Each family will be eligible to receive discounts up to a maximum of \$300 for the calendar year.
 - 4b. If approved for a pool pass, a 50% discount will be the maximum amount allowed. **Discounts do not apply to daily admission fees.**
5. Upon submission of a grant request, applicants will be notified within two weeks as to their grant status. **Incomplete applications or failure to provide required documents will delay the approval process.**
6. The program is limited to Dundee Township Park District residents or those eligible for resident rates. For families that are resident rate eligible, all restrictions that apply to that eligibility would also apply to the Recreation Assistance Program.

APPLICATION PROCEDURES

1. Complete, in full, the Recreation Assistance Program Application. **Incomplete applications will not be processed.**
2. Submit a copy of all documentation below that is applicable to you:
 - a) Your Illinois driver's license or identification card showing current address
 - b) Most recent federal income tax return with corresponding W-2/1099 forms
 - c) Two of the most current pay stubs for each employed family member in household
 - d) Proof of public assistance from the State of Illinois/U.S. Federal Government **(children must be listed as dependents)**

Note: Proof may be required that children are dependents of applicant.

3. Return your completed application and required documentation to Elsa Peralta, Guest Services Manager at the Rakow Center, 665 Barrington Ave., Carpentersville, IL 60110 or email to EPeralta@DTPD.org. Rakow Center Office Hours: Monday to Friday 8:00 a.m. to 5:00 p.m., phone: 847.428.7131 fax: 847.836.2380.
4. The Guest Services Manager will review each application and verify each family's eligibility. Based upon family size, income level and extenuating circumstances, eligible families will be considered for a grant of 25%, 50% or 75% assistance.
5. If approved, the family will receive a RAP verification card valid until the family maximum amount is met or December 31, whichever is first. The verification card will identify the percentage (%) of assistance the Park District will contribute toward each program fee and the percentage (%) you must contribute toward each program fee throughout the year. **Any remaining funds cannot be applied towards the following year.**

The Recreation Assistance Program **only applies towards program registration fees**. Your RAP verification card allows you to register at a reduced rate for all programs offered through the Dundee Township Park District with the exception of:

- a. Tours and Trips
- b. Adult League Fees or Team Entries
- c. Golf
- d. Child Care - Preschool, After School Care, School's Out Club, and KidZone
- e. Fitness Memberships
- f. Contractual programs
- g. High school and Middle School Athletic Camps- DCHS, JHS, DMS, WCS
- h. Special Events - Egg Hunt, Hallow-Palooza, Saturday Live, etc.
- i. Zoo - Admission, Annual Membership, Hayrides, Birthday Parties, Picnic & Shelter Reservations
- j. Shop Merchandise – Goggles, Aqua Diapers, Food, etc.
- k. Racquetball Court Fees
- l. Facility Rentals for any function i.e. Pool, Gym, Multi-Purpose Room, etc.
- m. Daily Admission Fees i.e. Whirlpool/ Sauna Drop-in, Open Gym, Open/Lap Swim, etc.

All registration procedures and policies in the Park District's program brochures or website apply to RAP recipients. In addition to completing the regular registration form, all RAP recipients must adhere to the following procedures:

1. Complete registration form as detailed in our program brochure/website or as given to you at an in-person registration. When registering you *must* present a valid I.D.to the registration staff.

Please note: Your percentage (%) of contribution is due at the time of registration. There is no billing or extended payment plans. No refunds will be given for previous registrations except in cases of a pending RAP application.

2. If you request a refund or to transfer from one program to another, please contact the Guest Services Manager of Rakow Center at 847.428.7131 or Randall Oaks Recreation Center at 847.836.4260.

2. Other Annual Income Sources

Alimony \$ _____
Child Support \$ _____
Unemployment Compensation \$ _____
Social Security/Disability \$ _____
Interest Income \$ _____
Other _____ \$ _____

Total Other Income \$ _____

3. Total Income for 2018 \$ _____

4. Please explain your current financial situation and any special circumstances that may apply. _____

5. Do you receive public assistance? Yes _____ No _____

(If yes, attach proof of financial assistance from the State of Illinois/U.S. Federal Government.)

III. EXTENUATING EXPENSES

The following information will help us to understand better any extreme financial circumstances.

1. Medical Expenses (other than deductibles) not covered by insurance \$ _____

2. Child Care \$ _____

3. Credit Card Debt (only if over \$5,000) \$ _____

4. Other **excessive** debt, please specify: \$ _____

5. Total Extenuating Expenses for 2018 \$ _____

IV. REASON FOR APPLYING FOR ASSISTANCE

1. What benefits would your children derive from participating in programs offered through the Dundee Township Park District? _____

2. What portion of the program can you afford to pay? _____

3. Please explain the circumstances that necessitate applying for financial assistance. (If additional space is needed, please add a sheet).

V. SIGNATURE

I fully understand that the financial and extenuating circumstances above will be kept confidential by the Park District, that it is my responsibility and obligation to notify the Park District of any changes in financial status, and that all of the above information is true and accurate.

 Applicant's Signature

 Date

FOR OFFICE USE ONLY **Date Received:** _____

GRAND TOTAL ANNUAL FINANCIAL RESOURCES \$ _____

LESS EXTENUATING EXPENSES \$ _____

ADJUSTED ANNUAL INCOME \$ _____

FAMILY SIZE _____

PARK DISTRICT % SUBSIDY GRANTED: 75 50 25

POOL PASS % SUBSIDY GRANTED: 50 50 25

FAMILY % OF CONTRIBUTION: 25 50 75

NOTES: _____

