



Recreation Assistance Program

ELIGIBILITY

The Recreation Assistance Program is only available for Dundee Township Park District residents under the age of 18 years.

POLICY

Applications must be submitted each calendar year. Information on this form will be kept on file until December 31 of each year. **Any changes to financial status must be reported promptly by the applicant to the Park District. All information must be true and accurate.** All information submitted is confidential and is not a matter of public record of the Park District.

The Recreation Assistance Program applies towards program registration fees only. An approval letter allows you to register at a reduced rate for all programs offered through the Dundee Township Park District, with the exception of:

- Child Care - *Preschool, Before/After School Care, School's Out Club and Funshine Treehouse*
- Tours and Trips
- Adult League Fees or Team Entries
- Golf
- Fitness Memberships
- Contractual programs
- Racquetball Court Fees
- Special Events - *Egg Hunt, Halloween Events, SAT Live, etc.*
- Zoo - *Admission, Annual Membership, Hayrides, Birthday Parties, Picnic & Shelter Reservations*
- Shop Merchandise – *Goggles, Aqua Diapers, Food, etc.*
- Facility Rentals for any function, i.e., *Pool, Gym, Multi-Purpose Room, etc.*
- Daily Admission Fees, i.e., *Whirlpool/Sauna Drop-in, Open Gym, Open/Lap Swim, etc.*

All Dundee Township Park District registration procedures and policies apply to Recreation Assistance Program recipients, including the following:

- Complete a regular registration form.
- When registering, you must present a valid I.D.
- Your percentage (%) of contribution is due at the time of registration.
- Billing or extended payment plans are not available. Refunds will not be given for previous registrations except in cases of a pending application.
- If you request a refund or to transfer from one program to another, please contact the Guest Services Manager at Rakow Center at (847) 428-7131 or Randall Oaks Recreation Center at (847) 836-4260.
- Please note: some direct costs included in a program fee may not be eligible for a discount (ex. dance costumes, team uniforms, etc.)

APPLICATION PROCEDURES

Complete, in full, the Recreation Assistance Program Application. **Incomplete applications will not be processed.** Submit a copy of **ALL** documentation below that applies to you:

- Your Illinois driver's license or identification card showing your current address.
- Most recent federal income tax return with corresponding W-2/1099 forms.
- Two of the most recent pay stubs for all employed family members in the household.
- 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 the applicant.*

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.**

The Superintendent of Recreation 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. 50% maximum discount on pool passes (if approved). *Discounts do not apply to daily admission fees.* Assistance is based on the need and availability of Recreation Assistance funds.

If approved, the family will receive an approval letter valid until the maximum family amount (\$500 per calendar year) is met or December 31 of the current year, whichever is first. The letter 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.**



Recreation Assistance Program Application

Year _____

Applicant's Name: _____ Home Phone #: _____

Spouse's Name: _____ Cell Phone #: _____

Address: _____ Work Phone #: _____

City/Zip: _____ Email: _____

Child's Name(s) (First and Last)	Age	Birth date	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Most Recent Annual Household Income *(Please submit required proof)*

Other Annual Income Sources

Total Number in Household

Your Wages \$ _____

Spouse's Wages \$ _____

Other Wages \$ _____

Total Wages \$ _____

Alimony \$ _____

Child Support \$ _____

Unemployment Compensation \$ _____

Social Security/Disability \$ _____

Interest Income \$ _____

Other \$ _____

Total Other Income \$ _____

**Most Recent
Total Income for the Year**

\$ _____

EXTENUATING EXPENSES

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

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

Child Care \$ _____

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

Other Excessive Debt \$ _____ *please specify*

Total Extenuating Expenses for the previous year \$ _____

Do you receive public assistance? Yes (If yes, attach proof of financial assistance from the State of Illinois/U.S. Federal Government.) No

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

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

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

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' Signature *Date*



Return to:

Dundee Township Park District
Elsa Peralta, *Guest Services Manager*
Rakow Center, 665 Barrington Ave.
Carpentersville, IL 60110
or Email to eperalta@dtpd.org

Rakow Center Office Hours:
Monday - Thursday 9:00 am - 8:00 pm
Friday 9:00 am - 5:00 pm
Saturday 9:00 am - 12:00 pm
Carpentersville, IL 60110
Phone: (847) 428-7131 • Fax: (847) 262-3609

		Office Use Only
Grand Total Annual Financial Resources	\$ _____	
Less Extenuating Expenses	\$ _____	Date Received: _____
Adjusted Annual Income	\$ _____	Family Size: _____
NOTES: _____		
_____		Park District Programing % Subsidy Granted <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25%
_____		Pool Pass % Subsidy Granted <input type="checkbox"/> 50% <input type="checkbox"/> 50% <input type="checkbox"/> 25%
Staff Signature: _____		Family % of Contribution <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%