



City of Melbourne Parks and Recreation Department Financial Assistance Program (City of Melbourne Residents Only)

Instructions and Important Dates

The City of Melbourne Parks and Recreation Department is proud to provide a reduced program fee for those needing financial assistance. If eligible, the reduced program rate will apply for the 2024 Summer Program ONLY. We ask that you provide us the information listed on the Financial Assistance Form BEFORE registering your child(ren).

This year the City of Melbourne will also be offering additional discounts from Community Development Block Grant (CDBG) funding for those who qualify for financial aid to receive up to 75% off summer camp weekly fee per child for up to 5 weeks. There are limited spaces allotted for the discounted weeks; therefore, approved recipients of financial aid will be given the CDBG funding on a first come, first served basis.

All items listed below must be reviewed and approved by City of Melbourne, Parks and Recreation Management. Allow 3-5 business days for our staff to review your information. We will call to notify you of approval status. All financial aid packets need to be completed and returned to each Community Center Camp for approval.

Financial assistance paperwork can be submitted starting Wednesday, March 6, 2024, at 8:30 a.m.

Camp Registration Start Dates

- Online registration begins on April 7, 2024 at 5 p.m. and requires a household ID.
- In-Person registration begins April 8, 2024 at 8 a.m. for Wickham and 9 a.m. for Eddie Lee Taylor, Sr. and Crane
 - To register for Wickham Youth Camp call (321) 608-7490.
 - To register for Eddie Lee Taylor, Sr. (formerly Lipscomb) Youth Camp call (321)608-7450.
 - To register for Crane Teen Camp call (321)608-7400.

Please NOTE that being approved for financial aid or CDBG funding does not register your child in camp. You must still register and pay for EACH week your child is attending camp to guarantee your child's spot in camp. Please remember that if you are not selected for the CDBG funded discount, you are still eligible to participate in the City's Financial Assistance Program.

In order to determine if you are eligible for financial assistance, you must bring the following items:

- Photo identification and City of Melbourne address verification (utility bill, lease, etc.)
- Most recent EBT/Food Stamp eligibility letter from Florida Department of Children and Families (must have dates listed during camp, ex: Summer Camp is May 28—August 2, 2024) for 50% off
- Direct Certification Notification Letter of Free/Reduced lunch from Brevard County School Board for 25% off
- Meet 30%, 50%, or 80% Income level on the Community Development Block Grant form

If any person other than the child's legal parent/guardian is trying to apply for assistance for the child, they must provide one of the following documents showing proof of guardianship:

- Court Order
- DCF referral or proof of guardianship
- Signed, dated, and notarized statement from parent authorizing an individual to enroll the child and that the child is under their guardianship. This statement must also include the absent parent's full names, addresses and phone numbers.

Please note: If documentation is incomplete, your discount cannot be determined.

**City of Melbourne Parks and Recreation Department
Financial Assistance Form (City of Melbourne Residents Only)**

Camp Location (circle one): Eddie Lee Taylor Sr. (Lipscomb) Wickham Park Crane Teen Extreme

Check which discount you are applying: (Discount(s) expire August 3, 2024)

- (25%) Free/Reduced Lunch (Attach Verification)
- (50%) Electronic Benefits Transfer (EBT)/Food Stamps Verification

Parent/Guardian Name: _____

List names of children attending camp with dates of birth:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Contact Phone Number: _____

Contact Email: _____

NOTE: You must fill out a Community Development Block Grant form for EACH child must be completed and submitted with this form.

OFFICE USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> Top of this form completed | <input type="checkbox"/> Residency Verification (2 Proofs of Address) |
| <input type="checkbox"/> Completed Self-Declaration of Eligibility form for each child | <input type="checkbox"/> Free/Reduced lunch verification |
| <input type="checkbox"/> Photo identification | <input type="checkbox"/> EBT/Food Stamps verification |

Signature of Recreation Staff accepting application

Date received

Applicant must meet 30%, 50%, or 80% Income level on the Community Development Block Grant form.

Approved for the following:

- Free/Reduced Lunch (25%)
- CDBG Funding Approved (62.5%)
- EBT/Food Stamps (50%)
- CDBG Funding Approved (75%)
- Not Approved

Signature of Senior Recreation Supervisor

Date

Signature of Recreation Manager

Date

Keep this form and attached EBT/School Board verification on file for auditing purposes. Discount(s) expire August 3, 2024

FY 2023- 2024 Community Development Block Grant Program Self-Declaration of Eligibility - Child

This program is funded all or in part by a grant from the Community Development Block Grant (CDBG) Program, a program of the U.S. Department of Housing and Urban Development. To ensure that the program benefits households that meet the CDBG Program eligibility requirements, please take a moment to complete the form below. This information is confidential and will only be used for the purpose of determining your family's eligibility for the program.

Complete one form for each child participating in the program.

Child's First Name _____ Child's Last Name _____

Street Address _____ City/State/Zip Code _____

Is this address located within the city limits of Melbourne? ____ Yes ____ No

Household Size and Total Household Income

- Step 1: Circle the number of persons in your household
- Step 2: On same line as your household size, Check the income range that includes your household's annual income – If there are 8 or more in your household, select line 8 (for 8 persons) and write the number of persons in your household below. NOTE: Your household's annual gross income is the total of ALL income received by ALL persons living in your home including employment, social security, SSI, SSD, unemployment, WAGES, child support, alimony, retirement, investment income, etc.

Household Size	30%	50%	80%	Over Income
1 Person	<input type="checkbox"/> \$0 - \$18,100	<input type="checkbox"/> \$18,101 - \$30,100	<input type="checkbox"/> \$30,101 - \$48,500	<input type="checkbox"/> Over \$48,500
2 Persons	<input type="checkbox"/> \$0 - \$20,650	<input type="checkbox"/> \$20,651 - \$34,400	<input type="checkbox"/> \$34,401 - \$55,000	<input type="checkbox"/> Over \$55,000
3 Persons	<input type="checkbox"/> \$0 - \$24,680	<input type="checkbox"/> \$24,681 - \$38,700	<input type="checkbox"/> \$38,701 - \$61,900	<input type="checkbox"/> Over \$61,900
4 Persons	<input type="checkbox"/> \$0 - \$30,000	<input type="checkbox"/> \$30,001 - \$43,000	<input type="checkbox"/> \$43,001 - \$68,750	<input type="checkbox"/> Over \$68,750
5 Persons	<input type="checkbox"/> \$0 - \$35,140	<input type="checkbox"/> \$35,141 - \$46,450	<input type="checkbox"/> \$46,451 - \$74,250	<input type="checkbox"/> Over \$74,250
6 Persons	<input type="checkbox"/> \$0 - \$40,280	<input type="checkbox"/> \$40,281 - \$49,900	<input type="checkbox"/> \$49,901 - \$79,750	<input type="checkbox"/> Over \$79,750
7 Persons	<input type="checkbox"/> \$0 - \$45,420	<input type="checkbox"/> \$45,421 - \$53,350	<input type="checkbox"/> \$53,351 - \$82,250	<input type="checkbox"/> Over \$82,250
8 Persons	<input type="checkbox"/> \$0 - \$50,560	<input type="checkbox"/> \$50,561 - \$56,800	<input type="checkbox"/> \$56,801 - \$90,750	<input type="checkbox"/> Over \$90,750

Size of Household, Ethnicity, and Female Head of Household

How many persons live in your household? _____ Are you Hispanic or Latino? ____ Yes ____ No

Are you a female head of household? ____ Yes ____ No

Race (check only one)

- | | |
|---|--|
| ____ White | ____ American Indian/Alaskan Native & White |
| ____ Black/African American | ____ Asian & White |
| ____ Asian | ____ Black/African American & White |
| ____ American Indian/Alaskan Native | ____ American Indian/Alaskan Native & Black/African American |
| ____ Native Hawaiian/Other Pacific Islander | ____ Other |

I understand that under U.S.C. Title 18, Section 1001, any untruthful or deliberately misleading information given by me can result in a fine and/or imprisonment if found guilty.

Printed Name of Applicant (Parent) _____

Signature of Applicant (Parent) _____ Date _____