

## SLIDING SCALE FINANCIAL ASSISTANCE APPLICATION FORM

### MISSION STATEMENT

*The Greater Midland Community Center is the leading local non-profit organization in providing affordable and quality recreational, social and personal-development opportunities for individuals and families.*

### SLIDING SCALE FINANCIAL ASSISTANCE PHILOSOPHY

The Greater Midland Community Center's Operating Board firmly believes that the Center's excellent health, social and recreational benefits remain accessible to all Midland County residents and employees. The Board recognizes that some individuals and families may not be able to afford the cost of the GMCC's programs and services due to limited income. The Board has established a Sliding Scale Assistance Fund for the purpose of helping to pay GMCC fees for those wishing to maintain or improve their health and wellness.

### SLIDING SCALE ASSISTANCE:

- Available for most programs, **except:** Travel/tours, massage, childcare for non-working parents, semi-private/private swim lessons, premier memberships, auto drafts, adult leagues, art/craft supplies, uniforms, competitive teams, rentals, parties, personal fitness training, tae kwon do, programming of a material benefit to the participant at a direct cost to GMCC, and other areas at GMCC discretion.
- Not available to persons convicted of criminal sexual offenses.
- Funding is limited and granted in a fair and consistent manner and available **ONLY** to Midland County residents or employees.
- Allocated at 20-70% depending on income, household size, and/or special circumstances.
  - Limits may be placed depending on funding availability.
  - The balance of cost not paid by assistance must be paid by the recipient at time of registration.
- Application forms **must be received** at least **2 weeks** prior to program registration.
  - **1 month** prior for childcare registration.
- Eligibility letter to be mailed directly to your household within 2 weeks of application.

#### **Items to be returned to the Greater Midland Community Center Front Desk:**

- Financial Documentation
  - Most recent 1040 Tax Return** – (NO W2 or paycheck stubs accepted)
  - Social Security Benefits Eligibility Letter – (If Applicable)
  - DHHS Eligibility Letter – (If Applicable)
- Completed **Health & Wellness surveys** for **ALL** participants
- Completed & Signed Application Form

**\*\*Failure to submit all applicable materials may lead to delay or denial of assistance.\*\***

Questions can be directed to Bethany Lounsberry, Sliding Fee Program Specialist, 832-7937 ext. 2260.

Welcome Center Use Only: Date Received from Applicant: \_\_\_\_\_

Approved Discount: \_\_\_\_\_% Staff Representative: \_\_\_\_\_ Approved Date: \_\_\_\_\_

**Personal & Financial Information (confidential):**

<b>PEOPLE LIVING IN HOUSEHOLD</b> <i>Please include your name, spouse, parents, children, &amp; any others living in your home as documented dependents.</i>	<b>ARE YOU PARTICIPATING?</b> Yes/No	<b>BIRTHDATE &amp; AGE</b>	<b>ANNUAL HOUSEHOLD INCOME</b> <b>Attach documentation (Federal 1040 / SSI)</b>
<b>Total of all annual household incomes:</b> <i>(attach documentation)</i>			\$

Address: \_\_\_\_\_  
(number, street, city, state & zip)

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_ Work phone: \_\_\_\_\_

Please tell us how our Financial Assistance Program benefits you and/or your family. What membership/programs do you intend to use? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain any **special circumstances** (1040 not reflective of current circumstances): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification:**

By my signature: 1) I acknowledge to have read and agree to abide by the **Terms and Conditions** listed on this form; 2) I certify that the above information is true and correct to the best of my knowledge; 3) I understand that this information is being given for the receipt of financial assistance; and 4) I agree that deliberate misrepresentation of the information will result in denial of scholarship benefits.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Health/Wellness Survey

Your feedback on this survey is used for continuous improvement for our program and is critical in allowing us to apply for future funding that makes this program possible.

Please answer the following questions about yourself.

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

### 1) You are taking this survey...

- for the first time
- mid-way through program
- at the end of my program
- other

### 2) How important is exercise to you?

- extremely important
- very important
- somewhat important
- not so important
- not at all important

### 3) How much exercise do you get?

- too much
- slightly too much
- just the right amount
- slightly too little
- too little

### 4) In the next year, What are the Health/Wellness opportunities you are interested in taking advantage of at the Greater Midland Community Center?

Please  all that apply.

#### court sports:

- basketball
- volleyball
- racquetball
- badminton
- pickleball
- table tennis

#### swim:

- lap swim
- recreational swim

#### other:

- water aerobics class
- resistance training (weights)
- InBody analysis

#### program classes

- gymnastics
- dance/arts
- swim
- sports

#### cardio:

- aerobics classes
- cycling
- elliptical training
- rowing
- running/walking
- stair climbing

### 5) How many of the opportunities in question 4 were you aware of before today?

- none
- few (1-5)
- some (6-10)
- most (11-15)
- nearly all (15+)

### 6) Rate your overall health?

- poor
- fair
- good
- excellent

### 7) How open are you to trying new activities?

- extremely
- very
- somewhat
- not so much
- not at all

The next two questions are testing your knowledge

### 8) In a typical week, how much physical activity (getting heart rate up) do you need to achieve health benefits?

- 30 minutes
- 90 minutes
- 150 minutes
- 420 minutes
- I have no idea

### 9) What are the benefits of physical activity?

Please  all that apply.

- control weight
- reduce risk of cardio vascular disease
- reduce risk of Type II diabetes
- reduce risk of some cancers
- strengthen bones and muscles
- improve mental health and mood
- improve ability to do daily activities
- increase chance of living longer

### 10) In the last 6 months, what changes have you made to live more healthy?

- better diet
- exercise
- joined fitness group
- maintained activity level
- other \_\_\_\_\_
- none

The **CDC recommends physical activity to improve your health and reduce health risk.** Regular physical activity is one of the most important things you can do for your health. It can help control your weight, reduce your risk of: cardio vascular disease, type II diabetes, and some cancers. It can improve bone and muscle strength, mental health, ability to do daily activities, and improve your chances of living longer. CHILDREN and ADOLESCENTS should do 420 minutes of moderate-intensity aerobic activity every week. ADULTS and SENIORS should do 150 minutes of moderate-intensity aerobic activity every week

**The questions that follow ask about your experience while you were in the Health/Wellness program. If this is your first time filling out this form please skip to question 24.**

Based on your time in the Health/Wellness program, I feel...	strongly disagree	disagree	not sure	agree	strongly agree
11) the staff really care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) the staff encourage me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) I am engaged in learning new things at the Community Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	none	1 activity	2-3	4-5	6+
14) <b>How many new activities have you tried to improve your fitness?</b> (for example: new sport, class, fitness machine, training, routine, exercise, action)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on your physical activity, how have you changed in the following areas...	significantly worse	worse	same	better	significantly better
15) time spent in physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) bone and muscle strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) flexibility/range of motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) exercise that makes you breath hard (aerobic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) mental health and mood (healthy self-esteem)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) ability to do daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) controlling weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23) reduce amount of time sitting or reclining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**24) What challenges do you face as you work to enhance your health?**

- time/busy
- getting started/motivation
- work
- cost
- other \_\_\_\_\_

**25) In an average week, about how many minutes do you exercise?** (physical activities that increase your heart rate or made you sweat)?

\_\_\_\_\_minutes

**26) What new activities have you tried in the past month that increased your heart rate, or caused you to sweat?**

\_\_\_\_\_

**27) What are your fitness goals? maintain improve**

amount of activity	<input type="checkbox"/>	<input type="checkbox"/>
bone and muscle strength	<input type="checkbox"/>	<input type="checkbox"/>
flexibility/range of motion	<input type="checkbox"/>	<input type="checkbox"/>
balance	<input type="checkbox"/>	<input type="checkbox"/>
aerobic activity	<input type="checkbox"/>	<input type="checkbox"/>
mental health and mood	<input type="checkbox"/>	<input type="checkbox"/>
ability to do activities	<input type="checkbox"/>	<input type="checkbox"/>
control weight	<input type="checkbox"/>	<input type="checkbox"/>
other _____		

**THANKS FOR TAKING SURVEY!** Would you be willing to share your story? yes  no