



“The REC” AFTER SCHOOL / SUMMER PROGRAM

Sliding Fee Scale

Priority Deadline: August 19th, 2019 in order to qualify for the first day of school.
Applications received after that date will be processed based on staff availability.
Completion of this form does not guarantee a space in the After School/Summer Program.
Registration for the After School/Summer Program is also required. Space is limited.

Emeryville’s After School/ Summer Program uses a sliding fee scale to determine program fees. The amount each family pays for the program is based upon family’s income and size. Once approved by the Emeryville Office Staff, the rate will be honored for the entire school year unless otherwise specified or if your information changes.

This is the fee scale for monthly full-time participation of one child.

**** Please provide the last 2 pay stubs (less than 45 days old) of each working parent/guardian as a proof of income ****

**** Pay stubs must be originals and not copies**

**** ALL sources of income MUST be reported**

**** Applicants must be current legal guardians of listed participants to qualify for sliding scale**

**** Participants must be current Emeryville Residents or current EUSD Students to qualify for sliding scale**

***See next page for a complete list of documentation requirements/ acceptable documents**

***Additional information/documentation may be requested at staff discretion**

***Incomplete applications will be rejected. All information you provide will remain confidential**

After School Program Hours:

M/T/Th/Fri, 3pm-6pm; W 1:30pm-6pm (Grades 1-5)

M-F 1:30pm-6pm (TK/Kindergarten)

Summer Camp Hours:

Basic Day: M-F 9am-4pm

Extended Day: M-F 7:30am-6pm

Summer camp sliding scale available for students entering TK-8th grade. Minimum age to participate is 4 years and 9 months as of the first day of each camp week.

*** A \$5 additional fee will be assessed for each Emeryville Non-Resident participant**

Income Limits are based on Alameda County HUD Guidelines

Family of 2	Family of 3	Family of 4	Family of 5	Family of 6+	%	TK/Kinder ASP (monthly)	Grades 1-5 ASP (monthly)	Summer Basic Day (weekly)	Summer Ext. Day (weekly)
\$2,479 & Under	\$2,788 & Under	\$3,096 & Under	\$3,346 & Under	\$3,592 & Under	30%	\$81.00	\$60.00	\$30.00	\$42.00
\$2,480- \$4,133	\$2,789- \$4,650	\$3,097- \$5,163	\$3,347- \$5,579	\$3,593- \$5,992	50%	\$135.00	\$100.00	\$50.00	\$70.00
\$4,134- \$6,571	\$4,651- \$7,392	\$5,164- \$8,213	\$5,580- \$8,871	\$5,993- \$9,529	80%	\$216.00	\$160.00	\$80.00	\$112.00
Over \$6,571	Over \$7,392	Over \$8,213	Over \$8,871	Over \$9,529	100%	\$270.00	\$200.00	\$100.00	\$140.00

Updated 8/2019



EMERYVILLE COMMUNITY SERVICES
Application Checklist

Date: _____ Child's Name: _____

Thank you for showing an interest in the Emeryville After School Program or Emeryville Summer Camp. To be eligible for sliding scale, families are required to demonstrate both a need for care as well as meeting the income requirements for subsidized care. **All supporting documents must be originals / no copies.**

Please place a check (✓) mark next to items A – F as you fulfill each requirement.

A. SLIDING SCALE APPLICATION FORM

B. INCOME REQUIREMENTS/ NEED FOR CARE

Please provide the following documents **per parent/guardian** who lives at home to verify a need for care:

1. **Working** parents need to provide:

- _____ Income Verification (last 2 consecutive original pay stubs) and
- _____ A completed and signed Employee Verification form (Attachment A), and/or
- _____ A completed and signed Declaration of Self Employment Form (Attachment A-1) AND a copy of most recent Federal Tax Return

Or

2. If *not* working, Parents attending **school or receiving training** need to provide:

- _____ Current class schedule

And/or

3. Parents **seeking work** need to provide:

- _____ A completed and signed Self Declaration of Seeking Employment Form with description of how you are seeking work (Attachment B)

Or

4. Parents who are **medically incapacitated** need to provide:

- _____ A completed and signed Statement of Parental Incapacity Form (please request Attachment C)

C. BIRTH CERTIFICATES (first time applicants only)

Please provide original copies of birth certificates for **all of the dependents in the household**. Including children who are not planning to attend. * If you are a legal guardian, please show legal documentation

E. RESIDENCY

Please provide (original copy) **ONE** of the following to confirm residency within the State of California:

- _____ Utility Bill (PG&E, EBMUD, Water, Garbage)
- _____ Rental/Lease Agreement
- _____ CA Driver's License/CA ID card

F. INFORMATION AND PERMISSION FORMS

Please complete **ALL** the following documents:

- _____ Liability Waiver and Emergency Information Form
- _____ Medication Information Form (if applicable)

G. OTHER SOURCES OF INCOME**

Please provide the following documents, if necessary:

- _____ Pension/Retirement, Child Support, Alimony, Disability, Unemployment, Social Security, TANF/CalWorks, SSI, and/or others for parent-guardian and/or child

**** ALL SOURCES OF INCOME MUST BE REPORTED.**



OFFICE USE ONLY	
• Date Received	: ___ / ___ / _____
• Accepted	: <input type="checkbox"/> YES <input type="checkbox"/> NO

“The REC” AFTER SCHOOL AND SUMMER CAMP PROGRAM
2019-20 SLIDING SCALE APPLICATION FORM PAGE 1 OF 2
 (EMERYVILLE RESIDENTS AND/OR EUSD STUDENTS ONLY)

Date : ___ / ___ / _____

Child’s Name : _____ Sex (M/F) : _____ Age : _____

School : _____ Grade : _____ Birthdate: ___ / ___ / _____

List other children living in the home below:

Child’s Name	Grade	Age	Date of Birth	School	Will s/he also attend Emeryville After School/ Summer Camp Program?

Adults Assuming Responsibilities and Care of Dependents (Legal Guardians):

A. Parent/ Guardian Name		Relationship to Child	Home Phone #	Cell Phone #
B. Parent/Guardian Name		Relationship to Child	Home Phone #	Cell Phone #
Street Address (Guardian A if separated) Email Address			City	Zip Code
Income Information ALL ADULTS in Family (before taxes) Include any self-employment income			Family Size	
Person Employed	Company Name	Monthly Income	Adults : _____ Children : _____	
		\$		
		\$		
		\$		
		\$		

(continued on next page)



**“The REC” AFTER SCHOOL / SUMMER PROGRAM
2019-20 SLIDING SCALE APPLICATION FORM PAGE 2 OF 2
(EMERYVILLE RESIDENTS AND/OR EUSD STUDENTS ONLY)**

Please list any and all sources of income you have (circle to indicate weekly, monthly, or annually):

Pension/Retirement: \$	Weekly/Monthly/Annually
Child Support: \$	Weekly/Monthly/Annually
Alimony: \$	Weekly/Monthly/Annually
Disability: \$	Weekly/Monthly/Annually
Unemployment: \$	Weekly/Monthly/Annually
Social Security: \$	Weekly/Monthly/Annually
SSI: \$	Weekly/Monthly/Annually
TANF/CalWorks: \$	Weekly/Monthly/Annually
Other (specify): \$	Weekly/Monthly/Annually

Please list any monthly deductions from your paycheck

Alimony: \$ _____ Child Support: \$ _____ Other (specify): _____ \$ _____

Additional Information: Please check all that apply and attach documentation:

- | | |
|---|---|
| <input type="checkbox"/> TANF/CALWorks Cash Aid Recipient | <input type="checkbox"/> Employed or Self-Employed |
| <input type="checkbox"/> Incapacitated/Disabled | <input type="checkbox"/> Seeking Employment |
| <input type="checkbox"/> Engaged in Vocational Training/Education | <input type="checkbox"/> Child lives in Assisted Units with Housing Development |
| <input type="checkbox"/> SNAP/CalFresh | <input type="checkbox"/> Other: _____ |

Note: If you receive TANF/CALWorks Benefits, you may be eligible for additional financial assistance for childcare through other 3rd party programs. See staff for more details.

*Additional information/documentation may be requested at staff discretion.

By signing below, I agree under penalty of perjury that all statements made in this document are complete, true, and correct to the best of my knowledge. I certify that I have reported ALL sources of income. I hereby consent to allow the City of Emeryville to contact each employer listed and all adults living/ working in my family/household and/or contact all agencies to confirm the income I have listed for purposes of verifying my eligibility for reduced fees. I agree to notify the City of Emeryville staff and update my application if any of the above information changes. I understand that if I do not provide proof of income listed or provide correct information, I may not be eligible for reduced fees.

Applicant (Parent/ Guardian A) Signature

Date

ATTACHMENT A



Emeryville Community Services

4727 San Pablo Ave

Phone: (510) 596-4395

Fax: (510) 596-4339

EMPLOYEE VERIFICATION FORM

(must be completed and signed by employer)

Name of Employee : _____

Parent/Guardian of : _____

Employer : _____

Employer Phone # : _____

Employer Address : _____

City _____ State _____ Zip Code _____

Days and Hours of Employment

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
A.M.							
P.M.							

If flexible schedule, please list : Minimum hours per week _____

Maximum hours per week _____

Salary Information : Gross monthly salary \$ _____

How often is employee paid? : Monthly Semi-Monthly Bi-weekly Weekly

Does the employee receive any other form of payment? (overtime, bonus, commission, tips, incentives, etc.)

If yes, what type? _____

How much? \$ _____

How often? _____

The above information pertains to the employee's eligibility for child care benefits and is subject to review by State of California representatives.

I affirm that to the best of my knowledge, the above information is true and correct.

Authorized Employer Representative

Date

By my signature, I hereby authorize my employer to release the requested information to the City of Emeryville Community Services Department.

Parent/Guardian Signature

Date

ATTACHMENT A-1

Emeryville Community Services

4727 San Pablo Ave
Emeryville, CA 94608
Phone: (510) 596-4395
Fax: (510) 596-4339



SELF-EMPLOYMENT DECLARATION FORM

Date : ___ / ___ / _____

I, _____, parent/guardian of _____,

am declaring under penalty of perjury that I am self-employed.

I work as a (job description/title) : _____

Days and Hours of Self-Employment

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
A.M.							
P.M.							

Name of Business : _____

Address : _____

Phone # : _____ Cell Phone #: _____

My gross monthly income (before deduction) is: \$ _____

I understand that in order to qualify for sliding scale while self-employed, I must provide a copy of my most recent Federal Tax Return. I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date

ATTACHMENT B



Emeryville Community Services
4727 San Pablo Ave
Emeryville, CA 94608
Phone: (510) 596-4395
Fax: (510) 596-4339

SELF-DECLARATION OF SEEKING EMPLOYMENT

Date : ___ / ___ / _____

I, _____, the parent of _____,
(Parent/Guardian) (Names of all children enrolling in the After School Program)

am seeking care for my children from the Emeryville Recreation Center After School Program in order to seek employment. **I understand that this care is limited to a maximum sixty (60)* consecutive working days (excluding federal holidays) during the After School Program and fourteen (14) consecutive working days (excluding federal holidays) during the Summer Camp. I also understand that the care is limited to five (5) days per week and for less than eighteen (18) hours per week.** My plan to secure, change or increase employment is as follows:

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date

I understand that the Emeryville Community Services Department may request me to provide, no more than once per week, a description of the activities I have undertaken during the previous week to seek employment and as appropriate, may require additional documentation.

*If the parent has concurrently received services based on employment or vocational training for at least twenty (20) working days while receiving services for seeking employment, eligibility for seeking employment may be extended for an additional twenty (20) working days. For such a parent, services for this purpose shall not exceed eighty (80) working days during the contract period.

For Office Use Only

Hours of Service Monday through Friday : _____
Last day of Seeking Employment : _____
Reason : _____

	End	am/	am/	am/	am/	am/	am/	am/
	Time:	pm	pm	pm	pm	pm	pm	pm
PROBABLY DATES OF INCAPACITY	If the time of day cannot be easily identified in consultation with the patient, please identify the number of hours <input type="checkbox"/> and days of the week [M, T, W, T, F, S, S] that services are needed.							
From: To:								

If the parent has a physical/medical condition, please identify the extent to which the parent is incapable of providing care and supervision.

Please sign and submit this form to the agency listed in Part I within 15 days of receipt of this form.

NAME OF LICENSED HEALTH PROFESSIONAL		LICENSE TYPE	LICENSE NUMBER	
SIGNATURE OF LICENSED HEALTH PROFESSIONAL		DATE	TELEPHONE NUMBER ()	
MEDICAL GROUP OR ORGANIZATION WITH WHICH THE PROFESSIONAL IS AFFILIATED, IF ANY				
ADDRESS		CITY	STATE	ZIP CODE

ATTACHMENT D



Emeryville Community Services

4727 San Pablo Ave
Emeryville, CA 94608
Phone: (510) 596-4395
Fax: (510) 596-4339

PARENTAL SELF-DECLARATION OF HOMELESSNESS

I _____, the parent/guardian of _____, am seeking care for my child(ren) from the City of Emeryville Recreation Center After School Program because my family is in temporary housing or homeless.

Is your current address a temporary living arrangement?

- YES
- NO

Is your temporary living arrangement due to loss of housing, economic hardship or similar circumstance?

- YES
- NO

Where are the student/s and family presently staying?

- With more than one family in a house or an apartment
- In a shelter or transitional program
- In a motel or a hotel
- In a car, trailer, or outside
- Other (please describe) _____

My plan to secure permanent housing is as follows:

I understand that this care is limited to a maximum sixty (60)* consecutive working days (excluding federal holidays). I also understand that the care is limited to five (5) days per week and for less than eighteen (18) hours per week.

I understand that the contactor (EUSD Family Resource & Training Center) may request me to provide, no more than once per week, a description of the activities I have undertaken during the previous week to seek housing and, as appropriate, may require additional documentation. I understand that if my eligibility status changes, I am obligated to inform the EUSD office immediately, which may affect my eligibility and I will be liable for reimbursing Emeryville Recreation Center for any program fees incurred.

I declare under penalty of perjury that the above information is true and correct to the base of my knowledge.

Signature

Date

*If the parent requests an extension for seeking housing in a declaration of need signed under penalty of perjury that includes an update of the parent's search plan and either a description of the activities undertaken during the previous week to seek permanent housing or a signed statement from the shelter, transitional housing agency or homeless support program indicating the parent's continued need for services, search eligibility for seeking housing may be extended for an additional twenty (20) working days. For such a parent, services for this purpose shall not exceed eighty (80) working days during the contract period.

For Office Use Only

Hours of Service Monday through Friday : _____
Last day of Seeking Housing : _____
Reason : _____