

## FEE ASSISTANCE PROGRAM INFORMATION

- The M-NCPPC Department of Parks and Recreation recognizes the fact that some residents of Prince George's County, Maryland, require financial assistance in order to avail themselves of certain recreational activities that are offered by the department.
- M-NCPPC's fee assistance program is designed to assist individuals and families accessing our programs, by providing an opportunity to apply for a lesser fee than the published amounts. Where social service agencies or other third parties are paying on behalf of a client, they will be charged the prevailing rate.
- An individual or family may qualify for a 90%, 70%, 50% or 20% reduction in the fee for designated programs.
- Please complete the application and attach all necessary documentation requested for the processing of forms (i.e. tax forms, pay stubs, etc.) Return the package to the applicable facility three (3) weeks prior to the program start date.
- Applicants must provide a 10% deposit to secure space in the program while his/her information is being reviewed.
- Once a reduced fee is approved or denied based on eligibility, the registrant will be notified of final payment amount and payment deadline within ten (10) working days.
- If you have any questions, please call your local facility for assistance. Visit [www.pgparcs.com](http://www.pgparcs.com) or call 301-699-CALL (2255) to identify the facility nearest you.
- The term "fee" refers to an established individual user fee. This includes camps, classes, fitness room, identification/user cards, kids care, pre-school, etc. where the total fee exceeds \$35. Fee assistance is not available for groups or teams, or for non-Prince George's County residents. Fee assistance is applied per person per activity.
- Applicant is required to update fee assistance information if financial and/or family status changes. For on-going programs, such as kids care programs, applicants may be required to submit documentation every three months or upon request.
- All information gathered for the purpose of determining fee assistance will be kept in strictest of confidence.
- On the income chart, please list all dependent family members as defined by the Internal Revenue Service (IRS) residing in the house, their relationship to the applicant, and their monthly income.
- An adult, age 18 or over, must list his/her own income, unless they are considered a dependent as defined by the IRS.
- Foster parents who receive monthly funds allotted for the care of children who are wards of the state (the Washington Metropolitan Area) are not eligible to apply for fee assistance on behalf of the foster child. The foster parent and the agency that is responsible for the welfare of the child, i.e. Department of Human Services, Social Services, Helping Children Grow, etc. will be responsible for the total payment of all program fees. Note: The foster care monthly fees will not be considered part of the household income when applying for fee reduction for other household members.
- Please complete and return the attached application and verification of income to the M-NCPPC community center or facility located nearest you at least three (3) weeks prior to the start of the program. Full completion of this application and verification of income are required before fee assistance applications can be processed.

**Incomplete applications will not be processed**

### Exclusions from the Fee Assistance Program

#### Non-Applicable Rentals:

- All rentals of facilities, rooms and equipment
- Golf courses- tee times, cart rentals and snack bar fees
- Ice rink rental
- Studio space rental
- Bandwagon rental
- Recreation buildings
- Picnic shelters
- All community center rentals
- Picnic kits

#### Programs Not Included:

- Programs costing less than \$35
- Sports teams registration and user fees
- Tennis/racquetball contracts and court time
- Admission fees for performances and drop-in programs
- Picnics kits
- Food items/concessions
- Prince George's County employees child care facilities
- Fees for materials, supplies and equipment for classes, programs and workshops
- Amusement park tickets
- Recreation Council programs
- Boys and Girls Clubs
- Trips and excursions
- Summer Playground and Teen Centers



**APPLICATION FOR INDIVIDUAL FEE ASSISTANCE/APLICACIÓN PARA ASISTENCIA FINANCIERA**  
**(Only residents of Prince George's County are eligible/Sólo para residentes del Condado de Prince George's)**

PLEASE PRINT/Por favor use letra de imprenta

NAME OF APPLICANT/Nombre del Apicante: \_\_\_\_\_ DATE/Fecha: \_\_\_\_\_

PHONE/Teléfono: (Home/Casa) \_\_\_\_\_ (Work/Trabajo) \_\_\_\_\_  
(Cell Phone/Celular) \_\_\_\_\_ (Pager/Bíper) \_\_\_\_\_

ADDRESS/Dirección: \_\_\_\_\_

CITY/Ciudad: \_\_\_\_\_ STATE/Estado: \_\_\_\_\_ ZIP/Código Postal: \_\_\_\_\_

NAME OF PARTICIPANT(S)/Nombre de los participantes: \_\_\_\_\_ AGE/Edad: \_\_\_\_\_  
(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(4) \_\_\_\_\_

PROGRAM/SESSION APPLIED FOR: \_\_\_\_\_ Class(es)/#: \_\_\_\_\_ Camp/Session(s): \_\_\_\_\_  
Programa/Sesión para la cual quiere aplicar: Clase(s)/# Sesión(es) de campamento diurno

Camp/Before & After Care: \_\_\_\_\_  
Cuidado antes y despues del campamento diurno

Fee must be over \$35 per person per program/  
El costo del programa debe ser más de \$35 por persona por programa

Fitness Card: \_\_\_\_\_ Kids Care/Date(s): \_\_\_\_\_  
Tarjeta para uso del gimnasio Programa para niños durante el año escolar

Pre-school/Date(s): \_\_\_\_\_ Kids Day Outs/Date(s): \_\_\_\_\_  
Pre-escolar/fechas Día libre para niños de edad escolar

Kids Day Outs Before & AfterCare: \_\_\_\_\_  
Cuidado antes y después durante el día libre para niños de edad escolar

PUBLISHED PROGRAM FEE/Costo del programa: \$ \_\_\_\_\_ 10% DEPOSIT FEE/Depósito del 10%: \$ \_\_\_\_\_

PROGRAM LOCATION/Ubicación del programa: \_\_\_\_\_

Do Not Write Below This Line/No escriba debajo de esta línea

FACILITY DIRECTOR'S RECOMMENDATION:  Approval  Percentage  Disapproval  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REGIONAL MANAGER'S RECOMMENDATION:  Approval  Percentage  Disapproval  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DIVISION OFFICE ACTION:  Approval  Percentage  Disapproval  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY  
Date Completed Appl. Rec'd: \_\_\_\_\_ Deposit Amt: \$ \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
Documentation attached (Please check all that apply):  
 Tax forms  Guardianship letters  Child Support  Pay stubs  
 Social Security statement  Public Assistance  Workmen's Comp  Other Income \_\_\_\_\_  
Notification Date: \_\_\_\_\_  
Balance Due: \$ \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Circle: Check / Cash / Credit Card  
Updated SMARTlink Alert Text – Approved with \_\_\_\_\_% or Declined. Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_



The Maryland-National Capital Park and Planning Commission  
Prince George's County Department of Parks and Recreation

### INCOME CHART/CUADRO DE INGRESOS

Fee Assistance is exclusively for Prince George's County residents/La asistencia financiera es exclusivo para residentes del condado de Prince George's

NAMES OF FAMILY MEMBERS <i>Please include all dependent family members in the house and their monthly income – include child support/alimony.</i>	RELATIONSHIP TO PARTICIPANT	MONTHLY Gross earnings from Work (before deductions) Attach Documentation	MONTHLY Welfare, Child Support, Alimony Attach Documentation		MONTHLY Pensions, Retirement, Social Security Attach Documentation	MONTHLY Other Income Attach Documentation
			Assistencia gubernamental, Pensión (child support) u otro ingreso MENSUAL que reciba para sus dependientes Adjunte su documentación	JOB 1/ Trabajo #1		
* Nombres de sus miembros de familia <i>Por favor incluya los ingresos de sus dependientes que viven con usted- incluya cualquier pensión (child support) que reciba para sus hijos.</i>	Su relación o parentesco al participante	Ingreso MENSUAL del trabajo (antes de deducciones) Adjunte su documentación			Ingreso MENSUAL por Pensiones por trabajo, Seguro Social Adjunte su documentación	Otro ingresos MENSUALES Adjunte su documentación
1.						
2.						
3.						
4.						
5.						
6.						
Subtotals of Monthly Income/Subtotal de ingreso mensual		\$	\$	\$	\$	\$
		Total Monthly Income/Total de Ingreso Mensual				\$
		Total Yearly Income/Total de Ingreso Anual				\$

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

APLICACIONES INCOMPLETAS NO SERAN PROCESADAS

I certify that all of the above information is true and correct and that all income is reported. I understand that Commission officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

Yo certifico que la información en esta aplicación es verdadera y correcta y que reporté todo ingreso. Entiendo que oficiales del Departamento de Parques y Recreación M-NCPCC pueden verificar dicha información y que cualquier falsedad puede llevar a prosecución bajo las leyes aplicables del estado.

SIGNATURE OF APPLICANT/FIRMA DEL APLICANTE: \_\_\_\_\_ DATE/FECHA: \_\_\_\_\_