



What is the Need Based Membership?

Family Wellness is pleased to be able to provide as much assistance as possible for qualified individuals and families. This assistance is available within the limits of our resources to members that provide complete documentation showing their inability to pay for the full member rate.

How do I apply?

Submit a completed application along with copies of all supporting documents. The application and supporting documents can be dropped off at the front desk or emailed to familywellnessfargo@sanfordhealth.org. To ensure fairness among all applicants, we require the same income verification from all who apply, as noted in the checklist of documentation. Please note we are unable to offer this assistance to college students who have access to fitness centers at the universities, unless applying with dependent children. Family Wellness reserves the right to cancel memberships at any time if the information provided is found to be false. Financial assistance may not be combined with any other discounts and are only applied to membership rates at Family Wellness.

I previously had a Scholarship, how does this affect me?

This program is replacing the Scholarship membership offered by Family Wellness.

How long does it take to process my application?

This process can take up to two weeks, depending on the volume of requests. You will be contacted directly by a Member Advisor regarding the status of your application. Once processed and approved, an appointment is made with a Member Advisor to set up membership.

Who determines whether or not my request is approved?

Family Wellness Need Based Membership applications are reviewed by a Member Advisor and the Member Relations Manager. To evaluate your needs, Family Wellness requires specific information about your financial situation as well as any special circumstance(s). Incomplete applications will not be processed, until all required documents are submitted. Completed applications are reviewed in the order received. The level of assistance is final and not negotiable.

Since I am only paying a portion of membership, who is paying for the remainder of my membership?

Family Wellness sets aside the funds for these memberships on an annual basis to support those in need. This is supported as a part of our nonprofit community benefit mission to inspire healthy lifestyles in our community. Need Based Memberships are granted to the limit of the funds available each year.

Familywellness

Need Based Membership Application

OFFICE USE ONLY

Date Received: _____

Initial: _____

Applicant Information

Last Name:		First Name:		MI:
Address:			APT/Unit:	DOB:
City:		State:	ZIP:	
Phone:		Email:		

Do you or have you had a Y Match Membership at the YMCA of Cass & Clay Counties?

Yes No

Please select the membership type you are applying for: Household Individual

Do you have health insurance? Yes No

Insurance Provider: _____

List your Household Members - Eligible include up to two adults over the age of 18 and their dependents under the age of 24 living in the same household

First Name	Last Name	Date of Birth	Gender	Relationship	Will be on Membership (Yes or No)

Age, gender, race and relationship will not affect the amount of financial assistance to be given.
Registered Sex Offenders are not eligible for a membership at Family Wellness.

Emergency Contact Name: _____ **Phone:** _____

Why are you interested in a Need Based Membership at Family Wellness? Please share any special circumstance(s):

This assistance is available, within the limits of our resources, to members that provide complete documentation showing their inability to pay the full member rate.

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Familywellness Need Based Membership Application - Request Worksheet

Income Verification Checklist: Please only submit copies as we are unable to return original documents. Please cross out sensitive information such as Social Security numbers. This program is confidential, and information submitted is shredded immediately for your protection. Please read carefully and check all that apply to you and attach ALL documents to this form. Incomplete applications will not be reviewed.

Please turn in this sheet along with the following items:

1. Completed Membership Application Form
2. Documentation from one or all of the following categories for you AND anyone within the household.

If you are employed:

- At least 4 full weeks (one month) of current pay stubs
- If you do not receive a pay stub, salary verification, or a letter from your employer must be submitted
- A copy of your most recent Income Tax Return showing your Annual Gross Income (Top Page)

If you are unemployed:

- You must submit your State Unemployment documentation.
- If you are receiving Workers' Compensation, please provide document.

If you did not file taxes:

- An Income and Wage Transcript must be presented. Please contact the IRS Tax Assistance Center at www.irs.gov or call 1.800.908.9946
- If you are self-employed, you must submit your latest business and personal Income Tax Return (Top Page)

If you receive assistance:

- Verification of Section 8 Housing or other subsidized housing assistance
- Itemized worksheet showing monthly assistance/income
- Disclosure of assistance of utility bills
- Copy of Veteran's Benefit Statement
- Verification of Alimony, showing the amount received
- Child Care Assistance
- Verification of Child Support
- Social Services Statement /Foster Child payment slip
- If you are receiving SSI, SSD, TANF, Food Stamps, WIC, Refugee Cash Assistance, General Assistance, Medicaid or Medicare, please submit a copy of the award letter showing the amount received monthly.
- Other Income including rental properties

Please provide income documentation for the adults in the household

Household Monthly Income	For YOU	For SPOUSE	For OTHER	SUBTOTAL
Gross Wages, Salaries & Tips				
Social Security & Pensions				
Child Support & Alimony				
Self-Employment/Other				
Year Total Taxable Income*				

* Your total taxable income for the year can be found on your most recent tax form. It can be found on these common tax forms on the following lines: 1040 - Line 21, 1040ex - Line 6, 1040A Line 15

Please read before signing: I must submit a copy of any income listed above. I understand that I must also submit a Need Based Membership Application to be considered. I understand that all applicants must submit required income verification as stated above to be considered for a Family Wellness Need Based Membership. In completing this application and signing it, I certify that all the information supplied to Family Wellness is true, accurate and complete to the best of my knowledge. I understand that Need Based Memberships expire after **six months** and if I wish to apply for the Need Based Membership after expiration, I need to resubmit my application with updated income verification.

Primary Member Signature: _____ **Date:** ____/____/____