



FOR YMCA STAFF USE ONLY	
Account Number _____	<input type="checkbox"/> Client Self-Certified
YMCA Branch _____	Staff Initials _____
Audited By _____	Audit Date _____

Feed LA & Distance Learning Support Program Intake Form

YMCA OF METROPOLITAN LOS ANGELES COMMUNITY EMPOWERMENT HUBS



The YMCA is a non-profit organization committed to providing full and equal access to its facilities. Everyone is welcome to apply regardless of race, color, creed, national origin, citizenship, religion, gender, sex, age, ancestry, marital status, registered domestic partner status, protected military or veteran status, disability, pregnancy, childbirth or related medical condition, sexual orientation, gender identity or expression, genetic information or any other basis protected by applicable law. The Feed LA Program and Distance Learning Support Program are intended for residents of the City of Los Angeles who have low, very low, or extremely low incomes. Participants needing other accommodations or services should contact their local YMCA. Items below marked with an asterisk (*) are required and will help the YMCA continue providing community resources.

Please send verifications (photos or scans) and questions to FeedLA@ymcaLA.org or DistanceLearning@ymcala.org.
COMPLETE THIS FORM ONLY FOR CITY OF LA RESIDENTS: [HTTPS://NEIGHBORHOODINFO.LACITY.ORG/](https://neighborhoodinfo.lacity.org/)

PROGRAM

Choose Program Type(s): Feed LA Distance Learning Support Program

YMCA Branch: _____

PRIMARY PARTICIPANT (Parent or guardian for applicants under 18 years)

Legal First Name *	MI	Legal Last Name *	Date of Birth *	
Home Address *	Apt	City *	State *	Zip Code *
Home Phone *	Cell/Other Phone			
Primary Email			<input type="checkbox"/> City of LA Resident <input type="checkbox"/> NOT City of LA Resident	

Total Annual Household Income * (Place a checkmark next to the number of total persons and in the same line next to income per year, based on total annual gross income before taxes.):

<input type="checkbox"/> 1 Person:	<input type="checkbox"/> \$0 - \$12,880	<input type="checkbox"/> \$12,881 - \$41,400	<input type="checkbox"/> \$41,401- \$66,250
<input type="checkbox"/> 2 Persons:	<input type="checkbox"/> \$0 - \$17,420	<input type="checkbox"/> \$17,421- \$47,300	<input type="checkbox"/> \$47,301- \$75,700
<input type="checkbox"/> 3 Persons:	<input type="checkbox"/> \$0 - \$21,960	<input type="checkbox"/> \$21,961- \$53,200	<input type="checkbox"/> \$53,201- \$85,150
<input type="checkbox"/> 4 Persons:	<input type="checkbox"/> \$0 - \$26,500	<input type="checkbox"/> \$26,501- \$59,100	<input type="checkbox"/> \$59,101- \$94,600
<input type="checkbox"/> 5 Persons:	<input type="checkbox"/> \$0 - \$31,040	<input type="checkbox"/> \$31,041- \$63,850	<input type="checkbox"/> \$63,851- \$102,200
<input type="checkbox"/> 6 Persons:	<input type="checkbox"/> \$0 - \$35,580	<input type="checkbox"/> \$35,581- \$68,600	<input type="checkbox"/> \$68,601 - \$109,750
<input type="checkbox"/> 7 Persons:	<input type="checkbox"/> \$0 - \$40,120	<input type="checkbox"/> \$40,121- \$73,300	<input type="checkbox"/> \$73,301- \$117,350
<input type="checkbox"/> 8 Persons:	<input type="checkbox"/> \$0 - \$44,660	<input type="checkbox"/> \$44,661- \$78,050	<input type="checkbox"/> \$78,050- \$124,900
<input type="checkbox"/> 9 Persons:	<input type="checkbox"/> \$ 0 - \$49,200	<input type="checkbox"/> \$49,201 - \$82,750	<input type="checkbox"/> \$82,750 - \$132,450
<input type="checkbox"/> 10 Persons:	<input type="checkbox"/> \$0 - \$53,740	<input type="checkbox"/> \$53,741- \$87,500	<input type="checkbox"/> \$87.501 - \$140,050
<input type="checkbox"/> 11 Persons:	<input type="checkbox"/> \$0 - \$58,280	<input type="checkbox"/> \$58,281- \$92,200	<input type="checkbox"/> \$92,201- \$147,600
<input type="checkbox"/> 12 Persons:	<input type="checkbox"/> \$0 - \$62,820	<input type="checkbox"/> \$62,821- \$96,950	<input type="checkbox"/> \$96,951 - \$155,150

Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Client Doesn't Know/Refused	Race* <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know/Refused	Ethnicity* <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Not Hispanic/Latinx <input type="checkbox"/> Client Doesn't Know/Refused
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Have you been a Y Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you interested in volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No
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How did you hear about the YMCA?	Do you wish to receive updates via SMS text? <input type="checkbox"/> Yes <input type="checkbox"/> No, email only
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(Optional) Please let us know other types of service(s) you need assistance with: Clothing & Household Goods
 Education Employment/Job Training Food Assistance Housing & Shelter Financial Assistance
 Youth & Family Support Health & Wellness Mental Health Immigration Services Other (specify):

ADDITIONAL ADULT/CHILDREN

Legal First Name	MI	Legal Last Name	Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Client Doesn't Know/Refused	Date of Birth*	Grade in Fall
Legal First Name	MI	Legal Last Name	Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Client Doesn't Know/Refused	Date of Birth*	Grade in Fall
Legal First Name	MI	Legal Last Name	Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Client Doesn't Know/Refused	Date of Birth*	Grade in Fall
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Legal First Name	MI	Legal Last Name	Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Client Doesn't Know/Refused	Date of Birth*	Grade in Fall

DOCUMENT VERIFICATION* (required) All documents (with the exception of ID) should have a clear date, and the date must be within **90 days prior** to the date the customer registers. Verification documents should be collected for at least one member of the household.

One (1) of the following income verifications:

- Benefits Letter / Public Benefits Notice
- Paystub
- Letter from Employer
- CalWorks
- TANF
- SSI/SSDI
- Social Security
- General Assistance
- Veterans Benefit
- Pension
- Unemployment / Layoff Letter
- W-2 Form (Only useable January-March)

One (1) of the following residency verifications:

- ID (Unexpired Driver's License, Identification Card, or Consular ID Card with address)
- Utility Bill
- Postmarked Envelope
- Benefits Letter

CONDITIONS OF PROGRAM PARTICIPATION

Participant Health: The applicant(s) represent(s) that he/she/they is/are in good health and understand(s) that participation in aerobics and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA of Metropolitan Los Angeles assumes no responsibility for any such injury or illness.

Participant conduct and right to use the facility: All applicants and dependents agree to abide by all policies and procedures of the YMCA of Metropolitan Los Angeles and its branches and understand that failure to act in accordance with these policies and procedures may result in expulsion from the YMCA and revocation of program participation.

Safety: The YMCA of Metropolitan Los Angeles conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, we reserve the right to cancel membership, end program participation, and remove visitation access.

Property Loss: The applicant understands that the YMCA of Metropolitan Los Angeles is not responsible for personal property lost, damaged, or stolen while using YMCA facilities or participating in YMCA programs.

Video Taping & Cell Phone Use: Due to the advances in video equipment and telephone video technology, and for the safety and security of our members and guests, all video and/or photo equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas generally deemed to be "private" within YMCA facilities. The YMCA of Metropolitan Los Angeles requests that cell phone usage be reserved for lobby or designated cell phone areas only.

Photo & Video Waiver/Consent: The applicant gives permission to the Y to use the applicant's picture/video or other likeness or a picture/video or other likeness of applicant's dependent(s) for any purpose, including, but not limited to general marketing & publicity, social media presence and/or campaign or other promotional materials.

PROGRAM AGREEMENT

As a participant of the YMCA, I understand and agree to abide by the YMCA's Code of Conduct and Six Pillars of Character. I understand that program participation is a privilege and may be suspended or revoked at any time for behavior that is not consistent with the YMCA's Code of Conduct or the Six Pillars of Character. I acknowledge that I have received and read a copy of the Member Handbook, which explains the Code of Conduct, Six Pillars of Character, and all program participation policies, procedures, and services. I understand and agree that I will abide by these policies and procedures. I assume responsibility for all listed household members in this application and agree that they too will abide by the YMCA's policies and procedures. The Y reserves the right to make changes to the type of services offered. The services, facilities, and hours of operation related to this Agreement are available online at www.ymcala.org.

Other conditions of program participation may apply, please see branch program participant and Member Handbook or visit the Welcome Center for more information. I agree that this form may be signed electronically.

Signature of Applicant or Guardian*

Date*

Additional Adult Applicant **Date**

Additional Adult Applicant

Date