



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
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
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

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

**CITY OF LOS ANGELES
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
SELF CERTIFICATION FORM**

Information on annual family income is required to determine client eligibility for public services funded by the City of Los Angeles through the Community Development Block Grant (CDBG) program. Each client must indicate the number of persons in their family, and indicate whether total annual family income exceeds or falls below the listed figure for appropriate size family by indicating a check mark in the boxes below. Information provided is subject to verification by the agency providing services, the U.S. Department of Housing and Urban Development (HUD), and/or the City of Los Angeles.

NOTE: "Income" is the total annual income of all family members as of the date that federal-funded assistance is provided. Additional expected sources of income and the amount expected during the period of federal assistance must be included in this calculation of annual family income. All income for all persons in the family **must** be included in calculating family income whether or not the family member receives assistance.

2021 CDBG Income Guidelines– Circle the appropriate income level:

Family Size	Poverty / Extremely Low-Income	Very Low-Income "Low"	Low-Income "MOD"	Above 80% of Median Income (Not Eligible)
1 Person	\$0 – \$12,880	\$12,881 - \$41,400	\$41,401- \$66,250	\$66,250+
2 Persons	\$0 – \$17,420	\$17,421- \$47,300	\$47,301- \$75,700	\$75,700+
3 Persons	\$0 – \$21,960	\$21,961- \$53,200	\$53,201- \$85,150	\$85,150+
4 Persons	\$0 – \$26,500	\$26,501- \$59,100	\$59,101- \$94,600	\$94,600+
5 Persons	\$0 – \$31,040	\$31,041- \$63,850	\$63,851- \$102,200	\$102,200+
6 Persons	\$0 – \$35,580	\$35,581- \$68,600	\$68,601 - \$109,750	\$109,750+
7 Persons	\$0 – \$40,120	\$40,121- \$73,300	\$73,301- \$117,350	\$117,350+
8 Persons	\$0 – \$44,660	\$44,661- \$78,050	\$78,050- \$124,900	\$124,900+

Presumed Low- and Moderate-Income Persons

In some cases, a funded program may generally presume that an individual meets the federal income requirements because the funded activity(ies) exclusively serve a group of persons in any one or a combination of the following 8 categories. If using this method to certify eligibility, a client must check the box next to the category(ies) of which they are a member:

"Severely disabled" Adult	<input type="checkbox"/>	Persons Living with AIDS	<input type="checkbox"/>
Elderly Persons (62 and older)	<input type="checkbox"/>	Illiterate Adults	<input type="checkbox"/>
Battered Spouse	<input type="checkbox"/>	Migrant Farm Workers	<input type="checkbox"/>
Homeless Persons	<input type="checkbox"/>	Abused Children	<input type="checkbox"/>

Race (check one of the following 10 categories):

American Indian or Alaska Native	<input type="checkbox"/>	American Indian or Alaskan Native AND White	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Asian AND White	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Black/African American AND White	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	American Indian/Alaskan Native AND Black/African-American	<input type="checkbox"/>
White	<input type="checkbox"/>	Balance / Other	<input type="checkbox"/>

Ethnicity (check one):

Hispanic / Latino	<input type="checkbox"/>
Not Hispanic / Latino	<input type="checkbox"/>

I certify that the information provided on this form is accurate and complete, and that I am a resident of the City of Los Angeles. I further acknowledge that eligibility for services funded through the CDBG program is based upon having a qualifying annual family income level or belonging to a group that is presumed to be low- or moderate- income, and that the income levels and/or status I have indicated in this self-certification may be subject to further verification by the agency providing services, the City of Los Angeles and/or HUD.

I therefore authorize such verification, and will provide supporting documents if requested. WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.

Applicant's Name (Please Print): _____

Applicant's Signature _____ **Date** _____
(Signature of a parent or guardian person to receive services is a minor)

Applicant's Address _____

Agency Staff Name (Please Print): _____ Date _____

Agency Staff Signature _____