LAFAYETTE PARKS AND RECREATION FEE EXEMPTION PROGRAM

<u>GOAL</u>

The goal of the Lafayette Parks and Recreation Department is to provide an opportunity for all youngsters to participate in Recreation activities sponsored by this department.

POLICY STATEMENT

The Recreation Department and the Youth Neighborhood Association will not provide fee exemption unless the participant qualifies for this program by filling out the application completely.

HOW TO APPLY

To receive Fee Exemption for your child, carefully complete the application on each child in the household and return it to the neighborhood organization with your registration form. If you total household income is at or below the amounts listed on the Income Chart, your children are eligible for exemption with a completed application.

AN APPLICATION THAT IS NOT COMPLETED CANNOT BE APPROVED.

OTHER INFORMATION

VERIFICATION: Your eligibility may be checked by department officials at any time during the program.

FAIR HEARING: If you do not agree with the decision on your application or the results of verification, you may wish to discuss it with the Athletic Programs Manager. You also have the right to a fair hearing. You can do so by calling or writing the following official:

Greg Gautreaux
Athletic Programs Manager
Parks and Recreation Department
P. O. Box 52113
Lafayette, LA 70505
291-8362

CONFIDENTIALITY: Department officials use the information on the application only to decide if your child is eligible for the Fee Exemption program.

APPLICATION INSTRUCTIONS

To apply for the Fee Exemption Program, complete the application using the instructions below. Sign the application and return it to the neighborhood organization with your registration form for approval. You must fill out an application for each participant.

PART 1 -- PARTICIPANT INFORMATION

- 1- Write the youth neighborhood name, your age and birth date.
- 2- Write the participant's last name, first name and middle name in the blank, along with the address, city, state and zip code.

PART 2 -- ALL OTHER HOUSEHOLDS

- 1- Write the names of everyone living in your household, whether they get income or not.
- 2- Write the amount of income each household member got last month, before taxes or anything else taken out, and where it came from, such as earnings, welfare, pension and other income.
- 3- An adult household member must sign the application and give his/her social security number in Part 5.

To figure monthly income: Weekly X 4.33, every 2 weeks X 2.15, twice a month X 2.

PART 3 -- SIGNATURE AND SOCIAL SECURITY NUMBER

All Households complete this part.

1- All applications must have the signature and social security number of an adult household member.

FOR FURTHER INFORMATION

Contact:

Greg Gautreaux

Athletic Programs Manager

Parks and Recreation Department

P. O. Box 52113

Lafayette, LA 70505

291-8362

INCOME ELIGIBILITY GUIDELINES FOR FEE EXEMPTION

If your household income is at below the level shown on this scale, your child is eligible for Fee Exemption.

Fee Exemption for Family Income Not To Exceed							
Household	Yearly	Monthly	Weekly				
Size	Income	Income	Income				
2	14,319	1,194	276				
3	19,166	1,598	369				
4	24,013	2,002	462				
5	28,860	2,405	555				
6	33,707	2,809	649				
7	38,554	3,213	742				
8	43,401	3,617	835				
For Each Additional	+4,847	+404	+94				

Member Add

If anyone believes he or she has been subjected to discrimination on the basis of race, color, sex or national origin, he or she may file a complaint alleging discrimination with either the LPRD or the Office of Equal Opportunity, U.S. Department of the Interior, Washington, D.C. 20240

REGISTRATION FEE EXEMPTION PARKS AND RECREATION DEPARTMENT LAFAYETTE, LOUISIANA

PARENTS: TO APPLY FOR FEE EXEMPTI REGISTRATION FORM	JM UOY NO	UST RETURN COMPLE	TED APPLICATION T	O YOUR NEIGHBO	RHOOD WITH YOUR .
PART 1 - PARTICIPANT INFORMATI	ON: PLEASI	E PRINT.			
NEIGHBORHOOD NAME				AGE	BIRTH DATE
EAST NAME	FIRST NAME				NIDDLE
ADDRESS	CITY STATI		ATE	ZIP CODE	
PART 2 - ALL OTHER HOUSEHOLDS. You must complete the following information	and sign the	application in Part 3 or t	he application cannot b	pe approved.	
List All Household Members Names	Gross Monthly Earnings Job #1 Job #2		GROSS MONTHLY INCOME Monthly Welfare Monthly I Payments, Child Retiremer Support, Alimony Security		
1	\$	\$	\$	\$	\$
2.	\$\$	\$\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4	\$	\$	\$	 \$	\$
5.		\$	\$	\$	\$
6		\$	<u> </u>	\$	\$
7.	\$	\$	\$		\$
8.	\$	\$	<u> </u>	\$	\$
9.	\$	\$	\$	\$	\$
10.	\$	\$\$	\$	\$\$	\$
TOTALS:	\$	\$	\$	\$\$	\$\$
HOUSEHOLD TOTAL AMOU	NT: \$_		Weekly	Monthly	Yearly
PART 3 - SIGNATURE AND SOCIAL SI	ECURITY N	UMBER: An <u>adult ho</u>	usehold member n	ust sign the applic	cation before it can be approved
I certify that all of the above information on the application. Deliberate misrepresentation of the second content of the second co				•	
SIGNATURE:					
SIGNATURE: SIGNATURE OF ADULT HO	DESEHOLD Y	MEMBER		SOCIAL SÉC	CRITY NUMBER
PRINT NAME OF ADULT		HOME ADDRESS		CITY/ST	ATE/ZIP
DATE SIGNED		HOME TELEPHONE N	UMBER	WORK TELE	PHONE NUMBER