

Y.E.S. (Youth Enrichment Supplement) Financial Assistance Program



HANOVER PARK
PARK FOUNDATION

Provided by the Hanover Park Park Foundation

The purpose of the Youth Enrichment Supplement (Y.E.S.) program is to make recreation opportunities available to all children who live in Hanover Park or are within the boundaries of the Hanover Park Park District. Funds are available for children 18 years of age or younger of families experiencing financial hardship.

Financial Assistance Eligibility Criteria

Based on available funds, the Hanover Park Park District will attempt to provide financial assistance to those residents who meet the eligibility requirements. The Hanover Park Park District reserves the right to approve full or partial assistance or deny an applicant's request. Financial Assistance funds cannot be utilized for Rentals, Birthday Parties, and Daily Admission or court times at facilities, or Open Gym.

Eligibility Requirements:

- 1) Reside in Hanover Park or within the boundaries of the Hanover Park Park District and;
- 2) Receive general assistance, disability assistance, food stamps, or another pre-qualified governmental aid or;
- 3) Is low income (falling within the range outlined by SNAP Guidelines) or;
- 4) has incurred an unusual amount of medical bills that have rendered the family unable to afford the cost of the program.

Financial Assistance Guidelines

1. The Y.E.S. application must be filled out in its entirety and returned with your proof of income and proper documentation.
2. All applicants must submit the following when applying for assistance:
 - a. Proof of residency
 - b. Proof of income

- c. Any supporting documentation if applicable
 - d. Proof of incurred medical bills (if applicable). All applicable copies to be considered must be attached to the application, must be dated no more than 6 months previous to the application date, and must clearly identify the name and address of the applicant.
3. If an applicant is applying under the “incurred an unusual amount of medical bills” criteria, an interview will take place with the Hanover Park Park District YES representative.
 4. If an application is approved, each child in the family will receive \$300 towards recreation programs. All assistance expires on April 30 each year. Monies do not roll over into the next year. A new application is required annually in concurrence with the Hanover Park Park District’s fiscal year: May 1 through April 30. **Applications are due by March 15, 2024.**
 5. Applicants must fully utilize the program registered for. Applicants not fully utilizing the program will not be allowed financial assistance in the future. No refunds will be given.

FOR OFFICE USE ONLY:

Applicants Last Name: _____

Status: Approved

Declined (Reason)_____

Signature of approving Representative_____

Date _____



Y.E.S. Application

Applications are accepted at the Community Center's main office front desk. You can also mail your application, including copies of required documentation to Hanover Park Park District, ATTN: Main Office, 1919 Walnut Ave, Hanover Park, IL 60133. Submittal of an application does not constitute approval. If you have additional questions or need additional information, please contact the Front Desk Staff at 630-837-2468 or by email at k.pinones@hpparks.org.

Application deadline: March 15, 2024

Applicant Information

Applicant Name: _____ Date of Birth: _____

Address (City, State, Zip): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Marital Status: (Select One) Single Married Widowed Divorced Separated

Housing Status: (Select One) Homeowner Rent Living w/ family/friends

Other (please describe): _____

Please list names and ages of all dependents in the household including Spouse/Partner

*Dependent's First Name	Dependent's Last Name	Date of Birth	*Grade and Name of School	Relationship to Applicant

*Dependents must be legally defined as such.

*Grade and name of the school must be listed for school-aged children.

Document Verification

Copies of all documents must be included with the application. Applications without the required documentation will be returned via USPS.

Residency

Choose One: Option A or B

Option A (please select one item from below)	Option B (please select two items from below)
<input type="checkbox"/> Valid Driver's License with your current address <input type="checkbox"/> Valid State-Issued ID with your current address	<input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Tax bill <input type="checkbox"/> Current Lease <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> Home Phone Bill <input type="checkbox"/> Utility Bill

Income

Choose One: Option A, B, or C

Option A	Option B
<input type="checkbox"/> Most recent SNAP/TANF award letter (Note: All dependents listed on page one of this application must also be listed on SNAP/TANF award letter)	<input type="checkbox"/> Most recent Federal tax return (Note: Children must be listed as dependents)
Option C (both sides required)	
Proof of Guardianship (Provide one of each child) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Court-ordered letter awarding guardianship <input type="checkbox"/> Student Record	Proof of Income (Provide all available) <input type="checkbox"/> 1 month of paycheck stubs for all qualifying individuals <input type="checkbox"/> Unemployment compensation <input type="checkbox"/> Child support <input type="checkbox"/> Social Security/Disability <input type="checkbox"/> Current link statement <input type="checkbox"/> Other sources of income