YOUTH FEE WAIVER PROGRAM

# ABOUT THE PROGRAM

The goal of the City of Fresno Youth Fee Waiver Program is to minimize financial barriers for Fresno’s youth to participate in recreation programs by reducing fees for eligible youth from $75 per program to $20 per program. The Youth Fee Waiver Program is administered by the Parks, After School, Recreation and Community Services (PARCS) Department.

# WHICH YOUTH RECREATION PROGRAMS OFFER A PARTIAL FEE WAIVER?

## Bitty Programs (ages 3-4 and 5-6)

* Bitty Basketball
* Bitty T-Ball
* Bitty Outdoor Soccer

## Junior Programs (ages 7-9, 10-12, 13-15)

* Junior Basketball
* Fitness Camp
* Junior Flag Football

# WHO IS ELIGIBLE?

Youth ages three to fifteen (3-15) that live in the City of Fresno and demonstrate household need through:

1. Household income at or below [150% of the Federal Poverty Line](https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/detailed-guidelines-2023.pdf) (show paystub, W-2 or tax return), or
2. Show document to provide proof of participation in another need-based program such as:
* Aid to Families with Dependent Children (AFDC) Foster Youth
* CalWORKs, EBT, SNAP, or WIC
* PG&E: CARE or FERA
* Temporary Assistance for Needy Families (TANF)

# WILL MY INFORMATION REMAIN CONFIDENTIAL?

All information submitted to the Fee Waiver Program for the purpose of eligibility determination will remain confidential.

# HOW LONG IS THE FEE WAIVER VALID?

The fee waiver is valid for the calendar year.

# HOW DO I APPLY?

## Step One:

Submit the application and supporting documents:

**Online:** <https://www.fresno.gov/parks/measure-p/>

**Email:** Parks.Department@Fresno.gov

**In person:**

Dickey Youth Community Center

Attn: Youth Fee Waiver

1515 East Divisadero Street

Fresno, California 93721

Monday-Friday from 8:00 A.M. – 5:00 P.M

## Step Two:

The PARCS Customer Service Team will call you to process the waiver request and complete registration for the recreation program of your choice.

# PAYMENT INFORMATION

If accepted into the Youth Fee Waiver Program, payment of the discounted fee is due at time of registration.

## The forms of payment accepted include:

* Business check, money order, cashier’s check, cash (exact amount only, no change) or credit or debit card.
* The City accepts VISA, MasterCard, American Express, or Discover. All credit and debit card payments have a 2.3% service fee.

Payments can be made over the phone or in person.

# QUESTIONS?

Contact the PARCS Customer Service Team at

(559) 621-7529.

YOUTH FEE WAIVER APPLICATION

# PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Participants applying for waiver (if more than five attach an additional sheet):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **First Name** | **Last Name** | **Date of Birth**(MM/DD/YYYY) | **Age** | **Ethnicity:**Hispanic (Yes/No) | **Race:** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |

# HOUSEHOLD NEED DOCUMENT TYPE

Select the document type you are providing to show household need. Sensitive information such as account numbers or social security numbers can be redacted. Documents provided will not be returned or stored, and will be destroyed after review:

[ ]  Paystub, W-2 or tax return showing income is at or below [150% of the Federal Poverty Line](https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/detailed-guidelines-2023.pdf).

Or proof of participation in another need-based program:

[ ]  Aid to Families with Dependent Children (AFDC) Foster Youth

[ ]  CalWORKs

[ ]  EBT, SNAP, or WIC

[ ]  PG&E: CARE or FERA

[ ]  Temporary Assistance for Needy Families (TANF)

[ ]  Other - please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that submitting this application does not register my child(ren) for recreation programming. I understand that the PARCS Customer Service team will call to verify my information, determine eligibility and complete the registration process. I certify the information provided is accurate and valid, and the participant(s) reside in the City of Fresno:

**PARENT/GUARDIAN SIGNATURE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  TO BE COMPLETED BY PARCS STAFF

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Household Need Document Verified: [ ]  YES [ ]  NO

Approved By (sign):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_