



Eastern Rio Blanco Metropolitan Recreation & Park District

Financial Assistance Program

ERBM Recreation & Park District (District) desires to provide all who reside within the District an opportunity to enjoy recreational opportunities. The Financial Assistance Program is designed to help individuals and families afford activities, memberships, and fees.

Eligibility:

- To be eligible, individuals or families must be currently receiving need-based assistance from a federal or state government program, such as Medicaid, Supplemental Social Security Income (SSI or SSD), Section 8 or Public Housing, Food Stamps, Child Health Plan Plus (CHP+), Temporary Assistance for Needy Families (TANF), W.I.C., or other programs. *Verification of participation is required.*
- Applicants must reside within District boundaries.
- Children in foster care are automatically eligible.

Assistance awarded:

- Reduced Rates: Eligible fees and costs will be reduced by 50%.
- Scholarships: Each eligible individual or family member will receive \$150 per year (prorated quarterly) applied to their customer account.

How to apply:

1. Complete and sign this application. If you would prefer to complete the digital version of this application, you may do so online at erbmrec.com/financialaid
 1. Incomplete applications will not be considered.
 2. The primary applicant must be at least eighteen (18) years of age.
2. Verify participation in state or federal need-based assistance. To do so, you may:
 - a. Attach supporting documentation to your application (must reflect current year benefits)

OR

 - b. Take your application to the Rio Blanco County Department of Human Services office (200 Main Street, Suite 200) for a verification signature.
3. Submit your application.

All information provided is kept confidential to the extent permitted by law.

Financial aid expires December 31 of each calendar year, and new applications must be completed each year. No award of financial assistance is guaranteed.

This program is funded on an annual basis and may be discontinued or revised at any time at the District's discretion.

Please contact Guest Services at 970.878.7426 with any questions. Thank you!



Primary Applicant Information

Name (First/Last): _____

Mailing Address: _____

Phone Number: _____

Email: _____

Gender (circle one): Male Female Prefer not to say

Date of Birth: _____

Emergency Contact Name: _____

Phone Number: _____ Relation: _____

Additional Applicants:

Name (First/Last): _____

Gender (circle one): Male Female Prefer not to say

Date of Birth: _____

Emergency Contact Name: _____

Phone Number: _____ Relation: _____

Name (First/Last): _____

Gender (circle one): Male Female Prefer not to say

Date of Birth: _____

Emergency Contact Name: _____

Phone Number: _____ Relation: _____



Additional Applicants (continued):

Name (First/Last): _____

Gender (circle one): Male Female Prefer not to say

Date of Birth: _____

Emergency Contact Name: _____

Phone Number: _____ Relation: _____

Name (First/Last): _____

Gender (circle one): Male Female Prefer not to say

Date of Birth: _____

Emergency Contact Name: _____

Phone Number: _____ Relation: _____

Name (First/Last): _____

Gender (circle one): Male Female Prefer not to say

Date of Birth: _____

Emergency Contact Name: _____

Phone Number: _____ Relation: _____

Name (First/Last): _____

Gender (circle one): Male Female Prefer not to say

Date of Birth: _____

Emergency Contact Name: _____

Phone Number: _____ Relation: _____



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Eligibility Verification

To be eligible for financial assistance, individuals or families must be currently receiving need-based assistance from a federal or state government program, such as Medicaid, Supplemental Social Security Income (SSI or SSD), Section 8 or Public Housing, Food Stamps, Child Health Plan Plus (CHP+), Temporary Assistance for Needy Families (TANF), W.I.C., or other programs. *Verification of participation is required.*

You may verify your eligibility in one of two ways.

- Attach supporting documentation to this application, such as a benefit letter. This documentation must reflect current year benefits.

OR

- Take your application to the Rio Blanco County Department of Human Services office (200 Main Street, Suite 200) for a verification signature.

Verified Partner Organization Representative Signature:

Date: _____

Primary Applicant Signature:

By signing below, I certify that all above information is true and correct. I understand that District personnel may verify the information on the application and that a deliberate misrepresentation of the information will result in forfeiture of assistance and may prohibit future eligibility for the financial assistance program.

Date: _____