## Bloomington Parks, Recreation and Cultural Arts Pepsi Ice Center

Reduced Fee Policy and Procedure for Pepsi Ice Center

There are many individuals in the community who are sometimes unable to participate in Parks, Recreation and Cultural Arts programs due to limited income. In order to help accommodate these individuals and families, the following procedures has been established for Pepsi Ice Center reduced fees.

#### REDUCED FEE CRITERIA

- 1) Reduced fees will be limited to three (3) programs per individual per calendar year for a **maximum of** \$175 per person per year.
- 2) Reduced fees will only be available to those under the age of **16**.
- 3) Reduced fees will only be granted for Learn to Skate and Learn to Play Hockey classes solely sponsored by the Pepsi Ice Center. All synchro team, youth in house hockey leagues, adult leagues and all curling leagues are excluded from fee assistance.
- 4) Reduced fees are not given for programs when primary costs are contractual, e.g. outside clinics, private lessons, etc. The instructors in these programs are paid on a per person or percentage of fees collected basis. Should these independent contractors want to give assistance, they do so at their own discretion.
- 5) There will be no full reductions given. More partial assistance is given so more people can participate. It will be judgment of the Ice Center Manager to determine final amount of the fee reduction. Payment plans can be set up for balances due.
- 6) If someone is having a difficult time making payments for an expensive program, such as hockey leagues, arrangements can be made for payments. People who abuse this privilege by not paying will not be allowed into programs until they do pay. **Payment plans will be for maximum of 6 months duration**.
- 7) Reduced fees for ice skating or hockey programs will be allowed, after the minimum number of registrants needed to break even have registered, provided space is available in the class when the reduced fee is requested. For every three fully paid registrations above the minimum, one partial fee will be given, up to the maximum class registration.
- 8) Reduced fee applications will be accepted up until 9 days before a program starts. Applicants will be notified of a decision at least 6 days before the program starts if their paperwork is completed.
- 9) Individuals receiving a reduced fee for ice lessons may register for more than one session at the same time, but must pay what is due for the first session before starting the next session.

Reduced fee assistance is limited by existing funds on a first come, first served basis to City of Bloomington residents.

#### REDUCED FEE ELIGIBLITY CRITERIA

In order for applicants to eligible for reduced fees, the following requirements must be met:

1. Total family income does not exceed 185% of the Federal Poverty Guidelines.

Family Size	Max. Annual Income	Family Size	Annual Income
2	\$25,900	6	\$52,540
3	\$32,560	7	\$59,200
4	\$39,220	8	\$65,860
5	\$45,880		

- 2. Individuals must reside within the corporate city limits of Bloomington. **Proof of residency** is required. (i.e. Voter's registration card, current driver's license, monthly bill with address).
- 3. Applicants **must provide income documentation**. Individuals receiving Public Aid must submit an official public aid form listing public aid income received and all members who are eligible. Individuals not receiving public aid, but who are able to document a hardship case can submit income tax returns, social security assistance, recent pay slips or any other document that will show a record of the family's annual income.

Applicants are guaranteed that their personal finances will not be discussed outside the department. It is the primary responsibility of the interviewer to maintain a level of privacy about the applicants' financial status.

- 4. Applicants must provide a **completed application**, along with their income and residency documentation, plus a **program registration form** and **25% deposit for each program/session** to secure a place in the program. If a deposit is not given, the program may be filled while the process is being completed.
  - 5. **A letter of reference will also be required.** This will need to come from someone involved with your family on one of these levels: a) social worker, b) teacher, or c) minister or priest. The letter will have to address your family's need for the assistance and the benefit that your family will derive from participating in the program(s).

#### **Determination of fee reduction amount**

The amount of the reduced fee will be determined by the amount of their total income. The same figures used for school free and reduced lunch program will be used here.

- -50% program fee reduction- total income does not exceed 185% of the Federal Poverty guidelines for their family size.
- -75% program fee reduction total income must be at or below 150% of the Federal Poverty Guideline level for a family of their size.

Family Size	50/34% Reduction_	75/67% Reduction
2	\$25,900	\$21,000
3	\$32,560	\$26,400
4	\$39,200	\$31,800
5	\$45,880	\$37,200
6	\$52,540	\$42,600
7	\$59,200	\$48,000
8	\$65,860	\$53,400

### Bloomington Parks and Recreation Department Pepsi Ice Center Application for Reduced Program Fee

Name of Participant					
Parent/Guardian Name					
Address	Home Phone				
Employer(s) Name	Work Phone				
Extenuating Circumstances?					
UnemploymentExtensive Hosp	ital Bills O	ther			
		(Please explain)			
Requested Recreation Program(s): List Priorities	Session	Cost			
1					
2					
3					
Applicant's (Parent or Guardian) Current Monthly Inc					
Applicant's Current Annual Gross Income as reported	on income tax return form	<b>\$</b>			
<u>Please Note:</u> any other earned or unearned income such stamps, Public Aid, AFDC payments, ect. (attach Public A		reserve pay, retirement, food			
Other income source and amount					
Other income source and amount					
Number of individuals residing at above address: Adult.	s Childrei	ı			
*Submit with your application, one letter of reference Registration Form, and a 25% depos					
I certify that all the above information is true and correct and that al may verify the information.					
Signature of Parent/Guardian	 Date				
Office Use Only					
Amount Waived	Amount owed to dep	partment			
Registered date	Date paid				
Actual Program for	DIC Staff				

# Bloomington Parks and Recreation Department Pepsi Ice Center Payment Plan Form

DateI	E-mail address		
Name			
Address			_
Home Phone	Work Phone		
Total Amount Due			
Ipayment.	agree to make the payme	ents listed below by the da	ate that is listed next to the
<u>DAY</u>	<u>DATE</u>	<b>AMOUNT</b>	
			_
			_
	s Pepsi Ice Center will: ) continue in the programs only Payment Plan if the terms of this		his agreement.
I have read the above term	ns and understand them fully.		
Resident	Pepsi Ice Ma	nnager	
Printed Name			