



# FINANCIAL ASSISTANCE APPLICATION

FINANCIAL ASSISTANCE IS RESERVED FOR RESIDENTS OF OAKLAND  
 RESIDENCY IS DETERMINED ACCORDING TO ADDRESS INDICATED ON DRIVER'S LICENSE OR STATE IDENTIFICATION CARD

## 1. FINANCIAL ASSISTANCE REQUEST

Activity Name	Activity #	Activity Date	Activity Fee	Amount Requested	Total Fees
Grand Total:					

*Maximum of 1 scholarship awarded per participant, per year based on availability*

## 2. CONTACT INFORMATION

Male  Female  Child  Teen  Adult  Senior

Participant/Child \_\_\_\_\_ / / \_\_\_\_\_  
 First Middle Last Birth Date Age

Parent/Guardian \_\_\_\_\_  
 First Middle Last Relationship to Child

Address \_\_\_\_\_  
 Street City State Zip

Phones (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Phone Work Phone Cell Phone

Ethnicity:  African American  American Indian  Asian/Pacific Islander  Hispanic/Latino  Caucasian

## 3. ANNUAL GROSS HOUSEHOLD INCOME

Check One:  \$0 ~ \$4,999  \$5,000 ~ \$9,999  \$10,000 ~ \$19,999  \$20,000 ~ \$29,999  
 \$30,000 ~ \$39,999  \$40,000 ~ \$49,999  \$50,000 ~ \$59,999  \$60,000 +

## 4. SOURCE OF INCOME

Check One:  Self-Employed  Employed  Unemployed  Other

## 5. PLEASE EXPLAIN YOUR FINANCIAL NEEDS

## 6. WHY DO YOU / YOUR CHILD WANT TO PARTICIPATE IN THE PROGRAM

## 7. PLEASE PROVIDE ANY ADDITIONAL INFORMATION REGARDING YOUR REQUEST FOR ASSISTANCE

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**8. PLEASE INCLUDE A PHOTO COPY OF ONE OF THE FOLLOWING DOCUMENTS, AS PROOF OF FINANCIAL ASSISTANCE NEED:**

- Food Stamp Card      W-2 Form      Pay Check Stub      A.F.D.C      Unemployment      Disability
- ✓ Please include a legible photocopy of a **California ID Card** or **Drivers License** as proof of Oakland Residency.
  - ✓ Please remember to fill out application form completely and include required documentation.
  - ✓ Financial Assistance Application forms must be submitted either in person, by fax or by mail; no request will be accepted over the phone.
- Mail or Drop In Address: For all questions or concerns, please contact the Recreation Center directly. Mail application to: **Oakland Parks & Recreation**, 250 Frank H. Ogawa Plaza, Suite 3330, Oakland, CA 94612, Fax (510) 238-4999
- ✓ All assistance application forms must be received **30 days prior** to the first day of the program/class/activity you are requesting.
  - ✓ All applicants will be notified within in 10 ~ 15 business days of receipt of application form, by phone and/or mail.
  - ✓ Please retain a copy of the application and supplemental information you are providing for your records.

**9. EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
                    First    Last

Phones \_\_\_\_\_  
                                Home Phone    Work Phone    Cell Phone

**10. MEDICAL INFORMATION (for Enrollee)**

Please explain any medical or special needs:     Allergies     Medications     Physical Limitations     Diet Restrictions

Doctor \_\_\_\_\_      Clinic/Office Phones ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
  Doctor    Clinic    After Hours

Medical Insurance Carrier \_\_\_\_\_      Policy # \_\_\_\_\_

**10. RELEASE WAIVER and AUTHORIZATION FOR MEDICAL TREATMENT**

I hereby release and hold harmless the City of Oakland Parks and Recreation, its directors, officers, employees, agents, volunteers and all other persons acting on its behalf, from any and all causes of action, liability, damage, loss, and expense, including attorney fees and court costs, whether based upon causes of action for strict liability, negligence, gross or otherwise, in connection with the participation of me or my child in any activity conducted by Oakland Parks and Recreation, whether on its premises or elsewhere. I agree to let Oakland Parks and Recreation use my or my child's name and likeness free of charge and in any manner for any lawful purpose including in its publications and website and/or other publications for the purpose of documenting and promoting use of Oakland Parks and Recreation services and programs. This release is made in all my legal capacities, including on my own behalf, and on the behalf of my spouse and any other parent or guardian of the enrollee, and as legal representative and guardian of the enrollee. I hereby consent and authorize the City of Oakland Parks & Recreation staff to obtain emergency medical care for myself or my child for any injury that may result from participation in the activities of the Office of Parks & Recreation or on or about its premises. I understand that the City of Oakland Parks and Recreation do not provide medical insurance coverage for participants of this program.

**By signing below I confirm** the listed information submitted for the financial assistance application to be true to the best of my knowledge. I understand that there are a limited number of fee waivers available to Oakland Residents and that fee waivers are not guaranteed and that the maximum financial assistance awarded per individual, per year is one. I further certify under penalty of perjury that all the information provided on this financial assistance application is true and correct.

This form must be signed by an adult (over age 18), either the enrollee or the legal parent or guardian.

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I AM THE LEGAL PARENT/GUARDIAN OF THE ABOVE LISTED MINOR/CHILD**  
**X** \_\_\_\_\_  
**Signature of Enrollee or Parent/Guardian    Date**

**REFUND POLICY:** Refund amounts are set by the City Council in the City of Oakland Master Fee Schedule. The amount of your refund is determined by how far in advance of the activity start date or facility rental the refund request is received. You may be charged an administrative fee for cancellations or transfers. Please contact the recreation center or program coordinator with questions.

**TITLE VI COMPLIANCE AGAINST DISCRIMINATION 43CFR 17.6(b):** Federal and City of Oakland regulations strictly prohibit discrimination on the basis of race, color, national origin, age handicap, gender, sexual orientation, AIDS or ARC.

**AMERICANS WITH DISABILITIES ACT REQUESTS:** Please make accommodation request at least 10 days prior to a program or event. Direct all inquiries concerning program and disability accommodation to the OPR Inclusive Recreation Coordinator at (510) 597-5064 or eburton@oaklandnet.com. VRS caller please dial (510) 615-5883.

OFFICE USE ONLY	
<b>Please deliver/mail/fax this application to:</b> Oakland Parks & Recreation 250 Frank H. Ogawa Plaza, Suite 3330 Oakland, CA 94612 Phone (510) 238-7273 Fax (510) 238-4999	Rec'd By: _____ Date: _____ Permit Number: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Fees \$ _____ <input type="checkbox"/> Partial Fee Waiver <input type="checkbox"/> Full Fee Waiver <input type="checkbox"/> Denied <input type="checkbox"/> Reason/s Denied _____