

Conejo Recreation & Park District

Financial Assistance for Recreation Programs

The Conejo Recreation & Park District's mission is to enrich the quality of life for our community by preserving and enhancing recreational opportunities, parks, and open space. Our financial assistance program was created to ensure all children in the Conejo Valley have the opportunity to participate in recreational programs. Financial assistance is available to **residents who live within the Conejo Recreation & Park District's boundaries** (Thousand Oaks, Newbury Park, and the Ventura County portion of Westlake <u>Village</u>). Qualification, as well as the amount of assistance awarded, is based on adjusted gross income and the number of dependents. The Conejo Recreation & Park District reserves the right to accept or reject any application.

HOW TO APPLY

Ч	Complete the CRPD Confidential Request for Financial Assistance form				
	Write a brief letter explaining the current need for financial assistance and how it would benefit your family				
	Provide proof of residency within District (submit a copy of your state-issued California ID or Driver's License) We will also accept documents such as a rental or lease agreement, mortgage bill, utility bill, vehicle registration, etc.				
	Provide proof of total family income and dependents by submitting one of the following: A copy of your most recent Form 1040 Income Tax Return or A copy of your EBT card if applicable A copy of two of your most current pay stubs A copy of your most current W-2 If the proof of income does not show dependents, an additional form showing proof of dependency is required.				
	Block out all Social Security numbers listed on all documents submitted for Proof of Residency and/or Income				
	Submit all completed paperwork to any recreation facility or the administrative offices*. Forms can also be submitted by email to recreation@crpd.org or by mail to the administrative offices at 403 W. Hillcrest Dr. Thousand Oaks, CA 91360. *Applications at the administrative offices will be accepted Monday-Thursday 8am-5pm				

GENERAL GUIDELINES

- Once the application is approved, it is valid through the following June 30th.
- Financial assistance is available for youth and Therapeutic Recreation participants only.
- Financial assistance requests are limited to two (2) programs per child, per program guide session.
- Lab fees and non-refundable registration fees are not covered by financial assistance and must be paid in full.
- Not all classes are eligible for financial assistance.
- Applying for financial assistance does not guarantee approval.
- Participant may not attend class prior to approval.
- To use Financial Assistance for a program, <u>application approval is needed before registering</u>, refunds will not be granted after registration.
- Summer Day Camp programs are limited to 2 weeks per child, unless all guardians are actively employed.
- For questions regarding foster youth, please call the administrative offices at 805-495-6471, or e-mail recreation@crpd.org.

Financial assistance is provided in part by Play Conejo, a 501(c)(3) charitable non-profit organization supporting a Conejo Valley where everyone has the opportunity to play, recreate, socialize, connect, and pursue health in high-quality traditional and non-traditional facilities, outdoor spaces, and programs.



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Confidential Request for Financial Assistance

Which is your preferred method of contact?	Pho	ne] Email	
Are you a client of Tri-Counties Regional Center	? Yes	*] No	
*If yes, do not complete this form. Instead, pleas	se contact the O	ld Meadows	Center at 805	-381-2739 or trunit@crpd.org
Parent/Guardian Name:				
Name(s) of Participant(s):				
Address:	City: _			Zip:
Phone: E-mail:				
Number of Household Members:	Number of Dependents:			
U.S. Department of Housing & Urb 1 Person * 2 Persons \$83,850 \$95,800	3 Persons	t – Income Li 4 Persons \$119,750	5 Persons \$129,350	6 Persons \$138,950
PLEASE MAKE SURE ALL A	RE COMPLETE I	BEFORE TUI	RNING IN APP	LICATION
☐ Letter ☐ Proof of Depend	lents	Proof of In	ncome	Proof of Residency
APPLICATION AGREEMENT				
Please allow up to two weeks for processing. CR	PD staff will co	ntact you o	nce your appl	ication has been processed.
I hereby certify that all the above information is to reported. I understand that this information is giv District staff will verify the information on the application will result in the immediate cancellation of the associated program(s). I understand that applications are considered to the associated program (s).	en for the recei application. I u on of any fee wa	pt of Conejo nderstand t aivers I have	o Recreation & that any delibe received, and	Park District funds, and that the erate misrepresentation on this I will be responsible for total fee
Full Name of Applicant (Please Print)	Signature of Applicant			Date