



## Middleton Public Lands, Recreation, and Forestry

7426 Hubbard Ave. Middleton, WI 53562

608-821-8360 [middletonrec@ci.middleton.wi.us](mailto:middletonrec@ci.middleton.wi.us)

[www.ci.middleton.wi.us](http://www.ci.middleton.wi.us)

### **FINANCIAL SUPPORT PROGRAM Guidelines:**

- Financial Support is available to all eligible individuals and families who live within the Middleton-Cross Plains School District.
- All forms and supporting documents must be turned in at least 5 days prior to the start of programs of interest.
- All information submitted in the application will be kept confidential. All information included in the application and any supporting documents must be true and accurate and are legally recoverable if proved false.
- Financial Support is considered for all recreation programs except aquatic center season passes and discount passes, trips, costs associated with supplies not provided in the program, uniforms, or special events. Additionally, some contractual programs are not eligible for a discounted rate.
- The Department reserves the right to accept or deny any applicant's request based upon applicant's information provided.
- All amounts due must be paid by the applicant at least 24 hours before the first day of the registered programs.
- Each program's enrollment minimum must be met before additional participants are registered at the discounted rate.
- The PLRF Department does not discriminate. We welcome all individuals to our programs and facilities regardless of race, color, religion, gender, gender identity, sexual orientation, family status, national origin, age, disability or socio-economic status.
- The application will remain active for the duration of the calendar year.
- Eligible Financial Support Program Applicants will be given a 50% program discount (for eligible programs), with a maximum of \$100 awarded per participant per calendar year.
- Financial Support awards are non-transferable.

## **Requirements for Financial Support:**

- Completed Application
- Completed Program of Interest Form
- Current verification that the family or individual is currently enrolled in any one of the following programs:
  - Food Share
  - Free or reduced school lunch program (provide copy of letter from school district)
  - WIC program
  - Verification that the adult or family has income at or below 185% of the Federal Poverty Level.
  - Verification that the adults providing household financial support were not required to file a Federal income tax form for the previous year.
  - Any necessary additional information that may influence this petition for financial support may be attached on a separate piece of paper and submitted with required documents.

**City of Middleton Public Lands, Recreation & Forestry Department**

**Financial Support Application**

Name of Applicant (Parent, Guardian, Participant 18 years or older):

\_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please list all household members:**

First Name	Last Name	Date of Birth
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**Verification Provided:**

Free/Reduced Cost School Lunches

Badgercare/Medicare

Food Share

AFDC/TANF Stub

WIC

Not required to file income tax form

Income Eligibility (185% or less of FPL)

Yearly Household Income: \_\_\_\_\_

## Programs of Interest Registration Form

Please understand that each program must reach its enrollment minimum in order to make discounted rates available to qualified participants. Listing multiple Programs of Interest on this Registration Form will enable us to find eligible classes for each interested individual and family.

I have read and agree to the Concussion Agreement and Information. (Please review agreement and information at [www.ci.middleton.wi.us](http://www.ci.middleton.wi.us), and visit Public Lands, Recreation, and Forestry Program Registration).

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am requesting an accommodation to be able to participate in this program: \_\_\_Y \_\_\_N

\_\_\_\_\_  
\_\_\_\_\_

**Programs of Interest:**

Participant's First & Last Name	Age	Gender	Birthdate	Med Alerts, Etc.	Activity #	Program Name	Fee

I have read and understand the requirements and expectations outlined in this Application Form and agree to its terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please keep the first two pages, **Financial Support Guidelines** and **Requirements**, for your records. Return the completed **Application and Programs of Interest Registration Form**. You will be contacted by the Department as soon as possible either by phone or email as to whether your application has been processed and approved.