



Hagan Community Center
2197 Chase Drive, Rancho Cordova, CA 95670
916-369-9844 | www.crpdp.com

Fee Assistance Program

Cordova Recreation & Park District's Fee Assistance Program was designed to help make recreation services more accessible to community members, especially those who may not have the opportunity to participate due to financial limitations. Fee Assistance is available on a first-come, first-served basis until all funds are exhausted. Funds are provided by the Cordova Recreation & Park Foundation, Cordova Senior Advisory Board and individual donations.

Funding Information

Age	Program Registration	Total Funds Per Year
0 - 17	75%	Up to \$300 per qualified household
18 - 49	75%	Up to \$100 per qualified adult
50+	100%	Up to \$100 per qualified adult

Household is defined as a group of related or non-related individuals living as one economic unit including children and adults who are sharing living expenses, such as rent, clothes, food, medical and utility bills.

1. Applicants must be a resident of the Cordova Recreation & Park District and show proof of residency (utility or valid driver's license or California State issued identification card).
2. Funding is available for 75% of program fees for youth and adults and 100% for individuals age 50+, additional funds may be requested in extreme circumstances. Material fees are excluded and are paid directly to the instructor.
3. Fee assistance shall be granted on a fiscal year basis (July 1 - June 30). Applicants must re-apply each year to receive fee assistance.
4. Funds are not available for adult sports leagues, Cordova Golf Course green fees or cart rentals, drop-in activities, special events or rentals. Funds may be used towards the purchase of any punch card.
5. Spaces will not be reserved for any activity prior to funding approval.
6. If there is a credit on your account, the credit will be applied first, then the assisted amount.
7. The District will make every effort possible to ensure confidentiality amongst applicants. Information provided by applicants will only be provided to District staff as required and shall only be used to determine eligibility for fee assistance.
8. Approved participants will not be separately identified nor be treated any different than any other member that paid full price to participate in a District program. Participants shall not be discriminated against because of race, sex, color, national origin, age, sexual orientation or disability.
9. The District refund policy applies. If the District cancels a class due to low enrollment, only the amount paid by the participant will be refunded. Registration cancellation must be received a minimum of 5 business days prior to the first class or registration deadline, unless otherwise noted. A refund will not be issued after the class or program has had its second meeting. Failure to attend a class or "no show" is not eligible for a refund. Refunds for cash and check payments take 4-6 weeks to process; refunds for credit card payments take 2-3 business days to process.
10. Submittal of an application does not guarantee fee assistance.

Application & Registration Process

Prior to registering for a program, complete the application and submit for review and processing at the Hagan Community Center, include all supporting documentation for approval including a program registration form. If you have any questions or need assistance completing the application, please contact the Hagan Community Center at 916-369-9844. Applications will be reviewed and processed within 5-10 business days.

You must submit the following documents at the time of submittal:

- Fee Assistance Program Application
- Proof of residency (utility or valid driver's license or California State issued identification card)
- Approved income verification documents, see below for acceptable income documentation
- Registration Form

Once approved, program participants will be registered and an invoice for any remaining balance will be placed on the family account. All funds must be paid prior to the start of the program. All incomplete application packets will be denied funding.

Acceptable Forms of Income Documentation

- Official free or reduced lunch verification letter from child's school
- PG&E bill indicating enrollment in the Care Credit program
- Phone bill indicating enrollment in the Life Line program
- CalFresh/EBT statement
- Other government issued aid statement (Medicaid, Medicare, etc.)

If the applicant is unable to provide the documentation listed above, but income is within the United States Department of Agriculture (USDA) Income Eligibility Guidelines, the head of household will be asked to provide supplemental information to verify income such as income tax returns, social security benefits, payroll statements, etc. See chart below to determine income eligibility.

Gross Income Eligibility Guidelines
Based on the United States Department of Agriculture (USDA) Income Eligibility Guidelines
Effective July 1, 2019 through June 30, 2020

Household Size	Annual	Monthly	Household Size	Annual	Monthly
1	\$23,107	\$1,926	5	\$55,815	\$4,652
2	\$31,284	\$2,607	6	\$63,992	\$5,333
3	\$39,461	\$3,289	7	\$72,169	\$6,015
4	\$47,368	\$3,970	8	\$80,346	\$6,696

Each additional member, add \$8,177 to the annual income (\$682/month)



Fee Assistance Program Application

Instructions

1. Information below must be completed by a parent, guardian or participant.
2. Application must include necessary proof of income and residency documents. Incomplete applications will be returned.
3. Submit applications to the Hagan Community Center (2197 Chase Drive, Rancho Cordova), Monday - Friday between the hours of 8 a.m. - 5 p.m.
4. You will be contacted within 5-10 business days upon submitting application to inform you of your fee assistance status.

Head of Household Information

Head of Household Name: _____ Birthdate: _____

Mailing Address: _____

Phone: _____ Email: _____

Proof of Residency: Driver's License or CA Identification Card Utility Bill

Proof of Income: Free or Reduced Lunch Verification Utility Bill or Phone Bill
 CalFresh/EBT or Government Aid Statement Other: _____

Household Member Information

First Name	Last Name	Birthdate	Grade (if applicable)	Male/Female/Non-Binary (circle choice)
				Male/Female/Non-Binary
				Male/Female/Non-Binary
				Male/Female/Non-Binary
				Male/Female/Non-Binary
				Male/Female/Non-Binary

Program Requests

Name	Activity Requested	Activity Dates	Activity Number	Class Cost	Amount Requested

Parent/Guardian/Participant Signature

I certify that all the above information is true and correct, and that all income is reported. I understand this information is given for the receipt of reduced fees on District programs and that District officials may verify the information on the application at any time. This verification may include contacting employers to determine income or benefits and checking the documentation produced by household members to prove the amount of income received. Deliberate misrepresentation of the information on this form may subject me to disqualification from future use of the Fee Assistance Program.

Parent/Guardian or Adult Participant Printed Name: _____ **Date:** _____

Parent/Guardian or Adult Participant Signature: _____

For Office Use Only

Application Received By: _____ Date: _____

Application Status: Approved Denied

Amount Requested: _____ Amount Approved: _____

Comment: _____

District Staff Signature: _____ Date: _____