

# **City and County of Broomfield Recreation Services Reduced Rate Program Information**

(Please read completely prior to applying)

The City and County of Broomfield provides a program for residents, which will reduce fees by 50% for some activities sponsored by Broomfield Recreation Services. This reduced rate program is available to Broomfield residents who are eligible. If you are receiving any of the following listed services or benefits, you will need to provide qualifying documentation and completely fill out the attached application to be considered.

- Medicaid\*
- Supplemental Social Security Income (S.S.I.)
- W.I.C.
- Public Housing
- TANF (Temporary Assistance to Needy Families)
- Food Stamps

\*Please note: Medicaid recipients must provide documentation from Medicaid stating the eligibility dates for this program (Medicaid cards will not be accepted).

If you register and pay for a class before your reduced rate application is approved, refunds or household credits will not be given. Please allow sufficient time for your application to be processed. We request at least 3 weeks for processing. Classes with minimum enrollment requirements must be met prior to reduced rate registrations.

**What's included:** Eligible activities for the reduced rate program include those offered by Broomfield Recreation Services; however there are some programs which are not included. Residents who qualify will also be able to purchase general daily admission at either the Paul Derda Recreation Center or Broomfield Community Center at 50% fee reduction. Annual passes and punch cards are not included.

Once approved, you will be eligible to receive reduced rates for 3 months. You will need to re-apply if you wish to continue receiving benefits. No single person can receive more than \$100 in program fee reductions per calendar year. Remaining funds are not transferrable. The family maximum is \$500.

**Exception requests:** If you are not currently receiving any of the services or benefits listed above and still wish to be considered, please provide a copy of the most recent year of your Federal Income Tax return, copies of W-2's and current pay stubs for the most recent 2 weeks for everyone employed in the family. If you are unemployed, you will need to provide proof of unemployment benefits.

# City and County of Broomfield

## Reduced Rate Application

Mail application to: Paul Derda Recreation Center, 13201 Lowell Blvd, Broomfield CO 80020. Ph 303-460-6900

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Street address: \_\_\_\_\_ Broomfield CO 80020  
(BROOMFIELD RESIDENTS ONLY PLEASE)

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Reason for request: \_\_\_\_\_  
\_\_\_\_\_

List all members in family household  
\_\_\_\_\_

I believe that I qualify for this program based on the following:

\_\_\_\_\_ I am receiving Medicaid (Need documentation other than card stating eligibility dates)\*

\_\_\_\_\_ I am receiving Supplemental Social Security Income (S.S.I.)\*

\_\_\_\_\_ W.I.C. Recipient\*

\_\_\_\_\_ Public Housing\*

\_\_\_\_\_ Temporary Assistance to Needy Families (TANF)\*

\_\_\_\_\_ Food Stamps\*

**\*Please attach a copy of certification for each category checked.** Please also provide a copy of the most recent year of your Federal Income Tax return, copies of W-2's and current pay stubs for the most recent 2 weeks for everyone employed in the family. If you are unemployed, you will need to provide proof of unemployment benefits.

Applications without required documentation will not be processed.

I understand that if approved, I will be required to show proof of residency.

I declare that this application and all attachments are true, correct, and complete to the best of my knowledge.

I hereby authorize the City and County of Broomfield to confirm my status in any of the above mentioned programs:

\_\_\_\_\_  
Signature/ Date

I am applying for the following Reduced Rates:

Participant \_\_\_\_\_ Class/ Program name / code number \_\_\_\_\_

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Participant \_\_\_\_\_ Class/ Program name / code number \_\_\_\_\_

Participant \_\_\_\_\_ Class/Program name / code number \_\_\_\_\_

Participant/s \_\_\_\_\_ Reduced General Daily Admission \_\_\_\_\_  
(not available on Recreation Annual Passes and Punch Cards)

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**Administrative Use Only**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Location: BCC/ PDRC

Approved For: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved By: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_