

ERfC Summer Escape Financial Assistance Form

**THIS FORM MUST BE COMPLETED IF REQUESTING THE SUBSIDIZED RATE,
FOR ENFIELD FAMILIES WHO QUALIFY FOR THE FREE / REDUCED MEAL INCOME LEVEL**

PLEASE DO NOT LEAVE ANY BLANKS - WRITE "N/A" IF NOT APPLICABLE

Name of Parent or Guardian _____
 First & Last Name of Child(ren) applying for _____
 Address _____ City _____ Zip _____
 Home Phone _____ Cell Phone _____ Number of Adults in Household _____
 Email Address _____ Number of Children in Household _____
 Applicant Employer(s) _____
(Write NONE if unemployed)
 Work Phone(s) _____
 Does any other adult living with you contribute to household income? _____

GROSS HOUSEHOLD INCOME (BEFORE TAXES)		
	MONTHLY (Before Taxes)	YEARLY (Before Taxes)
(1) INCOME		
Person #1 Income from Employment	\$	\$
Person #2 Income from Employment	\$	\$
Town and/or State assistance	\$	\$
Child support	\$	\$
Other Income (Explain)	\$	\$
TOTAL HOUSEHOLD INCOME	\$	\$
(2) EXPENSES		
Rent/Mortgage (if not subsidized)	\$	\$
Total Utilities (if not subsidized)	\$	\$
Car Payment	\$	\$
Food/Household Expenses	\$	\$
Medical Debt (Not Insurance)	\$	\$
Other	\$	\$
TOTAL HOUSEHOLD EXPENSES	\$	\$
(3) MONEY REMAINING	\$	\$
(4) DO YOU RECEIVE FOOD STAMPS?	Yes	No

2019 Subsidized Rate: \$80 each week
 Subsidy does not apply to extended day fees.

Complete section #1:
 Proof of income required to confirm subsidized rate.

Sections #2 - #4:
 Use to show additional proof of need.

Please enclose one month's recent paystubs from ALL jobs OR last year's W2s with the SS# blacked out.

INCOME PORTION MUST BE COMPLETE - PLEASE DO NOT LEAVE BLANK

Signed by Parent or Legal Guardian	Date

Educational Resources for Children, Inc.

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