



# RECASSIST APPLICATION

The Cedar Rapids Parks and Recreation Department offers RecAssist, a 50% discount program, to residents of Cedar Rapids who are income eligible.

**RECASSIST ELIGIBILITY GUIDELINES:** TOTAL GROSS HOUSEHOLD income must be at/below 200% of the 2023 Federal Poverty Guidelines.

Family Size	Weekly Income	Monthly Income	Annual Income
1	\$560.77	\$2,430.00	\$29,160.00
2	\$758.46	\$3,286.67	\$39,440.00
3	\$956.15	\$4,143.33	\$49,720.00
4	\$1,153.85	\$5,000.00	\$60,000.00
5	\$1,351.54	\$5,856.67	\$70,280.00
6	\$1,549.23	\$6,713.33	\$80,560.00
7	\$1,746.92	\$7,570.00	\$90,840.00
8	\$1,944.62	\$8,426.67	\$101,120.00
9+	add \$10,280 per person		

\*<https://www.benefits.gov/benefit/1546>

The RecAssist program begins January 1 and ends December 31 of each year. Applications with acceptable documentation can be submitted for review for the current calendar year Monday through Friday at one of the following locations: Northwest Recreation Center, 1340 11<sup>th</sup> Street NW, 8 a.m. – 5 p.m.; City Services Center, 500 15<sup>th</sup> Avenue SW, 7:30 a.m. – 4:30 p.m.; or anytime [online](#). Applicants will receive an approval, incomplete, or denial notification via email. Notifications will be sent in a timely manner and depend on the volume of applications received. **Please allow 5 business days from the date of submission before contacting our office.**

**APPLICANTS CAN BE:**

- Single adults age 18 and over
- Adults and their immediate, biological child(ren) age 21 and under
- Foster-parents/guardians and child(ren) in foster care/guardianship placement (proof required)

**ACCEPTABLE DOCUMENTATION:**

- 2023 Federal Tax Return
- DHS Notice of Decision Letter for SNAP benefits
- DHS Notice of Action Letter for Medicaid recipients
- Annual Section 8 Housing Renewal Letter

Acceptable documentation must include annual or monthly total gross household income, household members, home address, and date within the current year.

**PLEASE NOTE: ADDITIONAL DOCUMENTATION MAY BE REQUIRED AND WILL BE EVALUATED ON A CASE-BY-CASE BASIS.**

**ELIGIBLE PROGRAMS:**

- 2 Swim passes (family, individual, or senior) (discount taken from regular pricing)
- 5 programs per person

**NON-ELIGIBLE PROGRAMS:**

- |                                 |                           |                          |
|---------------------------------|---------------------------|--------------------------|
| • Pavilion and Facility Rentals | • Trips                   | • Private & Semi-private |
| • Daily Admissions              | • Punch Pass / Nanny Pass | Swim Lessons             |
| • Team Entry Fees               | • Aquatics Training       | • Garden Plots           |
| • Multi-week Camps              |                           |                          |

**PROGRAM ELIGIBILITY IS SUBJECT TO CHANGE.**

**PROGRAM RULES:**

- Applicants **MUST** be a Cedar Rapids resident and US citizen.
- Applications must list at least one adult. Dependents must be direct biological child(ren) or child(ren) in guardianship/foster care.
- Participants must reapply each year.
- Applications must be submitted with an acceptable form of documentation to be considered and approved.
- **ONLY** individuals listed on acceptable documentation can be enrolled in RecAssist if eligible.
- **TOTAL GROSS HOUSEHOLD** income must be submitted.
- Discounts will only be given after approval has been sent.
- All fees must be paid at the time of registration.
- Registrations must be made in person and can only be completed by an approved adult RecAssist participant on the account.
- Third party payments for RecAssist pricing are prohibited. Any participant using third party forms of payment will result in: First offense - full price charge for eligible programs; Second offense - program termination.
- Cedar Rapids Parks & Recreation reserves the right to refuse assistance to any applicant.

To apply for RecAssist, please complete the following application.

ELIGIBLE INDIVIDUAL / FAMILY MEMBERS	RELATION	GENDER	DATE OF BIRTH
Adult Name: _____	_____	_____	_____
Adult Name: _____	_____	_____	_____
Children's Names: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I declare that all names listed above are parent(s) and their immediate, biological child(ren) or legal guardian(s)/foster parent(s) and child(ren) in legal guardianship/foster care residing in the same home. I attest that the income submitted is complete and correct to the best of my knowledge. I have read, understand, and agree with the rules of the RecAssist program. By signing below, I agree to abide by the rules of the RecAssist program and understand that any violation can result in the termination of my participation.

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

<b><u>For Office Use Only:</u></b>	Application: Approved _____ Incomplete _____ Denied _____
	RBD ____/____/____
Household Number: _____	
Reason For Decision: _____	
Qualifying Document(s) Viewed: _____	
Additional Notes: _____	
Date entered into RecTrac: ____/____/____ _____ Initials	Notified by: Phone: <input type="checkbox"/> Date: ____/____/____ Email: <input type="checkbox"/> Date: ____/____/____
Programs _____	Date: ____/____/____ Passes 1 2
Mailed <input type="checkbox"/> Walk-in <input type="checkbox"/> Online <input type="checkbox"/> Response ID _____	F I I