



# WELCOME TO ALL

## Membership For All Application

### EVERYONE IS WELCOME

The YMCA is inclusive, ensuring access for all, regardless of ability to pay. Their Membership For All Program offers assistance to youth, adults, and families based on individual needs.

### THE ESSENCE OF THE Y

The South Wood County YMCA is dedicated to nurturing youth potential, promoting healthy living, and fostering social responsibility, ensuring everyone has access to essential resources for learning, growth, and thriving.

### COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

## Membership For All Information

### HOW TO APPLY

1. Return completed application to the YMCA location you will access most often.
2. Membership staff will call within 5 business days with an approved rate, which must be activated in person.
3. If further approval is necessary it may be discussed by appointment only.

### PAYMENT PLAN OPTIONS

Membership For All memberships are 3 to 12 months in length. At the end of the membership scholarship term you must re-apply. You may purchase your membership:

- o Upfront in full for 3 to 12 months. For any membership less than 12 months, there must be a billing method on file.
- o Drafted monthly out of a debit or credit card or bank draft. An infrastructure fee is applied to credit card (3%) and bank account (.48%).

### OTHER REMINDERS

- o Please apply for your membership at the YMCA location that is most convenient to you. (Wisconsin Rapids or Adams location)
- o A family/single parent family membership includes any dependent children up through the age of 18 (unless in school, proof will be requested) who reside in the household.
- o Your membership rate is good for a maximum of 12 months. After this you must re-apply through the same process listed above.

If documents are missing or incomplete we reserve the right to deny your application.

### YMCA LOCATIONS

- o South Wood County YMCA • 601 W Grand Ave, Wisconsin Rapids, WI 54495 • (715) 818-9622
- o Adams Friendship Branch • 393 N Pine St, Adams, WI 53910 • (608) 472-5400

**Y Mission:** To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

Membership For All reduces membership fees; it does not eliminate them.

The YMCA requests that individuals and families reapply on a 3 to 12 month basis; with updated documentation.

Membership fees are subject to change when you reapply.

If you do not reapply at the time requested, your membership will expire.  
Please contact your branch if you have questions.

[swcymca.org](http://swcymca.org)

#### OFFICE STAFF:

Date Received: \_\_\_\_\_

Income Verification: ☐

ID Shown: ☐

Staff initials: \_\_\_\_\_

# Membership For All Application     Apply in 4 easy steps!

## MEMBERSHIP TYPE

☐ YOUTH (18 and under)   ☐ YOUNG ADULT (19-24)   ☐ ADULT (25+)   ☐ ADULT COUPLE   ☐ SINGLE PARENT FAMILY   ☐ FAMILY   ☐ SENIOR ADULT (62+)

Check one: ☐ Wisconsin Rapids   ☐ Adams

### 1 Applicant Information

First name	MI	Last name
Address		
City	State	Zip
Phone		
DOB	Parent/Guardian Name if under 18	
Email Address		
Emergency Contact Person		
Emergency Contact Phone		

### 2 Number of People in Household (Including applicant)

Adult 1	First Name	MI	Last name	DOB
Adult 2	First Name	MI	Last name	DOB
Child	First Name	MI	Last name	DOB
Child	First Name	MI	Last name	DOB
Child	First Name	MI	Last name	DOB
Child	First Name	MI	Last name	DOB
Child	First Name	MI	Last name	DOB
Other Legal Dependent(s) Full Name				

### 3 HOUSEHOLD MONTHLY INCOME

Write any amount received monthly on line below:

	Adult 1	Adult 2
1040 Federal Tax Form(s) or W2 Total:		
4 Paystub Wages Net Total:		
Wages Net Total Second Job:	Circle: Weekly   Biweekly   Semi-Monthly   Monthly	Circle: Weekly   Biweekly   Semi-Monthly   Monthly
Child Support/Alimony:	Circle: Weekly   Biweekly   Semi-Monthly   Monthly	Circle: Weekly   Biweekly   Semi-Monthly   Monthly
Social Security/Disability:		
Retirement/Pension:		
Unemployment:		
Food Share:		
Other Financial Assistance:		

### 4 Please sign to acknowledge the information below

**THIS APPLICATION MUST BE RENEWED EVERY 3 to 12 MONTHS!**

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the Y immediately so financial assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

\_\_\_\_\_  
Signature of person completing this form                      Date

### TELL US MORE:

Use this space to tell us information that you feel we should know or what the YMCA means to you!

#### OFFICE USE ONLY:

New	<input type="radio"/>	Renewal	<input type="radio"/>
Date Issued _____			
Expiration Date (3m, 6m, or 12m) _____			
Branch _____			
Percentage approved _____%			
Monthly Membership rate \$ _____			
Staff initials _____			



## HEALTH ASSESSMENT QUESTIONNAIRE

### Adult 1

This survey is required and utilized for YMCA purposes. Your answers will remain anonymous within our survey system. This information allows the YMCA to focus its efforts on what is needed within the community and assist in leveraging resources.

1. Your First Name: \_\_\_\_\_
2. Your Last Name: \_\_\_\_\_
3. Your Age: \_\_\_\_\_
4. Ethnicity (circle one)
  - a. Hispanic
  - b. Not Hispanic or Latino Origin
  - c. Prefer not to answer
5. Race (circle one)
  - a. American Indian/Alaskan Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian or Pacific Islander
  - e. White
  - f. Other
  - g. Prefer not to answer
6. Health conditions that you have (circle all that apply)
  - a. Anxiety
  - b. Arthritis
  - c. Asthma
  - d. Cancer
  - e. Congestive Heart Failure
  - f. Depression
  - g. Diabetes
  - h. Heart Attack

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- i. Heart Bypass Surgery
  - j. Heart Disease
  - k. High Blood Pressure
  - l. High Cholesterol
  - m. Immune Compromised Disease
  - n. Irritable Bowel Disease
  - o. Lower Back or Neck Pain
  - p. Other: \_\_\_\_\_
7. Blood Pressure (circle one)
  - a. My blood pressure is less than or equal to 120/80
  - b. My blood pressure is between 120/80 and 140/90
  - c. My blood pressure is over 140/90
  - d. Don't know
8. Diabetes (circle one)
  - a. Normal (blood sugar less than 100)
  - b. Slightly elevated (blood sugar between 100-125)
  - c. High (blood sugar greater than 125)
  - d. Don't know
9. Exercise (circle one)
  - a. I exercise most days of the week
  - b. I exercise 3 days a week
  - c. I am mostly sedentary, only exercising occasionally
  - d. Don't know
10. Nutrition (circle one)
  - a. My food choices are mostly fruits, vegetables, lean sources of protein and healthy fats with some whole grains
  - b. I eat 4 or less servings of fruits and vegetables a day, fast food/friend foods occasionally
  - c. I eat fast food or friend food often, minimal fruits/vegetables and have a high intake of processed foods.
  - d. Don't know



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## HEALTH ASSESSMENT QUESTIONNAIRE

### Adult 2

11. Stress Management (circle one)
- a. I am generally happy and optimistic most of the time. I have good coping strategies for stress.
  - b. I currently feel somewhat stressed. I could do better with coping strategies
  - c. I feel down and/or stressed more often than not. I cope poorly with stress
  - d. Don't know
12. Tobacco Use (circle one)
- a. I have never used tobacco or have quit over 1 year ago
  - b. I use tobacco occasionally at events of social gatherings
  - c. I use tobacco on a regular basis
  - d. Don't know
13. Alcohol Use (circle one)
- a. I have 0-2 drinks a day
  - b. I have 3-4 drinks a day
  - c. I have 5 or more drinks in any one day
14. On a scale from 1-10, how healthy do you believe that you are? \_\_\_\_

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- d. Don't know

9. Exercise (circle one)

- a. I exercise most days of the week
- b. I exercise 3 days a week
- c. I am mostly sedentary, only exercising occasionally
- d. Don't know

10. Nutrition (circle one)

- a. My food choices are mostly fruits, vegetables, lean sources of protein and healthy fats with some whole grains
- b. I eat 4 or less servings of fruits and vegetables a day, fast food/friend foods occasionally

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- c. I eat fast food or friend food often, minimal fruits/vegetables and have a high intake of processed foods.
- d. Don't know

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