

2024—2025 Lincoln Parks and Recreation Youth Income-based Scholarship Application

8/1/2024

Complete one income-based application per household. Households are responsible for all program fees due prior to the approval of this application.

Return completed application to:

PART 1 Program Participant(s)

List all children for whom you are applying for a scholarship.			Parks and Recreation Program Location(s)	Date of Birth
First	Middle Initial	Last Name		

PART 2 Child Care Subsidy

Have you previously applied for DHHS Child Care Subsidy (i.e., Title XX)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, what was the date of the Child Care Subsidy application?	Date:	
If yes, was the Child Care Subsidy application approved or denied?	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED

Not all programs are eligible for this subsidy. More information can be found on the back of this application.

PART 3 Total Household Gross Income

1. List Household Members – List everyone in the household (including all adults, children/youth, and infants), current income each person earns and how often. Entering “0” or leaving the income field blank certifies no income to report. A foster child’s personal use income must be listed.	2. Gross Income (before taxes) and How Often it was Received					
	Earnings from work before deductions		SSI, Disability, Unemployment, Child Support, Alimony		Pensions, retirement, and all other income	
	Income	How often	Income	How often	Income	How often

3. Total Number of Household Members (Adults + Children/Youth + Infants):

PART 4 Adult Signature, Income Certification, and Contact Information

“By signing below, I certify (promise) all information on this application is true and all income is reported.”

Signature:	Printed name:	Date:
Street address:	Zip code:	Phone (day):

Do Not Fill Out the Section Below For Office Use Only

Household size:	<input type="checkbox"/> APPROVED Discount level: <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> 10%	<input type="checkbox"/> DENIED (reason below) <input type="checkbox"/> Incomplete application <input type="checkbox"/> Income eligible for Child Care Subsidy <input type="checkbox"/> Income ineligible
Total income: /year		
Entered in system <input type="checkbox"/> YES <input type="checkbox"/> NO	Date:	<input type="checkbox"/> Email <input type="checkbox"/> USPS
Signature of approver:	Approval date:	Expires:

About Nebraska Department of Health and Human Services (DHHS) Child Care Subsidy

Nebraska DHHS might be able to help pay for Parks and Recreation before school, after school, kids' day off, and summer day camp program fees at Air Park, Belmont, Calvert, Everett, or McPhee through the Child Care Subsidy Program if your family's income is at or below the limit on the chart below.

Household Size	Income Limits (per year)
2	\$35,496
3	\$44,748
4	\$54,000
5	\$63,252
6	\$72,504
7	\$81,756
8	\$91,008

Authorized Providers	Provider ID
City of Lincoln – Air Park	61703805
City of Lincoln – Belmont	10623282
City of Lincoln – Calvert	84444352
City of Lincoln – Everett	53478057
City of Lincoln – McPhee	12505940

DHHS will look at different things, like earned income (money from jobs) and unearned income (money from things like child support, Social Security, and Unemployment Insurance).

To get help, parents must be doing one or more of these:

- Working
- Involved with Employment First as part of the ADC program
- Going to school or training
- Going to medical or therapy visits for themselves or their child(ren)
- Ill or hurt (must be confirmed by a doctor)

For two-parent families, both parents must be doing one of these activities at the same time.

The full cost of child care might be covered. Depending on income, some families might have to pay a monthly fee to the child care provider. The provider will then bill DHHS for the rest of the cost.

The first step is to apply through iServe (<https://iserve.nebraska.gov/>) and complete a phone interview. You can also apply by calling iServe at 1-800-383-4278 (Lincoln: 402-323-3900). Paper applications are available by contacting your local DHHS office or asking for one to be sent by mail when calling iServe. Provide DHHS with the Provider ID number above once eligibility is determined.