

Temporary Hardship Assistance Licensed Childcare

Member Number: _____ Date: _____

Primary Member Name: _____

Email: _____ Phone Number: _____

I am requesting a temporary suspension of my payments due to a temporary hardship. I understand that I am going to be responsible for fees incurred during this time at a later date.

Upon completion of this application, I understand that I will be contact by a YMCA staff member.

Expiration Date: *When the Government Shutdown Ceases.*

Signature Date

-----Office Use Only-----

Please complete to validate eligibility: (DO NOT keep a copy of the paycheck)

Government ID Recipient: _____

Relationship to Primary Member: _____

Organization: _____

Please submit to acamfield@ymcamke.org. Failure to submit will result in loss of adjustment.

YMCA Employee Verifying Eligibility

Association Office
161 W. Wisconsin Ave., Suite 4000
Milwaukee, WI 53203
Phone: 414-291-9622

