



Charles County Recreation, Parks, and Tourism

RecAssist

July 1, 2019 – June 30, 2020

Financial Assistance Application (Please print & complete all sections; one application required for each participant)

Participant's Name: _____ Date of Birth: _____

First Name

Last Name

Parent/Guardian Name(s): _____

Home Phone: _____ Cell Phone: _____

Address: _____

Email: _____

Charles County RecAssist program eligibility is based upon current enrollment in other assistance programs: Temporary Cash Assistance, Supplemental Security Income, Supplemental Nutrition Assistance Program (SNAP), Maryland Medicaid, Qualified Medicare Beneficiary (QMB), or Specified Low-Income Medicare Beneficiary (SLMB). Applications must include a copy (no originals) of documentation showing proof of current enrollment in one of the programs and a separate document showing proof of Charles County residency. Please black out social security numbers on all copied documents. Incomplete applications will not be processed. Failure to provide requested documents will result in the denial of this application.

Financial Assistance Application

Please provide a statement explaining the need for this assistance. (Family status, medical problems, unemployment, etc.) Please explain: _____

I hereby certify that all the information is true and correct to the best of my knowledge. I grant permission to the Recreation, Parks, and Tourism Department to verify this information. I understand that omissions, misstatements, and falsifications will result in the denial of this application.

Signature: _____

Date: _____

Please return by mail or in person the completed application to Charles County Recreation, Parks and Tourism, 8190 Port Tobacco Road, Port Tobacco, MD 20677. Applications may also be returned in person to the Waldorf Senior and Recreational Center.

For Office Use

Date Received: _____ RecTrac Household ID: _____

Application #: _____

Date Reviewed: _____

Approved

Denied

Administrator Signature: _____

Notes: _____
