



Application/ Renewal for Aquatics Funding Program

(Application and renewal are the same form found below)

PLEASE VIEW CRITERIA INFORMATION BEFORE COMPLETING FORM.

Name

First Name

Last Name

Date of Birth

Month Day Year

Parent/Guardian/Caregiver (If applicable)

Number of people in household:

Address

Street Address

Street Address 2

City

State

Postal / Zip Code

Phone Number

Case Worker (If applicable)

Case Worker Contact Phone Number (If applicable)

How do you feel the Aquatic Sessions will benefit you and your diagnosis/ disability? *

Our funding requires attendance of (4) four Aquatic sessions per month; do you anticipate attending more sessions? If so, how many times per month?

Please read and sign this release: I authorize the Special Needs Foundation of Des Moines County to release and obtain information about my participation in the Aquatics Program at SEIR Rehabilitation Center from my physician or SEIR Staff. This exchange may be verbal or written. The Special Needs Foundation will not release this confidential information to any other agency. I do agree to protect, indemnify, and save harmless the Special Needs Foundation of Des Moines Count and its Board of Directors, administrators, officers, employees, and agents from and against all losses, costs, attorney fees, damages, claims, and expenses occasioned by or arising out of any accident or other occurrence causing or inflicting injury and/or damage to any person or property, including the disabled persons using the pool under the Special Needs Foundation Program, happening or done in or about the swimming pool and the facilities immediately adjacent thereto or due directly or indirectly to the use or occupancy of the swimming pool or any part thereof or the facilities adjacent to the Special Needs Foundation and persons using the pool under this funding or any other persons claiming through or under the Special Needs Foundation or the swimmers.

Signature

Date *

Month Day Year

(Next page is regarding documentation of income, please continue and submit your documents with application.)

*******PLEASE PROVIDE DOCUMENTATION OF INCOME*******
SEE BELOW FOR APPROPRIATE DOCUMENTS

- Documentation from the Department of Human Services such as medical or food assistance or FIP qualification.
- OR-
- If an applicant does not receive services from DHS but still qualifies based on income (see chart below), the applicant must submit the most recent tax form with completed application.

*******PLEASE PROVIDE DOCUMENTATION OF INCOME*******
SEE BELOW FOR APPROPRIATE DOCUMENTS

People in Household	Monthly Gross Income	Annual Gross Income
1	\$2,430	\$29,160
2	\$3,286	\$39,440
3	\$4,143	\$49,720
4	\$5,000	\$60,000
5	\$5,856	\$70,280
6	\$6,713	\$80,560
7	\$7,570	\$90,840
8	\$8,427	\$101,120

*For households with more than 8 members, add \$10,280 annually
Updated annually: These guidelines are for the year of 2024

Further Steps/Information

Physician referral form (required for approval):

- Signed by your doctor stating your diagnosis and a health history form (please contact your physician to go to our website and find their "Aquatics Physician Form" to fill out and submit to us)

Once completed:

- The *Special Needs Foundation of Des Moines County* Aquatic Committee will review the application. When the application is approved or denied, notice will be sent by mail.

If approved:

- Please submit the approval letter to SEIR Medical Health and Fitness to complete their enrollment process and begin the Special Needs Aquatic membership.

Comply with the SEIR Medical Rehabilitation Aquatic guidelines:

- Applicants must receive an Aquatic Assessment by the SEIR Medical Center for Rehabilitation aquatic staff.
- You will also receive a Center for Rehab membership card in the mail in approximately one week from approval. You will need to scan your card at the front desk every time you use the pool or funding may be discontinued.