



CITY OF BALDWIN PARK
RECREATION REIMBURSEMENT PROGRAM
 MEASURE BP
APPLICATION (JANUARY - JUNE 2026)

The Recreational Reimbursement Program, funded by a \$40,000 Measure BP allocation, provides qualified Baldwin Park youth participants reimbursement of up to **50% of eligible costs per submission, capped at \$200 per fiscal year**, for approved sports and recreational activities held between January and June 2026, or until funds are exhausted, promoting equitable access for families with limited financial resources.

| HOUSEHOLD INFORMATION | | | |
|--------------------------------|--|-----------------------------------|--|
| Head of Household Info: | | Co-Head of Household Info: | |
| Name | | Name | |
| Email () | | Email () | |
| Home or Cell Phone Number | | Home or Cell Phone Number | |
| Social Security Number | | Social Security Number | |
| Current Address | | Current Address | |
| Apt. # | | Apt. # | |
| City | | City | |
| State | | State | |
| Zip Code | | Zip Code | |

Dependents (List all other members of the household)

(PARTICIPATE IN THE PROGRAM)

| Full Name | Relationship | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Age | Date of Birth |
|-----------|--------------|------------------------------|-----------------------------|-----|---------------|
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| | | | | | |

How many in the household?

PLEASE BRING ORIGINALS AND COPIES STAFF WILL VERIFY THE FOLLOWING:

- RELATIONSHIP TO MINOR SUCH AS: BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION
- PROOF OF IDENTIFICATION - Valid California State Driver's License, California State Identification Card, or Passport ONLY
- PROOF OF RESIDENCY - Must bring full complete official mail with applicant's name on it, such as: gas, water, electricity, trash etc...
 Online Statements, House/Cell Phone Bill with Baldwin Park Address to match I.D/Driver's License. Service Account must show BP Address.
- PROOF/COPIES: Youth Organization Receipt/Invoice of Payment Breakdown **((Note: Raffles/Snack Bar -Not allowable for refund))

Income Verification OF ALL MEMBER IN THE HOUSEHOLD

- W2 2025 - PLEASE SEE # 1 : WAGES, TIPS AND OTHER COMP. (AND ADD THE TOTALS)
- INDIVIDUAL INCOME TAX RETURN 2024 or 2025 - PLEASE SEE ADJUST GROSS INCOME LINE #7 (ADD TOTALS)

OTHER SOURCE OF INCOME (If Applicable)

- COPY: Award Letters for Unemployment, SSI/SSA/DISABILITY/WORKS COMP
- COPY: TANF/CALWORKS - NOTICE OF ACTION FORMS (CASH AID \$ _____ AND CALFRESH _____)
- COPY: FOSTER CARE AGREEMENT/DCFS PAYSTUBS FOR ALL CHILDREN

MUST MEET THE 80% INCOME GUIDELINES TO RECEIVE THE FULL 50% REIMBURSEMENT.

| INCOME GUIDELINES LIMITS! PLEASE CIRCLE FAMILY SIZE | | | | | | | | | |
|---|--------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Lower | 1 person Household | 2 persons Household | 3 persons Household | 4 persons Household | 5 persons Household | 6 persons Household | 7 persons Household | 8 persons Household | 9 persons Household |
| 80% | \$ 84,450 | \$ 96,950 | \$ 109,050 | \$ 121,150 | \$ 130,850 | \$ 140,550 | \$ 150,250 | \$159,950 | \$ 169,650 |

HOUSEHOLD DATA -Please fill out.

Please select one that applies

Part 1:

Race:

- White _____
- Black/African American _____
- Asian _____
- Amer Indian/Alaskan Native _____
- Native Hawaiian/Other Pacific Isn _____
- Amer Indian/Alaskan & White _____
- Asian & White _____
- Black/African American & White _____
- Amer Indian / Alaskan & Black _____
- Other _____

Please select one that applies

Part 2:

Hispanic/Latino Ethnicity:

Cuban, Mexican, Puerto Rican, Central or South American or other YES NO

NOTE: Please turn-in your receipts for each activity/sports Enrollment forms

City's Program, Event, Specialty Classes and Organizations - Please fill out.

Please select one that applies:

- Aquatics: _____ (Excludes: *Swim Team and semi/private classes)
- Youth Sports: _____
- Excursions for: Youth Teen
- Specialty Classes: _____

***** Reimbursement is based on Attendance! Must complete the class session. RECEIPTS are to be submitted at the end of activity/class session.**

GENERAL RELEASE CITY SPONSORED PROGRAM

As condition of accepting the Measure BP funds from the City of Baldwin Park ("City"), full or partial reimbursement of registration costs, I/we hereby release the City, its officers, employees, agents and attorneys from any and all claims, demands, assertions, or any other possible causes of any of the City Programs, Events, Services or Specialty Classes in which I/we have enrolled my/our child(ren).

ACKNOWLEDGEMENT AND AGREEMENT

I/we certify that the information provided in this application is true and correct as of the date set forth opposite my/our signatures on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties.

**The participants will be fully reimbursed based on attendance of activity.
*Proof of Registration Required at the end of each class/month.**

| | | | |
|---|---------------------------|---|---------------------------|
| Signature Head of Household x _____ | Date: _____ | Signature of Co-Head of Household x _____ | Date: _____ |
|---|---------------------------|---|---------------------------|

OFFICE USE (only)

STAFF ONLY:

STAFF NAME: _____
DATE RECEIVED: _____
TIME RECEIVED: _____
HOUSEHOLD # _____

Approved **Date:** _____
 YES NO
 50% Reimbursement