

**Green River Recreation Center  
Assistance Program**

The Green River Recreation Center is pleased to aid area residents that do not have the financial means to utilize the facility and its leisure programs. Individuals that qualify for Food Stamps (FS), Temporary Assistance for Needy Families (TANF) and/or Title XIX (Medicaid) receive 50% reduction on approved program fees. You must requalify every six-months by providing verification.

**Pass Program:** This program allows eligible seniors, adults, and youth a six-month membership at 50% off their regular cost. If approved, three-month membership fees are Seniors \$22.50, Adults \$60.00, and \$37.50 Youth. Six-month membership fees are Seniors \$45.00, Adults \$120.00, and \$75.00 Youth.

**Youth Scholarship Program:** This program allows eligible youth to register for approved leisure programs at 50% off their regular cost.

The Assistance Program Pass Form must be signed and accurately completed to enable the agency to release the eligibility status of the household. The form MUST be returned or mailed to the Green River Recreation Center located at 1775 Hitching Post Drive. Staff at GRRC will then provide written notification to all applicants concerning their eligibility to participate in the program.

**Please complete the form below and return to:**

Green River Recreation Center  
1775 Hitching Post Drive  
Green River, WY 82935

**Please Circle at least one:**

Food Stamps/TANF  
(SENT TO DFS)

and/or

Medicaid  
(Need: Copy of Card/Letter)  
(SENT TO REC. SUPER.)

**Assistance Program Application Form**

I hereby authorize the Department of Family Services to release information concerning our household's eligibility status for Food Stamps (FS), Temporary Assistance to Needy Families (TANF), and/or Medicaid to the Green River Recreation Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home/Work Phone (extension) Phone

\_\_\_\_\_  
Date of Birth

Please list dependents and their birth dates, oldest to youngest:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes for Staff for Medicaid:

1. Make Copy of the Application
2. Make Copy of the Medicaid Card(s)
3. Staple Copy of Medicaid Card(s) to the Original Application
4. Place Original Application in Rec Center Supervisors inbox for Approval
5. Once Approved or Denied – Pull Application from Pending folder
6. Write Approval or Denial Letter
  - a. When a single has both Approved and Denied; ONLY do an approved letter. The denied will be assumed.
7. Give Letter to Rec Center Supervisor to Sign
8. Once Signed, Make 2 Copies of the Letter
9. Send Original Approval Letter with Signature to Patron
10. Staple Copy of Application (pending) with Copy of Approval Letter and place in file in Black Cabinet
11. Place Copy of Letter in Binder at the front desk. Alphabetical by Last Name of person Mailed to.

Notes for Staff for DFS:

1. Make Copy of the Application
2. Send Original Application to DFS – Envelopes in Black Filing Cabinet
3. Date and Initial Copy at the base of Application and Place in Pending Folder
4. Once Approved or Denied – Pull Application from Pending folder
5. Write Approval or Denial Letter
  - a. When a single has both Approved and Denied; ONLY do an approved letter. The denied will be assumed.
6. Give Letter to Rec Center Supervisor to Sign
7. Once Signed, Make 2 Copies of the Letter
8. Send Original Approval Letter with Signature to Patron
9. Staple Copy of Application (pending) with Copy of Approval Letter and place in file in Black Cabinet
10. Place Copy of Letter in Binder at the front desk. Alphabetical by Last Name of person Mailed to