

***S.O.A.R. (Special Opportunities Available in Recreation)  
Reduced Fee/Payment Plan Policies & Procedures***

At times, individuals may be unable to afford the fees for S.O.A.R. programs due to limited income or occasional financial burdens. In order to accommodate these individuals, S.O.A.R. provides reduced fees and payment plan options. The following policy applies only to the S.O.A.R. program and doesn't cover any other divisions of the Bloomington Parks & Recreation department.

***Reduced Fee Criteria***

1. Reduced fees will be limited to three (3) programs and three (3) transportation options per individual per program session. \$100 is the maximum amount of money allotted per person per year.
2. Reduced fees are available for any individual regardless of age or disability.
3. Reduced fees will only be granted for S.O.A.R. programs solely sponsored by the Bloomington and Normal Parks and Recreation Departments.
4. Reduced fees aren't available for programs and special events where a direct fee is incurred by S.O.A.R. For example, bowling fees paid to the bowling alley, tickets and admissions for special events, and contractual fees aren't eligible for any reduced fees. These fees are all payable at the time of registration unless a payment plan is granted (see payment plan criteria on the next page).
5. No full reductions for programs or transportation will be granted. This allows more individuals access to monies allotted for this fund.
6. To be eligible for reduced fees, the S.O.A.R. "Reduced Fee Application" must be completed. To qualify for reduced fees, this form must be completed and all financial information disclosed. If this form isn't completed, the applicant won't be eligible for reduced fees. Applicants are guaranteed their personal finances won't be disclosed beyond the full - time S.O.A.R. staff and that these forms are confidential.
7. The application for reduced fees must be received before the registration deadline for each program session. No application will be accepted after this date unless the participant is new to the S.O.A.R. program.
8. Reduced fees are only available to those who reside in the City of Bloomington and Town of Normal City limits. Proof of residency may be required.
9. Eligibility for reduced fees is based on 125% of the Federal Poverty Guidelines. This guideline changes on an annual basis and is based on yearly income.

### ***Payment Plan Criteria***

1. Payment Plans have no limits in terms of number of programs. The maximum amount that will be placed on a payment plan per session is \$400.
2. Payment plans will have a maximum duration of four (4) months during the Winter - Spring and Fall program sessions and three (3) months during the Summer session. All payments are due on dates specified within the individual payment plan and must be paid in full before registering for the upcoming program session.
3. If payments aren't made, S.O.A.R. has the right to discontinue participation, in part or full, until payments are made.
4. Payment plans are available to all participants, regardless of residency.

### ***General Information***

1. Individuals applying for reduced fee and payment plan options will be notified at least one (1) week after the registration deadline of their application status.
2. Individuals that don't make payments or pay a portion of fees may not have access to future funding and may not attend programs until unpaid balances are paid. This will be determined at the discretion of the full - time S.O.A.R. staff.
3. If needed, individuals may use the reduced fee and payment plan option in combination.
4. S.O.A.R. staff reserve the right to ask for documentation of financial income. This may include Public Aid forms, copy of paid bills, Social Security and/or disability assistance, etc.

**S.O.A.R. (Special Opportunities Available in Recreation):**  
**Reduced Fee Application**

Please fill out the following form. **All** financial information needs to be included for this application to be accepted.

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Where Employed (if applies): \_\_\_\_\_

Parent/Guardian/Staff (if applies): \_\_\_\_\_

Number of people who reside at the above address: Adults: \_\_\_\_ Children: \_\_\_\_

Requested S.O.A.R. Program(s)/Transportation for Reduced Fee Consideration (maximum of three each per session):  
\_\_\_\_\_

**Monthly Income:** Employment: \_\_\_\_\_  
Social Security/Disability: \_\_\_\_\_  
Public Aid: \_\_\_\_\_  
Food Stamps: \_\_\_\_\_  
Other: \_\_\_\_\_

Current annual gross income reported on last income tax return form: \_\_\_\_\_

**Monthly Expenses:**  
Rent/Mortgage: \_\_\_\_\_ Gas/Electricity: \_\_\_\_\_  
Phone (cellular, home): \_\_\_\_\_ Car Payment: \_\_\_\_\_  
Cable TV: \_\_\_\_\_ Insurance: \_\_\_\_\_  
Groceries: \_\_\_\_\_ Entertainment: \_\_\_\_\_  
Other major expenses (list): \_\_\_\_\_

*I certify that all of the above information is true and correct. All income earned is reported. S.O.A.R. staff reserve the right to verify the above information.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY**

Form Received: \_\_\_\_\_

Actual Fee: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Paid: \_\_\_\_\_