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Community Assistance Program

Please answer all questions on the application in order to process.

Type of Membership applying for:

Family _____ Adult _____ Youth _____ Student _____ Senior _____

OR

Type of Program applying for:

Day Care _____ After School _____ Summer Camp _____

Have you previously applied for the C.A.P scholarship program at the D.A.C.C?

Yes ___ No ___

Person Applying

Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone: _____

Household Members

First Name	Last Name	Date Of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Guidelines for C.A.P Program

You must provide the D.A.C.C. with verification of your current **total** household income using one of the following:

- Three paystubs
- Unemployment statement
- Disability statement

Sliding Scale system for Membership or Child Care

Total household income	membership	or	Child Care	
15,000 and under	Single	30%		D.S.S
	Family	50%		
15,001 – 17,000	family	45%		D.S.S
17,001 – 21,000	family	40%		D.S.S
21,001 – 24,000	family	35%		D.S.S
24,001 – 27,000	family	30%		40%
27,001 – 30,000	family	25%		30%
30,001 – 33,000	family	20%		20%
33,001 – 35,000	family	NA		15%
35,000 – 37,000	family	NA		10%

I certify that all of the information is true and complete to the best of my knowledge. I understand that applications will be reviewed by the Membership Coordinator for approval or denial. A D.A.C.C. representative will be in contact with you.

Signature of applicant _____ Date: _____

The DACC is an equal opportunity provider and employer. To file a complaint of discrimination, write to USDA, Director, Office of Civil Right Washington D.C., 20250-9410 or call (202)720-5964 (voice) 1-800-622-1220 (TTD)