

Millbrae Recreation Department
2025-2026 Sliding Fee Scale and Application



Thank you for your interest in Millbrae Recreation Programs. To be eligible for the sliding scale fee you must be:
be:

A Millbrae Elementary School District Student *and/or* A City of Millbrae Resident

Families are also required to meet the income requirements for subsidized care outlined in this application. Enrollment is first come first served even if you turn in your application by the deadline.

Are you currently eligible for any other childcare assistance programs, such as 4C's of San Mateo?

Yes If yes, which program? _____
 No

Please read and sign below:

- *There is only sliding scale rates for TK-8th grade.*
- *ALL sources of income MUST be reported by each parent/guardian in the home*
- *Completing this form and process does not guarantee enrollment into the program as space is limited.*
- *Once approved for sliding scale, your child(ren) will not be automatically enrolled in program. All registration paperwork and payments need to be completed by the published deadline.*
- *The City will not accept incomplete packets. Please make sure you get an approval form for your records.*
- *Applicants must be current legal guardians of the listed participant(s) to qualify for sliding scale.*
- *See next page for a complete list of documentation requirements/ acceptable documents. Additional information/documentation may be requested at the staff's discretion.*
- *All information you provide will remain confidential.*
- *For camp, if approved for 50% off, 50% will apply for the first 2 weeks of in-house summer camp enrollment per child, then 25% off for the following weeks WHILE FUNDS LAST.*
- *For contract classes, if approved for 50% off, 50% will apply for the first 2 sessions per season, per child, then 25% off for the following sessions WHILE FUNDS LAST.*
- *Approved scholarship paperwork is valid for 1 year (year starting August 15th). Re-application is necessary for the following period.*

I have read and understand the above information: _____ Date: _____

Monthly income Limits are based on San Mateo County HUD Guidelines of 2024

Income Category	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6+	% Off of Program Fee
Very Low (50%)	\$6,529 and under	\$7,346 and under	\$8,158 and under	\$8,813 and under	\$9,467 and under	50%
Low (80%)	\$6,530 - \$10,446	\$7,345 - \$11,750	\$8,159 - \$13,054	\$8,814 - \$14,100	\$9,468 - \$15,146	50%
Median (100%)	\$10,447 - \$12,442	\$11,751 - \$13,996	\$13,055 - \$15,550	\$14,101 - \$16,796	\$15,147 - \$18,038	50%
Moderate (120%)	\$12,443 - \$14,925	\$13,997 - \$16,792	\$15,551 - \$18,658	\$16,797 - \$20,150	\$18,039 - \$21,642	25%
Over 120% AMI	\$14,926 - and over	\$16,793 - and over	\$18,659 - and over	\$20,151 - and over	\$21,643 - and over	Not Qualified

Millbrae Recreation Department
Application Checklist



Date: _____ Name of Parents/Guardians: _____

All supporting documents must be original copies. Paperwork suspected of not being accurate will be returned and new paperwork will be needed. Please place a check (✓) mark next to items as you fulfill each requirement.

1. Are you the legal parent/guardian of the child(ren) who would receive this sliding scale rate? Yes No
2. Are you a one income household? Yes No
3. Does your spouse and/or other child's Parent/Guardian live in the home with you? Yes No

If both #2 and #3 are answered "yes" then a tax return is the only accepted proof of income.

SLIDING SCALE APPLICATION FORM

**INCOME VERIFICATION: PER PARENT/GUARDIAN WITHIN THE HOUSEHOLD

A. EACH Employed/Working Parent and Guardian WITHIN THE HOUSEHOLD needs to provide one of the following:

- LAST YEARS FEDERAL TAX RETURN (REQUIRED IF SELF EMPLOYED)
- LAST YEARS W2'S FOR EACH JOB HELD
- LAST THREE CONSECUTIVE ORIGINAL PAY STUBS

And if applicable

A complete and signed Declaration of Self Employment Form per parent/guardian (Attachment A)

B. EACH Unemployed Parent/Guardian WITHIN THE HOUSEHOLD needs to provide:

Proof of Benefits (provide all that is received, fill out)

- Retirement/Pension (all retirement income, last three statements of each are required)
- Unemployment Award Letter
- Social Security Award Letter
- Disability Award Letter
- Supplemental Security Income (SSI)
- Do you receive: Cal Works/TANF/SNAP Award Letter Yes No

Or Proof of Seeking Employment

Complete Declaration of Seeking Employment Form (Attachment B)

C. Other Forms of Income:

Do you receive any of the following? Yes No

- Alimony
- Child Support
- Foster Care Subsidy

D. Other Income Information

Are there any other adults in the household that supports the household financially (i.g. pay part of the rent, contribute to groceries, pay part of utilities, etc.)? Yes No

Are you a student? Yes No

- Provide your last year's tax return and/or 1098T for all institutions
- Current Student Schedule for all institutions and

RESIDENCY (MUST BE COMPLETED TO GET THE RESIDENT RATE OR IF NOT AN MESD STUDENT)

Please provide (original copy) ONE of the following to confirm residency within the State of California:

- Utility Bill (PG&E, Water, Garbage)
- Rental/Lease Agreement
- CA Driver's License/CA ID card

PROOF OF ENROLLMENT IN MESD

**** ALL SOURCES OF INCOME MUST BE REPORTED.**

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(MILLBRAE RESIDENTS AND/OR MESD STUDENTS ONLY)



List all children 17 and under living in the home below:

Child's Name	Grade	Age	Date of Birth	School	Attending this program?

Adults Assuming Responsibilities and Care of Dependents (Legal Guardians):

A. Parent/ Guardian Name	Relationship to Child(ren)	Phone #	Address
B. Parent/Guardian Name	Relationship to Child(ren)	Phone #	Address
Income Information ALL ADULTS in Family (before taxes) Include any self-employment income			Family Size
Person Employed	Company Name	Monthly Income	Adults: _____ Children: _____
		\$	
		\$	
		\$	
		\$	

(continued on next page)

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Please list all sources of income you have (check to indicate weekly, monthly, or annually):

Pension/Retirement: \$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Annually
Child Support: \$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Annually
Alimony: \$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
Disability: \$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Annually
Unemployment: \$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
Social Security: \$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Annually
SSI: \$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
*TANF/CalWORKs: \$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Annually
Other (specify): \$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually

Additional information/documentation may be requested at staff discretion.

***If you receive TANF/CalWORKs benefits, you may be eligible for additional financial assistance for childcare through other 3rd party programs (4Cs, etc.). See staff for more details.**

By signing below, I agree under penalty of perjury that all statements made in this document are complete, true, and correct to the best of my knowledge. I certify that I have reported ALL sources of income. I hereby consent to allow the City of Millbrae to contact each employer listed and all adults living/working in my family/household and/or contact all agencies to confirm the income I have listed for purposes of verifying my eligibility for reduced fees. I agree to notify the City of Millbrae staff and update my application if any of the above information changes. I understand that if I do not provide proof of income listed or provide correct information, I may not be eligible for reduced fees.

Applicant Signature: _____ Date: _____

Millbrae Recreation Department

477 Lincoln Circle
Millbrae, CA 94030
Phone: (650) 259-2360

**SELF-EMPLOYMENT DECLARATION FORM**

Date : _____

I, _____, parent/guardian of _____

am declaring under penalty of perjury that I am self-employed.

I work as a (job description/title): _____

Days and Hours of Self-Employment

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
A.M.							
P.M.							

Name of Business : _____

Address : _____

Phone # : _____ Cell Phone #: _____

My gross monthly income (before deduction) is: \$ _____

I understand that in order to qualify for sliding scale while self-employed, I must provide a copy of my most recent Federal Tax Return. I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date

Millbrae Recreation Department
477 Lincoln Circle
Millbrae, CA 94030
Phone: (650) 259-2360



SELF-DECLARATION OF SEEKING EMPLOYMENT

Date : _____

I, _____, the parent of _____,
(Parent/Guardian) (Names of all children enrolling in the Youth Sports Program)

am seeking care for my children from the Millbrae Recreation Department in order to seek employment. **I understand that my approved sliding scale fee for care is limited to a maximum twenty (20)* consecutive working days (excluding federal holidays) during the Millbrae Camps & Millbrae Youth Sports Program. I also understand that I must re-certify for each new scholarship program registration.** My plan to secure, change or increase employment is as follows:

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date

I understand that the Millbrae Recreation Department may request me to provide, no more than once per week, a description of the activities I have undertaken during the previous week to seek employment and as appropriate, may require additional documentation.

*If the parent has concurrently received services based on employment or vocational training for at least twenty (20) working days while receiving services for seeking employment, eligibility for seeking employment may be extended for an additional twenty (20) working days. For such a parent, services for this purpose shall not exceed sixty (60) working days during the contract period.

For Office Use Only

Hours of Service Monday through Friday : _____
Last day of Seeking Employment : _____

OFFICE USE ONLY-APPROVAL FORM



Parent/Guardian Name: _____

Initial date of intake: _____ By: _____

• Returned Because: _____

• Accepted: YES NO/Reason: _____

• By (Print Staff's Name): _____

• Approved for: _____ %

• Applicant Signature that Approval Form was received: _____ Date: _____

• Date Scholarship Applied to Account: _____ By (Print Staff's Name): _____

For more information:
please call the Millbrae Recreation Department at (650)259-2360
or send an email to recreation@ci.millbrae.ca.us.