

**A- II Fitness
Membership Assistance Application**

Name: _____ Social Security #: _____ DoB: _____

Address: _____ Phone #: _____

City: _____ State: MO Zip Code: _____ County: _____

Monthly Household Income: \$ _____ Total number of persons in household: _____

Source of Income: _____

Disability for purpose of this request: _____

Amount of assistance requested: \$ \$380

State specific purpose of assistance: 1 Annual A-II Fitness Membership and Start-up Costs

Have you contacted other agencies? Yes No

(To be eligible for a free A-II Fitness Annual Membership, you must have requested assistance from at least two other sources and provided their response. **Sources must be relevant to the request.**)

1. Agency and Person you spoke to: _____

Response: _____

2. Agency and Person you spoke to: _____

Response: _____

How did you hear about A-II Fitness? _____

Member Signature: _____ Date: _____

Staff Comments: _____

Executive Director: _____

Date: _____

Approved Denied

Board of Directors: _____

Date: _____

Approved Denied

The Mission of A-II Fitness is to provide a fully accessible fitness center that will assist PWD in gaining or maintaining strengths, alleviating chronic pain associated with a variety of illnesses and helping address anxiety and depression related illnesses.

A-II Fitness, is committed to helping people with disabilities (PWD), live independently.

Because of this, we believe that individuals should take responsibility for their own needs, when possible.

A-II Fitness has established the following guidelines for membership assistance with A-II Fitness.

- 1) You must be a person with a disability.**
- 2) You must provide the name of two (2) other agencies from which you have requested financial assistance; we reserve the right to follow-up with the named contacts.**
- 3) Assistance is only available to each member one time per year, in the form of an Annual Membership. The application will need to be completed annually, even if your information is the same.**
- 4) You must complete the applicable fitness waiver, to receive A-II Fitness membership.**
- 5) A-II Fitness has the discretion to deny assistance due to lack of funding.**

I, _____, attest that the information provided is accurate and correct to the best of my knowledge.

Member Signature

Date