

Recreación y Servicios Comunitarios de la Ciudad de Ontario

Beca de Empoderamiento

Solicitud y Requisitos de Elegibilidad 2021

La Beca de Empoderamiento del departamento de Recreación y Servicios Comunitarios de la Ciudad de Ontario es hecha posible por donaciones y los esfuerzos anuales de la captación de fondos. Esto y otros recursos de financiamiento les darán la juventud, adultos, personas mayores de edad, y veteranos de bajos ingresos la oportunidad de participar en actividades de recreación, clases, y programas que enriquecerán sus vidas e positivamente impactaran las vidas de sus familias, escuelas, y comunidad.

ELEGIBILIDAD:

Becas de Empoderamiento son asignadas según las finanzas disponibles y la necesidad basada en ingresos. Una solicitud de elegibilidad completa se requiere por fin de ser considerados. Se puede entregar una solicitud por solicitante, por año financiero.

**Solicitantes deben ser los padres biológicos del niño/a nombrado/a en la solicitud, o tener guardia permanente legal. **

1. **Solicitudes solamente serán aceptadas en dos maneras: 1) sumisión por línea o 2) documentos impresos entregados en el centro comunitario de Armstrong.**
2. Todas las solicitudes deben recibirse **un mínimo de dos semanas** antes del inicio de la actividad, clase o programa.
3. **¡SOLICITUDES INCOMPLETAS NO SERÁN ACEPTADAS!**
4. **Entregando una solicitud no garantiza aprobación.**
5. Solicitantes deben vivir en la ciudad de Ontario y enseñar prueba de residencia con una **licencia de conducir, tarjeta de identificación de California, cuenta actual de servicios públicos (celular/teléfono, cable/internet, agua, electricidad, gas, carro, boleto o recibo de aseguranza), extracto bancario o forma de registración escolar mostrando su dirección en Ontario y el nombre del solicitante.**
6. Miembros de la comunidad que reciben actualmente asistencia publica como SSI, WIC, o cualquier otro tipo de ayuda federal o estatal y que caen bajo los requisitos de ingresos especificados son bienvenidos a aplicar. **La primera y segunda pagina de sus impuestos federales actuales o más recientes se requieren.** Una carta de asistencia federal o estatal será necesaria si no entrega una declaración de impuestos. **Solicitantes deben enseñar identificación con fotografía con su solicitud.**

7. Imágenes de documentos originales son requeridos y deben ser presentados al tiempo que la solicitud sea entregada. Imágenes deben ser claras y legibles. **Solicitudes sin documentos originales serán vistas como incompletas y NO serán aceptadas.**

Categoría de Solicitante	Documentos Adicionales Requeridos:
Jóvenes (18 y menos)	WIC, Avisó de Acción, o prueba de actual o reciente desempleo / reducción de horas de empleo
Adultos (Edades 18 – 50)	Declaración de impuestos federales, documentación del seguro social (formularios SSA 1099R o 1099) o prueba de desempleo reciente / actual / reducción de horas de empleo
Personas Mayores (Edad 50+)	Declaración de impuestos federales, documentación del seguro social (formularios SSA 1099R o 1099)
Veteranos	Licencia de conducir de California con el símbolo "VET", formulario DD214, o tarjeta de VA emitida por el Condado de San Bernardino de Asuntos de Veteranos

***NOTA: Es posible que se requieran otros documentos de respaldo no enumerados anteriormente para confirmar y respaldar su solicitud.**

8. **Guía de Requisitos de Ingresos del Condado de San Bernardino County:**

Número de Dependientes	1	2	3	4	5	6	7	8
Los ingresos deben ser iguales o menos de los ingresos indicadas	37,750	43,150	48,550	53,900	58,250	62,550	66,850	71,150

PAUTAS:

Todas las solicitantes deben obedecer los valores del Código de Conducta de nuestro departamento a lo largo de la solicitud y del proceso de financiamiento. Incumplimiento podrá resultar en la descalificación del programa.

Scholarship Amounts:

Cantidades de beca:

1. **Cien dólares de recursos por beca, por participante que califica, será asignado por año financiero.** Clases o programas que exceden esos cien dólares son elegibles para registración, pero la cantidad sobrante será la responsabilidad del beneficiario, los padres, o los guardianes.
2. **La Beca de Empoderamiento cubre solo la cantidad real de la clase o el programa.** Todos los costos de equipo serán la responsabilidad del beneficiario, los padres, o los guardianes.

Fechas de Entrego de Becas y Reglas de Participación:

- Faltando a clases o programas en que han registrado sin notificación anterior y aprobación puede descalificarlos de recibir becas en el futuro. Deben avisar a los coordinadores de la beca o a los empleados de la oficina del centro comunitario de Armstrong dentro de una semana del comienzo de la clase o el programa. Reembolsos de becas no serán dados a programas de alta demanda, incluyendo, pero no se limitan a programas como Summer Camp o deportes acuáticos.
- Recibirán un reembolso completo a la cuenta del beneficiario de la beca si la clase o el programa es cancelado, y podrán usar esa cantidad para otra clase calificativa.
- Si fallan en usar 90%** de los fondos asignados por la beca antes de la fecha asignada, serán descalificados de recibir la Beca de Empoderamiento en el futuro. **Todas las becas deben de ser usadas antes de 12/31/2021.**

Ejemplos de Documentos Financieros e Identificación Aceptados y Necesarios al Tiempo de Entrega

Requerido por TODOS los solicitantes:

- Identificación con fotografía emitida por el gobierno (pasaporte, licencia de conducir, etc.)
- Declaración federal de ingresos (solo la pagina demostrando dependientes e ingresos, mire el ejemplo)
- Cuenta actual de servicios públicos o otros documentos con prueba de residencia en Ontario.



Si no puede entregar declaración federal de ingresos, documentos de asistencia financiera pueden ser entregados. Mire los ejemplos:

Muestra – Declaración Federal de Ingresos

 Form 1040 (2018) U.S. Individual Income Tax Return. The 'Dependents' section is circled in red. The form includes fields for filer status, social security numbers, and dependent information.

 Form 1040 (2018) Schedule 1 (2018) showing wages, salaries, tips, and other income. The 'Refund' section is circled in red. The form includes fields for wages, qualified dividends, taxable interest, and other income, as well as a refund section with routing number and account number.

Ejemplos de Documentos Financieros e Identificación Aceptados y Necesarios al Tiempo de Entrega

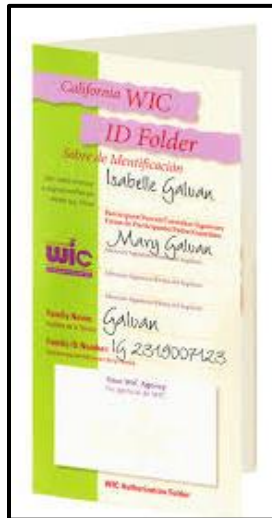
Muestra - 1099R

VOID CORRECTED		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution	OMB No. 1545-0119
		2a Taxable amount	2019
		2b Taxable amount not determined	Form 1099-R
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)	4 Federal income tax withheld
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities
Street address (including apt. no.)		7 Distribution code(s)	8 Other
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution	9b Total employee contributions
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 State tax withheld	13 State/Payer's state no.
Account number (see instructions)	Date of payment	15 Local tax withheld	16 Name of locality
		14 State distribution	17 Local distribution

Muestra - DD214

PERSONAL DATA		SELECTIVE SERVICE DATA		TRANSFER OR DISCHARGE DATA		SERVICE DATA		VA AND BAR SERVICE DATA		REMARKS		AUTHENTICATION	
1. LAST NAME-FIRST NAME-MIDDLE NAME		2. SERVICE NUMBER		3. SOCIAL SECURITY NUMBER		4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS		5. GRADE, RATE OR RANK		6. DATE OF ENTRY		7. U. S. CITIZEN	
ARMY RA SIG		SP-3		1		PT DIX NJ		31 MAR 70		NONE		8. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE	
9. U. S. PLACE OF BIRTH (City and State or Country)		10. DATE OF BIRTH		11. TYPE OF TRANSFER OR DISCHARGE		12. REASON AND AUTHORITY		13. CHARACTER OF SERVICE		14. DUTY STATION AND COMMAND		15. SPECIALTY NUMBER & TITLE	
TEXAS		JUN 48		TRF TO USAR (SEE 16)		AR 635-200 SWP 411 EARLY SEP FR OS		HONORABLE		SPOKANE WASHINGTON		36K20 WIREMAN	
16. SELECTIVE SERVICE NUMBER		17. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE		18. STATION OR INSTALLATION AT WHICH EFFECTED		19. DATE OF EFFECTIVE DATE		20. TYPE OF CERTIFICATE ISSUED		21. STATEMENT OF SERVICE		22. RELATED CIVILIAN OCCUPATION AND DUTY NUMBER	
NONE		NONE		PT DIX NJ		31 MAR 70		NONE		23. NET SERVICE THIS PERIOD		829,281 WIREMAN MAINT	
23. MONTHS REGULAR ENLISTMENTS		24. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)		25. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)		26. DATE OF ENTRY		27. TYPE OF SERVICE		28. FOREIGN AND/OR SEA SERVICE		29. GOOD CONDUCT MEDAL	
NONE		SPOKANE WASHINGTON		SPOKANE WASHINGTON		3 11 APR 67		3 11 APR 67		1 9 26		NATIONAL DEFENSE SERVICE MEDAL VIETNAM SERVICE MEDAL SHARPSHOOTER M-14	
30. REMARKS		31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE		32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED		33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER		34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN		35. REMARKS		36. AUTHENTICATION	
8 YRS ELEM (GSM)		USARPAC VIETNAM 22 OCT 67 - 20 OCT 68		CPT FA ASST CHIEF ENL BRANCH		CPT FA ASST CHIEF ENL BRANCH		CPT FA ASST CHIEF ENL BRANCH		USARPAC VIETNAM 22 OCT 67 - 20 OCT 68		USARPAC VIETNAM 22 OCT 67 - 20 OCT 68	

Muestra - WIC



Muestra - Avicio de Acción

NOTICE OF ACTION		STATE OF CALIFORNIA	
Jenifer M Cerna		HEALTH AND HUMAN SERVICES AGENCY	
618 W J ST		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
ONTARIO, CA 91762-1928		April 09, 2015	
		Case Name: Jenifer M Cerna	
		Case Number: 1553440	
		TDD - For the Hearing Impaired: (800) 963-8349	
		Worker Name: Ontario Back Court NACF	
		Worker Number: 3615152501	
		Worker Telephone: (877) 410-8829	
		Office Hours: 8:30 AM - 4:30 PM	
		Questions? Ask your worker.	
		State Hearing: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.	
As of April 09, 2015, the County has approved your CalFresh.		Part 1 - Gross Income Eligibility effective: May 01, 2015	
You have been approved for Modified Categorical Eligibility.		Earned Income \$1,119.00	
Your first day of CalFresh is May 01, 2015.		Unearned Income -\$14.08	
Your monthly CalFresh amount is \$452.00. The certification period is May 01, 2015 to April 30, 2016.		Total Gross Nonexempt Income \$1,133.08	
If you have questions about getting your card, your worker if you have questions about getting your card.		Part 2 - Gross Income Eligibility effective: May 01, 2015	
Your CalFresh will be available through Electronic Benefit Transfer (EBT) the 10th of each month.		Adjusted Gross Earned Income \$1,119.00	
Failure to report when your income is more than the Income Reporting Threshold (IRT) for your family size may result in your benefits being overpaid. Any overpaid benefits MUST be repaid. You may also be subject to fraud charges/penalties if you do not timely report required information to the County.		Gross Unearned Income \$14.08	
If anyone in your family has earnings, you MUST report, within 10 days, when your family's total income (Earned + Unearned) is more than \$2,144.00, which is your family's IRT.		Total Deductions -\$553.80	
IF YOU ALSO APPLIED FOR CASH AID, and it has not been approved, your CalFresh benefits may be lowered or stopped without another notice if your cash aid is approved.		Preliminary Adjusted Income -\$579.28	
Work Incentive Nutritional Supplement (WINS)		Excess Shelter Costs \$383.38	
As of May 01, 2015 you will receive ten dollars (\$10.00) in WINS food supplement benefits. This is in addition to your authorized allotment. You are receiving a WINS benefit.		Maximum Allowance for Shelter \$450.00	
Rules: These rules apply. You may review them at your local welfare office. ACL 13-71; ACIN 1-14-14; CFL 13-14-34; ACL 13-14; ACL 09-07; WIC Sections 15525 and 11253; 45 CFR Section 261.2; 16-215; 63-505.2; 22-001 (a); 63-301.1; 63-501; 63-502; 63-503; 63-504.1; 63-506.22; ACL 03-18		Allowable Shelter Deduction \$383.38	
C-W NCA		Net Monthly Income \$196.00	
		Net Income Test	
		Household Size 3	
		Maximum Net Income \$0.00	
		Net Income Eligible Yes	
		Benefits	
		Full Month Allotment \$452.00	
		Prorated Allotment \$452.00	
		Final Allotment \$452.00	
		Allotment Adjustments -\$0.00	
		Authorized Allotment Amount \$452.00	

Ontario Community Centers

COVID-19 CODE OF CONDUCT

THE CITY OF ONTARIO SUPPORTS THE RIGHTS OF COMMUNITY MEMBERS TO ACTIVELY USE THE CITY'S COMMUNITY CENTERS AND TO PARTICIPATE IN PROGRAMS AND ACTIVITIES. THIS CODE OF CONDUCT GOVERNS THE USE OF ALL ONTARIO COMMUNITY CENTERS. THE PURPOSE OF THE CODE IS TO ENSURE THAT ALL COMMUNITY MEMBERS HAVE ACCESS TO USE THE FACILITY IN A PEACEFUL AND SAFE MANNER. COMMUNITY CENTER STAFF ARE AUTHORIZED TO STOP ANY ACTIVITY WHICH THEY CONSIDER VIOLATES THIS CODE OF CONDUCT, INCLUDING, BUT NOT LIMITED TO, ANY ACTIVITY HARMFUL TO THE SAFETY, AND WELL-BEING OF COMMUNITY MEMBERS AND STAFF OR TO THE OPERATIONS AND ACTUAL FACILITY OF ANY ONTARIO COMMUNITY CENTER. ALL COMMUNITY MEMBERS MUST HAVE A SIGNED EMERGENCY CARD ON FILE BEFORE ENGAGING IN ANY ACTIVITY OR PROGRAM OFFERED AT COMMUNITY CENTERS.

DURING THIS TIME OF EXTRAORDINARY CIRCUMSTANCES, THE RECREATION & COMMUNITY SERVICES DEPARTMENT HAS INCLUDED A SECTION IN THE CURRENT CODE OF CONDUCT SPECIFICALLY ADDRESSING COVID-19. THE PURPOSE OF THIS ADDITION IS TO PROVIDE FURTHER PROTECTIVE MEASURES TO BOTH COMMUNITY MEMBERS AND STAFF. COMMUNITY CENTERS AND PROGRAMMING WILL OPEN IN PHASES IN ACCORDANCE WITH STATE, COUNTY AND LOCAL GUIDANCE. WE ASK FOR YOUR PATIENCE AS WE MOVE TOWARDS REOPENING OUR FACILITIES WITH CAUTION AND SAFETY MEASURES IN PLACE.

THE FOLLOWING GUIDELINES WILL BE IN PLACE UNTIL FURTHER NOTICE:

- Only a limited number of community members will be allowed in the Community Center at one time.
- Staff will check the temperature of each community member entering a Community Center. Community Members with a temperature of over 100 degrees will not be allowed to enter the community center.
- Hours of operation will vary by location and program needs.
- Some recreation programs and activities will not be available until deemed safe for participants and staff, this can include fitness rooms and gymnasiums.
- Computer Labs if opened, will be limited in space adhering to physical distancing guidelines. Sanitizing procedures will be conducted before and after each use.
- Physical distancing will be enforced, 6 feet distance (about 2 arms' length).
- Wearing of face coverings will be required for all participants except for children younger than 2 years old or anyone who has a medical condition that would prevent them from wearing a mask.
- All Community Centers will have temporary sanitizing periods throughout the day. Participants may be asked to leave an area of the Community Center or asked to wait outside until sanitizing is completed.

Please stay home if you have a fever over 100 degrees, experiencing any COVID-19 symptoms or if you have been in contact with anyone who tested positive for COVID - 19 within the last two weeks. Community members exhibiting COVID-19 related symptoms, identified by the CDC, such as a combination of respiratory symptoms, fever and shortness of breath will be asked to leave the community centers.

THE COVID-19 CODE OF CONDUCT MAY BE AMENDED/REVISED IN RESPONSE TO CHANGES DURING THE PANDEMIC

A COMMUNITY MEMBER ENGAGED IN THE FOLLOWING BEHAVIORS WILL BE ASKED TO STOP THE BEHAVIOR, AND MAY BE ASKED TO LEAVE THE COMMUNITY CENTER:

- Fighting or threatening harm to another community member or staff.
- Being under the influence of drugs and/or alcohol.
- Behaving in a loud, disruptive, boisterous manner or engaging in conversations that create excessive noise. This includes sexual, racial or ethnic harassment through comments, words, gestures or disruption of programs.
- Stealing, vandalizing, damaging or defacing City property or other community members' belongings.
- Wearing clothing adorned with sexually suggestive slogans, profanity, lewd pictures or that which is identifiable with any gang.
- Failing to maintain control over personal belongings, blocking or interfering with free passage or creating a hazard; or bringing into the community center bicycles, large backpacks, carts and other bulky items without approval.
- Plugging a device into electric/network communications outlets without approval.
- Sleeping in the Community Center.
- Making use of the restrooms for any purpose for which they were not intended.

Community Members are expected to:

- Function on their own or with the assistance of a chaperone. Children under 7 years old must be supervised by a parent, guardian or other adult member of the family.
- Maintain personal hygiene.
- Be respectful to others.
- Observe all state and local laws, policies, ordinances, and regulations.
- Follow policies regarding food and drink in designated areas.
- Follow the posted guidelines for the use of public computers.
- Community members must be fully clothed when entering and participating at community centers.

THE ONTARIO SENIOR CENTER IS DESIGNED AND PROGRAMMED FOR ACTIVE ADULTS AGES 50 AND UP. OCCASIONALLY, COMMUNITY MEMBERS UNDER THE AGE OF 50 WILL BE ALLOWED TO ATTEND SPECIAL PROGRAMMING INCLUDING CHILDREN UNDER THE AGE OF 18, IF ACCOMPANIED BY AN ADULT.

FAILURE TO COMPLY WITH THIS CODE OF CONDUCT MAY RESULT IN TEMPORARY OR PERMANENT EXPULSION FROM THE FACILITY AND ITS PROGRAMS. THE ONTARIO COMMUNITY CENTERS EXPULSION POLICY PROVIDES FOR A LIMITED RIGHT OF REVIEW OR APPEAL OF DECISIONS MADE BY COMMUNITY CENTER STAFF UNDER THESE RULES. SEE THE EXPULSION POLICY FOR DETAILS.



Solicitud de Beca de Empoderamiento 2021

Nombre del Solicitante: _____ Fecha: _____

Dirrección: _____

Teléfono: _____ Teléfono Alternativo: _____

Correo Electrónico: _____

¿Sin correo electrónico? Por favor, marque:

Por favor, marque qué categoría de solicitante / categorías se aplican a usted:

- Youth Adult Senior Veteran

Por favor indique todos los miembros de su casa:

Nombre	Fecha de Nacimiento	Adulto o Niño (Use A o N)	Relación al Solicitante
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Certifico que la información en esta solicitud es correcta y verdadera y que he leído, entendido, y estoy de acuerdo con todos los términos y condiciones de la solicitud de la Beca de Empoderamiento.

Firma: _____

Fecha: _____

