

## Oregon Swimming Outreach Membership Criteria Documentation Form

Clubs – please fill out and keep this form as proof for Outreach Membership. Please send to the Oregon Swimming office if requested.

Note the form you saw for Outreach Documentation, the date you saw it, and signature of the club representative who validated it. Validator, you must ensure date on proof of low income status is current and valid to the swimmer asking for assistance. If you feel your athlete qualifies due to other circumstances, such as being a foster child, please contact the OSI Diversity & Inclusion Chair for assistance.

### Proof of Low Income Status

\*\* SNAP card letter with date of eligibility

\*\* OHP – medicaid letter of approval with date of eligibility

\*\* Y or Parks and Rec Low Income membership letter with date of eligibility

\*\* Low Income – most current year tax return needed to validate income is equal to or less than the Annual Federal Poverty guidelines table. (attached)

Athlete Name \_\_\_\_\_

Documentation provided \_\_\_\_\_ Date \_\_\_\_\_

Club representative/validator \_\_\_\_\_

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Athlete Name \_\_\_\_\_

Documentation provided \_\_\_\_\_ Date \_\_\_\_\_

Club representative/validator \_\_\_\_\_

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Athlete Name \_\_\_\_\_

Documentation provided \_\_\_\_\_ Date \_\_\_\_\_

Club representative/validator \_\_\_\_\_