

# WELCOME FUND MEMBERSHIP APPLICATION

The Welcome Fund Membership is a subsidized membership program that serves families with dependent children up to 8 years old. To obtain a Welcome Fund Membership, applicants must meet the following criteria:

- Children on the membership must reside in the same household with the parent or legal guardian.
- Both adults on the membership must live at the same address.
- The applicant must also be a resident of Douglas, Sarpy, Cass (NE & IA), Dodge, Mills, Fremont, Harrison, Washington, or Pottawattamie counties.

To apply for a Welcome Fund membership, please submit a copy of **ONE** of the following documents with this application and a \$5.00 payment:

- A copy of your Supplemental Nutrition Assistance Program (SNAP) benefits letter (notice of action letter), WIC benefits letter (contact clinic to get letter), or a Medicaid Benefits letter. We also will accept copies of SNAP, WIC and Medicaid cards in person. (Do not mail your original card) All documents submitted must list your name and activation or expiration date. We may ask for secondary verification, as needed.
- A copy of the most recent income tax return **for each adult** on the application stating Adjusted Gross Income (AGI). Your Adjusted Gross Income must be at or below the guidelines listed below to qualify for a Welcome Fund membership.

**OCM does not accept W-2 forms, pay stubs, Social Security benefits reports or retirement benefits reports as proof of income. We reserve the right to deny an application for any reason, including insufficient proof of income, insufficient contact information, or allowance caps.**

## PLEASE PROVIDE THE FOLLOWING:

1. This completed application

2. SNAP letter, WIC benefits letter, copy of Medicaid letter, or tax return

3. A **\$5.00** payment\*

### Mail or drop off to:

Omaha Children's Museum  
 Membership Department  
 500 South 20th St.  
 Omaha, NE 68102

Date: \_\_\_\_\_ Have you ever had an OCM membership? \_\_\_Y \_\_\_N

\*If you choose to add an Additional Cardholder, include the payment for that as well.

Name of Primary Adult on Membership: \_\_\_\_\_

Name of Secondary Adult: \_\_\_\_\_ Relationship to Primary Adult: \_\_\_\_\_

Must reside in the same household.

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Total Number of Residents in Household: \_\_\_\_\_ Race: \_\_\_\_\_

Name(s) and age(s) of dependent child(ren)

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### **Additional Cardholder (optional) - \$21.50**

For an additional cost, you may add one additional cardholder to your membership. This person can bring your children to the museum without you having to be present. *Payment must be included with this application.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Primary Cardholder: \_\_\_\_\_

### **INCOME ELIGIBILITY GUIDELINES: EFFECTIVE THROUGH JUNE 2023**

PERSONS IN FAMILY/HOUSEHOLD	HOUSEHOLD INCOME
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630

**For families/households with more than 8 persons, add \$4,720 for each additional person.**

***Your application may take up to 1 week to process. If approved, your membership will be valid for one year from issue date and instructions for downloading your mobile membership cards will be e-mailed to you. If you do not provide an e-mail, digital membership card information will be mailed to you. You may also show your photo ID at the front desk to receive admission when you visit. If denied, your membership application will be returned to you with explanation.***