**Adaptive/Outreach Committee Report**

SES Sent 3 Disability Swimmers to AG Zones this year:

Kamila (18 Physical), Emma (11 Physical), and Anthony (15 Cognitive)

We can send up to 6 (3 males and 3 Females) ages 11-18. Pease let me know if you coach any athletes with a Physical, Cognitive, Visual, or Hearing Disability. They do NOT have to be Paralympic Classified Athletes. Please Call or email me if you have any questions (850)418-0645 / Robin@seastarsaquatics.org

There is grant money out there for physically challenged athletes through CAF: http://www.challengedathletes.org/

https://www.facebook.com/CAForg/

**Disability and Low Income Athletes qualify for our OUTREACH Registration which is only $5.00 annually**

**ALL Families must show PROOF of QUALIFING for OUTREACH**

There are now 2 options of the USA Swimming outreach form. Whichever is easier for you to use PLEASE utilize this! A lot of schools are offering free/reduced lunches in the school system and is has come to my attention that this is being taken advantage of in Tennessee. Just because they receive free/reduced lunch doesn’t mean they QUALIFY for it. Make those parents go to their school district office and apply for it. It is extra work for the school and parent but it saves $65.00 at the moment and if they actually DO QUAILFY they will take the time to do the work. Below are now other ways to so proof. Please Call or email me if you have any questions (850)418-0645 / Robin@seastarsaquatics.org

|  |  |
| --- | --- |
| Number in Family 2 | Gross Yearly Income$29,637 |
| 3 | $37,296 |
| 4 | $44,955 |
| 5 | $52,614 |
| 6 | $60,273 |
| 7 | $67,951 |
| 8 | $75,647 |
| Over 8, add for each | $ 7,696 |

**Section A: Proof of Income**

Attach a photocopy of your most recent Federal tax return, proving that your income is below the level in the following table. [source: Federal Reduced School Lunch Income Eligibility Guidelines 7/1/2016-6/30/2017]

**OR ----- Section B: Proof of Assistance OR Documentation of Disability (check other)**

Attach a photocopy of an approved application for one of the following assistance programs

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Aid to Families with Dependent Children | [ ] Social Security Disability Insurance | [ ] Food Stamps | [ ] Temporary Assistance to Needy Families |
| [ ] Supplemental Security Income | [ ] Women, Infant and Children’s Program | [ ] Medicaid | [ ] Children’s Health Insurance Plan |
| [ ] Section 8 Public Housing | [ ] Home Energy Assistance Program | [ ] Other \* |  |

Attached are the way SEASTARS’ forms look to help with confusion.