



the museum that doesn't act like a museum

## Family Access Pass Application

Portland Children’s Museum offers the Family Access Pass to qualifying families who live within 35 miles of the Museum. This reduced-cost \$15 yearly pass includes unlimited admission for two named adults, four named children living in the same household, and one additional named caregiver 18 years or older (e.g. nanny, grandparent, etc.).

To apply, please fill out this application and submit a copy of one of the following eligibility or coverage notification letters with **current dates (within the last year)**:

- Section 8/Public Housing vouchers, Low Income Energy Assistance
- Children’s Health Insurance Plan (CHIP), Medicaid, Oregon Health Plan
- Free and Reduced School Lunch, Head Start enrollment
- Temporary Assistance For Needy Families (TANF), Supplemental Nutrition Assistance Prgm. (SNAP), WIC vouchers
- Foster Home Certification

Do not send original documents. Documents will not be returned.

Once your application is completed and you have made a copy of your assistance documents, please scan and email your application and documentation to [familyaccess@portlandcm.org](mailto:familyaccess@portlandcm.org) or mail it to:

Family Access Program  
 Portland Children’s Museum  
 4015 SW Canyon Road  
 Portland, OR 97221

Please allow 2-3 weeks for application processing. If your membership is approved, you will receive confirmation of your membership status via email (be sure to check your spam folders). **Once approved, you have 90 days to visit the Museum and pay the \$15 fee to activate your year-long Family Access Pass.** If you do not pay the \$15 fee within the 90-day window after your application is approved, your approval will expire and you will need to submit a new application.

### Applicant Information (please print clearly)

Adult Name(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_

One additional caregiver (e.g. nanny, relative age 18 or older) name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dependent(s) name & birthdate:

1. \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ 3. \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

2. \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ 4. \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

### Household Information

Yearly household income: \_\_\_\_\_

Are your children in a free or reduced-price school lunch program? \_\_\_\_\_

Total # of children in the household: \_\_\_\_\_ Are you a foster family? \_\_\_\_\_ # of foster children: \_\_\_\_\_

How did you hear about the Family Access Pass?

\_\_\_\_\_