



Recreation Assistance Program Application Form

The information will be used for service delivery, program evaluation and reporting purposes, and may only be disclosed in accordance to the FOIP Act.

| STEP 1 – Eligibility: Approval is based on need using Revenue Canada’s income threshold. | | | | | |
|--|----------|---|--------------|---|----------|
| Circle # of people in household | 1 | 2 | 3 | 4 | 5+ |
| | \$35,000 | \$45,000 | \$47,500 | \$50,000 | \$52,500 |
| <ul style="list-style-type: none"> • Staff reviewed proof of household income: <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ○ <i>Proof of income:</i> Notice of Assessment from the most recent tax year for all adults listed on the application form, two most recent pay stubs or bank statements, Alberta Health Benefits Card or Alberta Income Support Summary. • Staff reviewed proof of ID and residency of applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| STEP 2 - Contact Information | | | | | |
| Legal first name | | Legal middle name | | Legal last name | |
| Date of birth (mm/dd/yyyy): | | | | | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender <input type="checkbox"/> Chose not to identify | | | | | |
| Community (self-reported) | | | | | |
| <input type="checkbox"/> Agriculture | | <input type="checkbox"/> LGBTQ2S+ | | | |
| <input type="checkbox"/> First Responder | | <input type="checkbox"/> Low German Mennonite | | | |
| <input type="checkbox"/> Francophone | | <input type="checkbox"/> Newcomer | | | |
| <input type="checkbox"/> Hutterite | | <input type="checkbox"/> Person with Disability | | | |
| <input type="checkbox"/> Indigenous | | <input type="checkbox"/> Not applicable | | | |
| Were you born in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If no, when did you arrive in Canada? (if estimated enter as 01/01/yyyy) _____ | | | | | |
| <input type="checkbox"/> English/French is not first language | | | | | |
| Address Information | | | | | |
| Physical Address | | | Town/Village | | Prov. |
| Mailing Address (if different from physical address): | | | | Postal Code | |
| Cell #: _____ | | Landline (Other Phone #): _____ | | Email: _____ | |
| Msg: <input type="checkbox"/> Y <input type="checkbox"/> N Txt: <input type="checkbox"/> Y <input type="checkbox"/> N | | Msg: <input type="checkbox"/> Y <input type="checkbox"/> N | | Msg: <input type="checkbox"/> Y <input type="checkbox"/> N | |

STEP 3 – Household Occupants: Please name all people living in the house (use second form, if required)

| | First Name | Last Name | Gender | Date of Birth |
|-----------------------|------------|-----------|--------|---------------|
| Applicant | | | | |
| Spouse/Partner | | | | |

Other People in the Home (list everyone: parents, grandparents, siblings, adult children, kids, etc.).

| First Name | Last Name | Gender | Date of Birth |
|------------|-----------|--------|---------------|
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|--|-----------|
| Emergency Contact #1: | |
| Name: | Phone # : |
| Relationship to client: | |
| Authorized Representative | |
| Does the client have an Authorized Representative? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Authorized representative name: | Phone # : |

I hereby certify that the information provided in this form is complete, accurate, and up to date to the best of my knowledge.

Applicant's Signature: _____

Barons-Eureka-Warner Family and Community Support Services (FCSS) is a public body and therefore the personal information collected using this form and any attachments related to program and service delivery is authorized under the authority of section 33 (c) of the Freedom of Information and Protection of Privacy Act and is protected by the privacy provisions of the Act for the purpose of providing programs and services. The information will be used for service delivery, program evaluation and reporting purposes, and may only be disclosed in accordance to the Act. For further information, please contact the FOIP Coordinator at 403-405-4466 or info@fcss.ca.