

Personal information is collected in accordance with section 3 of the *Municipal Government Act*, and section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) and is protected by FOIP. It will be used by Family and Community Services to determine eligibility for reduced fees for qualifying Strathcona County recreation programs. Names and contact information will be shared with Recreation, Parks and Culture. Employment and income information from the Application form will not be shared. If you have any questions about the collection and use of the information contact the Director, Strathcona County Family and Community Services at 780-464-4044.

To ensure all sources of income are considered, print in the number of **adults** in the household that are described by each phrase below. This information will also be used to determine where future services should be provided.

Employed full-time	_____	Employed Occasional	_____
Employed part-time	_____	Employment Insurance – EI	_____
Unemployed	_____	Student	_____
Self-employed	_____	Retired	_____
Gov't Assistance – AISH	_____	Gov't Assistance – other	_____
Gov't Assistance – SFI	_____	Student Loans	_____
Gov't Assistance – Pension	_____	Gov't Assistance – CPP Dis	_____



Does one of the following net income (take home pay) categories apply? no yes ► please check (include child support if applicable)

How many people are living in this home (household) and are supported by this income _____

Net (take home) income

- 1 person yes, I make less than \$1,433 per month (\$17,200 per year)
- 2 people yes, I make less than \$1,750 per month (\$21,000 per year)
- 3 people yes, I make less than \$2,175 per month (\$26,100 per year)
- 4 people yes, I make less than \$2,717 per month (\$32,600 per year)
- 5 people yes, I make less than \$3,092 per month (\$37,100 per year)
- 6 people yes, I make less than \$3,433 per month (\$41,200 per year)
- 7 or more people yes, I make less than \$3,767 per month (\$45,200 per year)

Is this the first time applying to the Recreation Access Program?

no yes ► how did you learn about the program _____

I hereby verify with my signature that the information contained on this application is true and correct.

Signature

Date

Office Use Only

Confirmation of income ► Income tax assessment pay stubs other _____

Eligible no yes ► complete back of form (Recreation Access Program – Application Page 2)

Application received by _____ Staff referral (if applicable) _____

Recreation Access Program – Application (2012)

Note: This page is completed only if eligibility has been confirmed on Page 1.

Based on the information provided to Family and Community Services, the following people qualify for the Recreation Access Program. This program provides each participant with an annual Millennium Card. The Millennium Card is valid for one year from the date of issue.

Name _____

Address _____

Postal code _____

Phone number _____ Alternate _____

Email address _____

(optional – only for sending additional program information that may be of interest to you and your family)

Language spoken in home _____ Born in Canada yes no Arrival year _____

Adults participating

Name	Year of birth	Millennium Card issue date	May we contact you with additional program information?	
			<input type="checkbox"/> yes	<input type="checkbox"/> no
			<input type="checkbox"/> yes	<input type="checkbox"/> no
			<input type="checkbox"/> yes	<input type="checkbox"/> no

Seniors 65 and over participating

Name	Year of birth	Millennium Card issue date	May we contact you with additional program information?	
			<input type="checkbox"/> yes	<input type="checkbox"/> no
			<input type="checkbox"/> yes	<input type="checkbox"/> no

Children and youth participating

Name	Year of birth	Millennium Card issue date