



County of Grande Prairie Recreation Fee Assistance Program

Qualifying low-income families and individuals, residing within the County of Grande Prairie can access a ten-punch pass to the Eastlink Centre, Beaverlodge Recreation Centre or the Crosslink County Sportsplex through the Recreation Fee Assistance Program (RFA). The RFA program aims to ensure all County of Grande Prairie residents have access to recreation.

Who can apply?

- Primary applicant must be over the age of 18
- County of Grande Prairie Residents – proof of address required with legal land description or street address. Proof of address with PO Boxes will not be accepted.
- Individuals must be under the established thresholds for income:

1	2	3	4	5	6	7+
PERSON	PERSONS	PERSONS	PERSONS	PERSONS	PERSONS	PERSONS
\$19,657	\$24,470	\$30,082	\$36,526	\$41,427	\$46,723	\$52,019

- Families and individuals can apply once per year. Reapplication is available one year from approval date issued on acceptance letter. Punch pass issued must be used in full, before reapplication will be considered.

What is the application process?

1. Complete application form
2. Attach all required verification documents, see list on application form.
 - If you do not have a copy of your Notice of Assessment NOA, please obtain a copy by calling the Canada Revenue Agency at 1-800-959-8281 or visit www.cra.gc.ca/myaccount.
 - Add the total incomes from line 150 of last year's NOA only for you and your partner (if applicable).
 - Applications can be submitted in by:

Email: please scan and email completed application to fcssreg@countypg.ab.ca

Fax: 780-567-5575

Mail: County of Grande Prairie FCSS
10001 - 84 Avenue,
Clairmont, AB
T8X 5B2

In Person to:
County of Grande Prairie FCSS
401, 9915 – 102 Avenue
Clairmont, AB

3. Applicants will receive notification of approval by phone within 2 weeks. **Approval letters must be picked up in person** at the County of Grande Prairie FCSS office. Directions on how to use your subsidy will be included in your approval letter. **Photo ID will be required at this time.**

For any further inquiries, please contact County of Grande Prairie FCSS 780-532-9727 Ext. 2400

MAIN APPLICANT INFORMATION- USE LEGAL NAMES		
Name: (Last, First):	M <input type="checkbox"/> F <input type="checkbox"/>	Age
Date of birth: (MM/DD/YYYY)	Phone:	
Legal Land description or Current Address:		
City:	Postal Code:	Email:
Mailing Address: (if different from above)		
Are you a County of Grande Prairie resident: YES <input type="checkbox"/> NO <input type="checkbox"/>		
What is the best way to contact you? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Common-law <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Type of Application: <input type="checkbox"/> New Application <input type="checkbox"/> Renewal <input type="checkbox"/> Adding Members		
Where would you like to access your 10-punch pass? <input type="checkbox"/> Eastlink <input type="checkbox"/> Beaverlodge Recreation Centre <input type="checkbox"/> Crosslink		
Have you or any family members applied for KIDSPORT? Family Member Name: _____ What Sport or Lesson _____		

ADDITIONAL FAMILY MEMBERS

Household Composition
Must include your partner (if applicable) and your children under 18 years old. If you are a legal guardian to someone else's children, proper documentation must be provided in order to include them. All other household members must apply separately.

FIRST NAME	LAST NAME	RELATION TO APPLICANT <small>(Son, daughter, spouse, partner, grandchildren, etc.)</small>	GENDER	DATE OF BIRTH <small>MM/DD/YYYY</small>	AGE
1.			M <input type="checkbox"/> F <input type="checkbox"/>		
2.			M <input type="checkbox"/> F <input type="checkbox"/>		
3.			M <input type="checkbox"/> F <input type="checkbox"/>		
4.			M <input type="checkbox"/> F <input type="checkbox"/>		
5.			M <input type="checkbox"/> F <input type="checkbox"/>		
6.			M <input type="checkbox"/> F <input type="checkbox"/>		
7.			M <input type="checkbox"/> F <input type="checkbox"/>		

SIGNATURES AND CONSENT

I authorize the verification of the information provided on this form is true and complete.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership)</i> :	Date:

If more room is needed please attach additional sheets

OFFICE USE ONLY

APPROVED <input type="checkbox"/>	OVER LICO <input type="checkbox"/>	NOT COUNTY RESIDENT <input type="checkbox"/>
\$ _____		

REQUIRED VERIFICATION DOCUMENTS

(Proof of income and address)

PROOF OF INCOME-Please submit **ONE** of the following that applies to you and your partner if applicable

- I am on AISH**
 Individuals receiving AISH if you are wanting to access registered programming, please provide your current monthly Health Benefits Card from AISH.
- I am on Income Support**
 Please provide a copy of your current monthly Direct Deposit Statement from Alberta Income Support.
- I have a plastic Health Benefits Card from Alberta-Human Services**
 Please provide a copy of your Health Benefits Card AND a copy of your renewal letter with expiry date. If you do not have a copy, please contact 780.427.6848 to request a copy.
- My household income is at or under the amount listed below**
 Please provide ONE of the following for **YOURSELF AND YOUR PARTNER** if applicable:
 - 2017 Income Tax Notice of Assessment (NOA) -If you do not have a copy of your NOA, please obtain a copy by calling the Canada Revenue Agency at 1-800-959-8281 or visit www.cra.gc.ca/myaccount.
 Add the total incomes from line 150 of last year's NOA of you and your partner (if applicable) only. You are eligible if your household income is equal to or less than amounts listed below.
- I am a new Immigrant or a Refugee-must be within ONE year from arrival
 Please provide a copy of the front and back of each family member's Permanent Resident Card OR a copy of your family Confirmation or Permanent Residence paper OR a copy of your Refugee Protection Claimant document.

Low Income Threshold Cut-off						
1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7+ PERSONS
\$19,657	\$24,470	\$30,082	\$36,526	\$41,427	\$46,723	\$52,019

PROOF OF COUNTY OF GRANDE PRAIRIE RESIDENCY

Please provide ONE of the following documents to verify your current County of Grande Prairie address. We will accept the document with you or your partner's name.

- Current bill from a utility company such as gas, cable or energy provider
- Current bank or credit card statement that was mailed to your current building address
- Government issued letter or notice

I _____ verify that the information I have provided in this application is true and accurate to the best of my knowledge. I acknowledge that knowingly making a false or fraudulent application shall be considered sufficient cause for refusal of my application for the Recreation Fee Assistance Program.

“By registering for this program, you agree that representatives of the County of Grande Prairie may contact you for your follow-up comments and suggestions on this or similar programs in an effort to enhance and improve such services made available by the County of Grande Prairie. Should your comments or suggestions be shared by the County with a third party relevant to service development or delivery, no personally identifiable information will be shared without your prior consent.”

THIS PERSONAL INFORMATION IS BEING COLLECTED UNDER THE AUTHORITY OF THE COUNTY OF GRANDE PRAIRIE AND WILL BE USED TO DETERMINE CLIENT ELIGIBILITY UNDER THE RECREATION FEE ASSISTANCE PROGRAM AS WELL AS ENHANCE, IMPROVE AND EXPAND THIS OR SIMILAR PROGRAMS. IT IS PROTECTED BY THE PRIVACY PROVISIONS OF THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT IF YOU HAVE ANY QUESTIONS ABOUT THE COLLECTION CONTACT (FOIP COORDINATOR at the County of Grande Prairie: 780-532-9722 Ext. 1215)