

**Financial Assistance Program (FAP)**

The Community Services Department is committed to increasing access and participation in recreation activities for Clarington residents. The Department is committed to removing barriers to participation in recreation and providing leisure opportunities by offering financial assistance and accessibility programs.

The Municipality of Clarington will provide financial assistance up to a maximum of 50% of the program registration/membership fee for individuals or families **currently receiving Ontario Works or Ontario Disability Support Program - Income Support.**

All Community Services registered programs, facility memberships and 10-ticket passes are eligible for financial assistance. In order to assist as many families as possible, individuals or families who qualify will receive a municipal fee subsidy with the following limitations:

- Eligible children: 3 programs or 3 - 10 ticket passes per year
- Eligible adults or seniors: 2 programs or 2 - 10 ticket passes per year or one fitness membership (any term)

\*financial assistance does not include any extra costs of materials or supplies for programs. Unused programs are not transferrable

To apply you must complete the application form below and **return with proof of income support** as outlined on the application to the address at the bottom of this page. Applications are valid for one year at which time a new application must be submitted.

**Section 1: Personal Information (one application per family)**

Family Name	First Name	Date of Birth (yyyy/mm/dd)
Address	City/Town	Postal Code
Home Telephone No.	Business Telephone No.	Email Address

**Section 2: Additional Family Members (including dependent children under the age of 18):**

Family Name	First Name	Date of Birth (yyyy/mm/dd)

**Section 3: Eligibility Verification: Please attach one of the following statements to this application:**

- Ontario Disability Support Program – Income Support      Statement Date: \_\_\_\_\_
- Ontario Works – Income Support      Statement Date: \_\_\_\_\_

The statements made above are, to the best of my knowledge, complete and accurate.

<b>Signature</b>	<b>Date</b>
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(Signature of applicant)

**Once completed, please return your application and supporting documentation to the address below. Please note on mailing envelope \*Access to Recreation – Confidential:**

**Municipality of Clarington, Community Services Department  
40 Temperance Street  
Bowmanville, ON L1C 3A6**

All information will be treated as strictly confidential. You will be contacted regarding your application within 15 business days of receipt.

**Membership Access Program (MAP)**

The Community Services Department is committed to increasing access and participation in recreation activities for Clarington residents. The Department is committed to removing barriers to participation in recreation and providing leisure opportunities by offering financial assistance and accessibility programs.

In order to increase recreation opportunities for persons with a permanent disability, Clarington residents who meet the age criteria for fitness facility memberships and who meet the criteria outlined on the application form will benefit in the following way:

Adults (18+ years) with a permanent disability are eligible to:

- Purchase a fitness facility membership (any term) at the “senior rate”

Youth (15-17 years) and Seniors (65+ years) with a permanent disability are eligible to:

- Purchase a fitness facility membership (any term) with a 20% discount

To apply, you must complete the application form below and return with two references to the address at the bottom of this page.

**Personal Information**

Family Name	First Name	Date of Birth (yyyy/mm/dd)
Address	City/Town	Postal Code
Home Telephone No.	Business Telephone No.	Email Address

1. Is the disability:  Permanent  Temporary  
 2. Is the disability eliminated by the use of a technical aid? (e.g. Eye glasses)  Yes  No

At present, this program does not require a medical certificate for MAP eligibility. However, it is necessary to have verification that the applicant has a permanent disability. Professional references are required. The references must be people who know that the applicant meets the criteria: for example, occupational therapist or physiotherapist, doctor, etc. All references will be contacted by Municipal staff before this MAP application is approved.

**References:**

Name	Occupation	Phone Number	Office Use
1.			
2.			

The statements made above are, to the best of my knowledge, complete and accurate. I understand that Municipal staff will contact the references and that approval of this application depends upon verification that the applicant is a person with a disability (according to Statistics Canada definition).

<b>Signature</b>	<b>Date</b>
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(Signature of applicant)

**Once completed, please return your application and supporting documentation to the address below. Please note on mailing envelope \*Access to Recreation – Confidential:**

**Municipality of Clarington, Community Services Department  
40 Temperance Street  
Bowmanville, ON L1C 3A6**

All information will be treated as strictly confidential. You will be contacted regarding your application within 15 business days of receipt.



## APPLICATION FORM

### SECTION 1: APPLICATION INFORMATION

Name: \_\_\_\_\_ Birth Date (dd/mm/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION 2: REQUEST FOR FUNDING

I would like to request funding for:

Sport or Activity – Organization Name: \_\_\_\_\_

Other: Please provide details: \_\_\_\_\_

Registration fees: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL (MAX. \$300) \$ \_\_\_\_\_

Organization Contact: \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Sport or Activity start date: \_\_\_\_\_ Sport or Activity length: \_\_\_\_\_

### SECTION 3: ENDORSEMENT

#### 1). Parent/Guardian/Counsellor

Please indicate relationship to applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Telephone # \_\_\_\_\_

Email: \_\_\_\_\_

I certify my submission of the above child/youth and verify that all the information given is correct and can be substantiated

Signature of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

#### 2). Community Leader/Professional

Please attach a letter from a community Leader indicating relationship to applicant and a verification of the applicant's economic barrier to participate in the requested activity or program. The Community Leader should be in a position to identify and assess the economic barriers of the applicant.

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Tel (w): (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### FOR OFFICE USE ONLY

Application Received (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Application Complete: (Y/N) \_\_\_\_\_ Accepted (Y/N) \_\_\_\_\_

Reason: \_\_\_\_\_

First Time Funding: (Y/N) \_\_\_\_\_ Amount:\$ \_\_\_\_\_ Allocation Period: (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cheque # \_\_\_\_\_ Cheque Date: (dd/mm/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Canadian Tire JumpStart and its members will respect the confidentiality of all applicants