ΗΛLΙϜΛΧ

Working to provide recreation opportunities to children, youth and adults in financial need.

Individuals are eligible for support for one program per season, pertaining to Fall/Winter/Spring seasons (please note that some programs may be excluded). During the summer months, additional financial support maybe requested to enable children/youth to attend summer camps/programs.

If Applicable PARENT / GUARDIAN'S NAME (FIRST AND LAST NAME)		PHONE & EMAIL	
PARTICIPANT MAILING ADDRESS (INCLUDE CITY/PROVINCE/POSTAL CODE)	FAMIL	Y	
		SINGLE PARE	ENT
		DUAL PAREN	ITS
		# OF CHILDR	EN UNDER 18

PARTICIPANT NAME (FIRST AND LAST NAME)	AGE	DATE OF BIRTH (DD/MM/YY)	
PROGRAM NAME AND CODE	RECREATION CENTRE		
REGISTRATION COST	START DATE		

FINANCIAL INFORMATION

Proof of financial need must accompany application form. You must include one of the following:

- **A.** Proof of total family income (Notice of Assessment) Approval is based on Statistics Canada's Low Income Cut-offs.
- **B.** Letter or stamp from the Department of Community Services

Signature: _____

Department of Community Services Stamp

ADULT PARTICIPANT / PARENT / GUARDIAN SIGNATURE	DATE

Funding Access Application Guidelines

This application form is for all Recreation Programs (excluding Sportball) in the Halifax Recreation Catalogue.

- All individuals must be residents of the Halifax Regional Municipality to be eligible.
- *The Funding Access Program does not reimburse individuals who have already paid. If you have already paid, you can apply for assistance for another season.
- *HRM Parks & Recreation has the right to limit access when necessary

Please allow 2-3 weeks to process an application.

Drop Off your application/financials at the HRM Recreation Facility closest to you. For questions concerning your application, please email: accessfunding@halifax.ca

Use of Personal Information

In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by staff for purposes relating to the administration of the Access Program, including releasing necessary information to program providers. If you have any questions about the collection and use of this information, please contact the Access and Privacy Office at 902.490.4390 or <u>accessandprivacy @halifax.ca</u>.

FOR OFFICE USE ONLY:
DATE RECEIVED:
PROCESSED BY:
FROOLOGED BT.
TOTAL COST OF
PROGRAM:
PROGRAM.