

The Access Funding Program is in place 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 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) | FAMILY | |
| | SINGLE PARENT | |
| | DUAL PARENTS | |
| | # OF CHILDREN 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. Child Tax Assessment for children and youth under 18 years.
- B. Notice of Assessment for individuals over the age of 18 years
- C. Letter or stamp from the Department of Community Services
- D. Professional Referral (Health Prof, Teacher, Social Worker etc.)

| |
|--|
| Department of Community Services Stamp |
|--|

Signature: _____ Phone Number: _____

Approval is based on Statistics Canada's Low-Income Cut-offs for the previous year.

<https://www150.statcan.gc.ca/n1/pub/75f0002m/2012002/lico-sfr-eng.htm>

| | |
|--|-------------|
| ADULT PARTICIPANT / PARENT / GUARDIAN SIGNATURE | DATE |
| | |

Funding Access Application Guidelines

This application form is for all Recreation Programs 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 and Communities has the right to limit access when necessary"

Drop Off your application/financials at the HRM Recreation Facility closest to you.
Please allow 2-3 weeks to process an application.

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 accessandprivacy@halifax.ca.

| |
|-------------------------------|
| FOR OFFICE USE ONLY: |
| DATE RECEIVED: |
| PROCESSED BY: |
| TOTAL COST OF PROGRAM: |
| |