

Access to Recreation Programs

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

1. Financial Assistance Program:

The Municipality of Clarington will provide financial assistance up to a maximum of 50% of the program / membership registration 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 / 10 ticket passes per year
- Eligible adults or seniors: 2 programs / 10 ticket passes per year and / or one fitness membership (any term)

*fee assistance does not include the costs of materials or supplies for programs.

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

2. Membership Access Program:

In order to increase recreation opportunities for persons with a permanent disability, Clarington residents who meet the age criteria for 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 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 facility membership (any term) with a 20% discount

Access to Recreation Programs

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

3. Canadian Tire Jump Start

The Canadian Tire Jump Start program is managed by Canadian Tire and facilitated for Clarington residents through the Community Services Department. The Canadian Tire Jump Start program has two funding allocation periods – one for the Spring/Summer season and one for the Fall/Winter season.

The deadline for applications for the Fall/Winter season is Sunday, June 1, 2008. All applications must be received by this date to be considered for funding. All applicants will receive a response.

The application form is used to identify children in financial need looking to participate in a specific sport or recreational activity. Our goal is to help those children that would not have otherwise been able to participate in a physical activity without the assistance of the Canadian Tire Jump Start program.

Eligibility:

Funding Eligibility

- Ages 4-18 years
- An organized sport or recreational program that lasts a season
- A program that focuses on physical activity
- Funds will be used to assist individuals and not teams or groups

Funding Guidelines

- Funding available up to \$300 per child per season
- Program must be designed to get children physically active

For all programs:

Once completed, please return your application and supporting documentation to the following address:

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

Please note on mailing envelope * Access to Recreation - Confidential

All information will be treated as strictly confidential. You will be contacted regarding your application within two to three weeks of receipt.





Community Services Department
Application Form – Access to Recreation

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

Which Program are you applying for?

- Financial Assistance Program (see Section 2) Membership Access Program (see Section 3)

Section 2: Financial Assistance Program Eligibility Verification

Please indicate programs with which the applicant is involved. Please attach a copy of receipt / card with application.

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

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

- Ontario Disability Support Program – Income Support Statement Date: _____
 Ontario Works – Income Support Statement Date: _____

Section 3: Membership Access Program Eligibility Verification

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).

Signature	Date
-----------	------

(Signature of applicant)
Office Use Only

Approval: _____ Date: _____



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