



Ottawa Hand in Hand Request Form

Only residents of the City of Ottawa may apply for Ottawa Hand in Hand, on their own behalf or for a dependent wishing to participate in programs or activities offered by the Parks, Recreation and Cultural Services Department. For additional information on Ottawa Hand in Hand, the City of Ottawa's fee assistance program, residents are invited to visit their local recreation or culture facility or any City Client Service Centre.

Please note that applicants will be asked to provide proof of identity, residency and of financial need and should be prepared to provide copies of formal documentation.

Please print:

Applicant(s)			
Last Name:	Given Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Phone:
Last Name:	Given Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Phone:
Address:			Postal Code:

Child(ren) that are 0-17 years old/Adult Dependent(s) with Special Needs			
Last Name:	Given Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: M/D/Y
Last Name:	Given Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: M/D/Y
Last Name:	Given Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: M/D/Y
Last Name:	Given Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: M/D/Y

Transfer from Parent to Child/Adult dependant with Special Needs		
As a parent or guardian, you may request all or a portion of your subsidy to be transferred to your child or children. If you wish to do so, please complete the following:		
Parent Name	Child Name	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please identify any medical concerns in the family:

Total Gross Income of all individuals listed on this application: \$

Personal information is collected on this form pursuant to s. 11(1)(5) of the *Municipal Act, 2001*, S.O.2001, c.25, as amended, and will be used for the purposes of processing your application and management of the City of Ottawa Parks, Recreation and Cultural Services programs. Questions regarding this collection may be addressed to the Program and Project Management Officer, Parks, Recreation and Cultural Services Department at 613-580-2424 extension 23488 or by email to OttawaHandinHand@Ottawa.ca

I hereby declare that the information provided is to the best of my knowledge, accurate, and that the City of Ottawa reserves the right to verify such information. Any application submitted providing false information could cancel any privileges granted under this application and disqualify the applicant for future eligibility in the Ottawa Hand in Hand Program.

Date: _____ Signature of applicant or parent/guardian of child: _____

Participants are expected to pay a minimum of 25% of the cost of the program or activity. This contribution must be made prior to the start of the program. Please note that simply completing this form does not guarantee acceptance for fee assistance nor program registration. **Please allow a minimum of three (3) working days for the approval process.**

Fee assistance may **not** be applied to private and semi-private instructional programs or facility rentals/birthday parties. Additional program restrictions may apply. Fee assistance may be subject to available resources.

FOR OFFICE USE ONLY

Proof of residency and identification seen and verified with the information provided on the application form (no photocopy required).

Yes

No

(Please check)

Type of documentation verified: _____

Name and phone number of staff that verified proof of identity and residency: _____

The Parks, Recreation and Cultural Services Department has adopted a progressive protocol and line of enquiry for approval of an application for Ottawa Hand in Hand for recreation and cultural programs.

Please check () to identify specific eligibility requirement met.

1.	evidence of being in receipt of Ontario Works	<input type="checkbox"/>
2.	evidence of being in receipt of a Child Care Subsidy	<input type="checkbox"/>
3.	evidence of being in receipt of Essential Health and Social Supports	<input type="checkbox"/>
4.	evidence of being in receipt of Ontario Disability Support Pension (ODSP)	<input type="checkbox"/>
5.	evidence of being in receipt of Assistance for Children with Severe Disabilities (ACSD/MCSS)	<input type="checkbox"/>
6.	evidence of being in receipt of a Guaranteed Income Supplement (GIS)	<input type="checkbox"/>
7.	Means test using the Low Income Cut-Off	
	a. T451E Notice of Assessment, or	<input type="checkbox"/>
	b. Child Tax Benefit Form, or	<input type="checkbox"/>
	c. Three Consecutive Pay Stubs and a supporting document showing family income that meets the LICO table	<input type="checkbox"/>
8.	Special Circumstances (please provide detail below)	<input type="checkbox"/>

Details:

Ottawa Hand in Hand subsidy **approved**

Ottawa Hand in Hand subsidy **not approved**

Signature of Recreation Supervisor/Portfolio Manager
or full-time staff delegate

Name of PRCS staff and Title

Date

Facility/Unit Name

Please attach a copy of all supporting documentation to the application form (excluding proof of identity and residency).