



# DRUMHELLER

COUNCIL POLICY



## COUNCIL POLICY #C-01-16

### RECREATION FEE ASSISTANCE PROGRAM

#### A. THE PURPOSE OF THIS POLICY IS TO:

The Town of Drumheller believes that the well being and quality of life for its residents are important. Upon approval of an application process, the program allows eligible residents access into the following recreation facility at a reduced rate: Arena, Aquaplex and Badlands Community Facility.

#### B. PROGRAM DETAILS

1. Applications for recreation fee assistance are accepted throughout the year and forms are available on the Town's website or can be picked up at each of the facilities.
2. The program is available to all residents of Drumheller upon proof of residency.
3. The applicant must submit a qualifying document to support low income, proof of identification, and current contact information.
4. All requests will be reviewed by the Director of Community Services or his / her delegate and applicants will be notified of approval.
5. Fee assistance will be based on 50% of the facility entrance costs for the current year.
6. Eligibility criteria is based on the qualifications as outlined in the attached Schedule A.

#### C. EFFECTIVE DATE

The Town of Drumheller offers this recreation subsidy program to its residents effective February 1, 2016.

Adopted by Council

Date: January 25, 2016

  
\_\_\_\_\_  
Mayor of Drumheller

  
\_\_\_\_\_  
Chief Administrative Officer

## **SCHEDULE A**

### **QUALIFICATION FOR RECREATION FEE ASSISTANCE PROGRAM**

Qualification is automatic if you are a current resident of the Town of Drumheller and one of the following applies to you:

- a. You are on AISH (Assured Income for the Severely Handicapped):  
Please bring a copy of your Health Benefits Card or a direct deposit statement.
- b. You are on Income Support or another Alberta Works program:  
Please provide a copy of your letter stating the expiry date along with either Adult/Child Benefit Card or direct deposit statement.
- c. You are a Drumheller Housing Authority Tenant:  
Please provide a copy of your most recent receipt.
- d. You are on Guaranteed Income Supplement:  
Please provide a copy of your Guaranteed Income approval letter or direct deposit statement.
- e. You have Refugee Status:  
Please provide a copy of your Protected Person Status document. For Refugee Claimants, provide a copy of your Refugee Protection Claimant document.
- f. If you are not a recipient of any of the above programs or benefits listed above you may still qualify.



# DRUMHELLER COMMUNITY SERVICES



## COUNCIL POLICY #C-01-16

### RECREATION FEE ASSISTANCE PROGRAM APPLICATION FORM

Date: \_\_\_\_\_

**Personal Information- Primary Applicant – Please Print**

Name *(first)* \_\_\_\_\_ *(Last)* \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone *(home)* \_\_\_\_\_ *(work/cell)* \_\_\_\_\_

Email \_\_\_\_\_

Gender:             Male                       Female

*Please list yourself (primary applicant) and any others who will be part of this application:*

NAME	BIRTHDATE (DD/MM/YY)	GENDER	STUDENT	PROGRAM/SERVICE	RELATIONSHIP
				REQUESTED	TO PRIMARY APPLICANT

\*If you are a student in University, College or a Trades program (over 18 years of age), please check the box next to their name.

*You may qualify through your current Canada Revenue Agency "Notice of Assessment".*

*Please bring this information to your appointment.*

**\*\*family:** up to two adults and his/her/their children/youth living in the same residence.



## COUNCIL POLICY #C-01-16

### RECREATION FEE ASSISTANCE PROGRAM APPLICATION FORM

Adult Name	Record amount from line 236 of Notice of Assessment
<b>TOTAL:</b>	

Number of people in the household dependant on this income: \_\_\_\_\_

*I hereby certify that the information in this application is true, correct and complete in every respect. I have fully disclosed my family's income from all sources. Further, I agree to inform the Recreation Department of changes in the information given. I understand that failure to do so could result in loss of this and future subsidy. I understand that this application is valid for a maximum of twelve months and future subsidy requests will require a re-application. The Town of Drumheller may verify any information on this application.*

Name(print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

The personal information contained on this form is collected under the authority of the MGAs.3(b) and will be used for the purpose of registration, administration, evaluation and design of the program. All information is protected by the provisions of the FOIP (Freedom of Information and Privacy) Act. If you have any questions about this collection, please contact:

The Town of Drumheller FOIP Co-ordinator - Linda Handy -224 Centre Street, Drumheller, Ab. T0J 0Y4

Phone – 403-823-1339 [www.dinosaurvalley.com](http://www.dinosaurvalley.com) [lhandy@dinosaurvalley.com](mailto:lhandy@dinosaurvalley.com)

**For Office Use Only:**

Not Approved     Approved     Notice of Assessment copied and completed forms sent to Business Support.

Staff Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_