

**CITY OF ST. JOHN'S
DEPARTMENT OF COMMUNITY SERVICES**

FINANCIAL SUPPORT FOR CHILDREN'S PROGRAMS

The City of St. John's recognizes the need for support services to participate in programs of one's choice. Inclusive Services provide opportunities for families facing financial barriers to participate in recreational programs offered by the City of St. John's. Requests for programs which are 2 weeks or less are referred to the REAL Program.

ELIGIBILITY

- Families may apply for financial support for their children to attend City of John's children's programs. All information will be kept confidential.
- Applications are considered based on level of need and determined by Stat Canada Low Income Cut-Offs (LICO).
- Applicants must meet the program requirements (i.e. age, designated school, etc.).
- Applications must be completed in full and include:
 - Proof of residency for St. John's which clearly identifies the applicant's name and address. Acceptable documents include: utility bill, driver's license, etc.
 - Proof of income from all sources such as:
 - Canada Revenue Agency Notice of Assessment for the previous year (i.e. applications submitted in 2018 are based on 2017 income) – Call **1-800-959-8281 to obtain**
 - Canada Child Tax Benefit Notice – Call 1-800-387-1193 to obtain
 - Other statements of income (if applicable)

DEADLINES

- Summer Programs –March 17
- Preschool and After School Program for Fall admission –March 1
- One application per program, i.e one for Summer Program support and one for Fall ASP support



PLEASE PRINT

CS- Financial Support (Child)

Community Services

CHILDREN'S PROGRAM FINANCIAL SUPPORT APPLICATION
(must be a resident of St. John's)

Program Request

SECTION 1

Program Name: _____ Location: _____
Dates Required: _____ Program Time: AM only PM only Full Day

Household Information

SECTION 2

Address: _____ City: _____ Postal Code: _____
Primary Phone: _____ Alternate Phone: _____ E-mail: _____

Household Occupants

SECTION 3

(Please list all persons in the household. Use additional form if necessary)

Adult Name: _____ Adult Name: _____

<u>Child Name</u>	<u>Birthday</u> (YY/MM/DD)	<u>Age</u>	<u>School</u>	<u>Subsidy</u>
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Participant Information

SECTION 4

<u>Child Name</u>	<u>List any additional info. relevant to participating in program</u> <u>(Allergies, Asthma, Disabilities, Behaviour issues)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CS- Financial Support (Child)	Community Services			
Annual Income Information (please attach copies of your financial statements)				
SECTION 5				
<p>Please report all income for your household.</p> <ol style="list-style-type: none"> 1. _____: Adult 1 Line 150 of your Canada Revenue Notice of Assessment 2. _____: Adult 2 Line 150 of your Canada Revenue Notice of Assessment (if applicable) 3. _____: Total Annual Canada Child Care Benefit 4. _____: Total Annual Household Income (Add amounts from numbers 1, 2 & 3 above) <p>Tips:</p> <ul style="list-style-type: none"> • To obtain your most recent Canada Revenue Agency Notice of Assessment call: 1-800-959-8281 or log into My Account: http://www.cra-arc.gc.ca/myaccount • To obtain your most recent Canada Child Tax Benefit statement call: 1-800-387-1193 				
Verification				
SECTION 6				
<p>I verify that all information within and accompanying this application is true and complete to the best of my knowledge and any misrepresentations may result in a termination of financial assistance for the current and future applications.</p> <p>Signature of Applicant: _____ Date: _____</p>				
Privacy Notice				
SECTION 7				
<p>Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process this application. Questions about the collection and use of the information may be directed to Manager of Family & Leisure Services at 576-8020 or email inclusion@stjohns.ca</p>				
<table border="0"> <tr> <td data-bbox="90 1350 617 1524"> Please return completed forms to: Inclusive Services </td> <td data-bbox="617 1350 1088 1524"> City of St. John's Recreation Division P.O. Box 908 St. John's, NL A1C 5M2 </td> <td data-bbox="1088 1350 1557 1524"> Phone: (709)576-8684/2574 Fax: (709)576-2308 Email: inclusion@stjohns.ca </td> </tr> </table>		Please return completed forms to: Inclusive Services	City of St. John's Recreation Division P.O. Box 908 St. John's, NL A1C 5M2	Phone: (709)576-8684/2574 Fax: (709)576-2308 Email: inclusion@stjohns.ca
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