

### **Drum Life Children Recreational Program Credits - 2025**

Please complete this application and submit it to the Town Hall between 8:00 a.m. and 4:30 p.m. at 224 Center Street, Drumheller, AB T0J 0Y4. Alternatively, you may apply online at: <u>Affordability & Assistance: Town of Drumheller</u>. - <u>https://www.drumheller.ca/live/community-programs-events/affordability-assistance</u>. If you have any questions or need assistance filling out the form, please contact Family and Community Support Services at 403-823-1370 or email <u>communityservices@drumheller.ca</u>.

The program operates on a calendar year (January – December). The Drum Life Children Recreational Program Credits will be for any of the Town of Drumheller's Recreational Swimming Lessons and/or Camp BCF. You must register the recipient(s) in a program within the first three months from the date it is awarded; otherwise, it will be rescinded. Note: you must reapply each year for this program. Applications for the following calendar year will be available starting in January.

Recreation Fee Assistance Income Thresholds (2024 Income)			
	Full Benefits (90% credit)	Partial Benefits (50% credit)	
Single Person	Up to \$38,500	Up to \$44,000	
Household with 2+ People	Up to \$51,000	Up to \$63,000	

#### A. Applicant (please print):

Parents or Guardians Name:		Last Name:	
Address:		Date of Birth:	
	City:	Province:	Postal Code:
	Email:	Phone:	
B.	Eligibility – Parents or Guardians o	f the Drum Life Children Recreational F	Program Credits must be:
	Citizenship/Residency Status:	] Permanent Resident (please attach	)
	□ Driver's license		
	Household (select all that apply	) <i>:</i> □ Married/Common Law	Children
	Proof of income must be provided fo Notice of Assessment showing line AISH Health Benefits Card <i>or other</i>	23600 net income issued by Canada	Revenue Agency
		provincial government issued docum	ion onowing that you are our only

- AISH Health Benefits Card or other provincial government issued document showing that you are currently receiving AISH
- Government documentation showing income support: Alberta Works, Alberta Seniors Benefits

Net Total Household Income (add up your line 23600s):

Adult Household Members	AISH, Alberta Works, or Sr's Benefit?	Income (line 23600 of Notice of Assessment)
	TOTAL	

# **D.** Additional Family Information (Please list all additional children who reside in the same household that should be included in this application):

Name of Child	Relationship	Date of Birth (MM/DD/YYYY)	

E. If accepted, select which Recreation Program Credit(s) you want to apply for (select-all that apply):

Child's Name	Swimming Lessons Aquaplex	Camp BCF Badlands Community Facility

**F.** This program, a collaborative effort between the Town of Drumheller and Alberta Family and Community Support Services (FCSS) aims to deliver social programs that promote and improve the well-being of individuals, families, and communities. Please share how the approval of your application will positively impact you and contribute to growth in yourself, your family and your community.

□ Foster a sense of belonging	Promote social inclusion (equal opportunities) for all individuals
Enhance access to social support	Develop and maintain healthy functioning relationships within your family
Develop and strengthen skills that build resilience	Develop and maintain healthy relationships in your community
Promote and encourage active engagement in the community	

#### G. Before Submitting your application PLEASE be sure ALL of the boxes are checked:

□ Do you meet all eligibility criteria?

□ Did you include Proof of Residency?

□ Residency Status (if required)?

□ Did you include Proof of Income for all adults in the household?

□ Did you check off which Recreational Program Credit you are applying for?

□ Did you Sign and Date application?

□ As part of the Drum Life Children's Recreational Program, I understand that the town of Drumheller may contact me (parent or guardian) for feedback on this program to ensure the priorities continue to address current social needs and remain relevant and meaningful for the FCSS programs.

# *H.* Signature - In signing I guarantee the above information provided is complete and true to the best of my knowledge.

Applicant Signature:		Date:	
	Administration Use		
Supporting documents reviewed:	Yes Date:		Initials:
Application Membership Approved:	□ 90% □ 50%		
Reason for Not Approved:			

Which Recreational Program Credit approved?

Child's Name	Swimming Lessons Aquaplex	Camp BCF Badlands Community Facility	Approved