Recreation Access Program





	Last Nar	ne	First Name		Middle Name	
Applicant	Address with Postal Code				Date of Birth (MM-DD-YYYY)	
Information	Phone N	lumber	Email Address		Marital Status	
	Last Name		First Name		Middle Name	
Spouse	Address with Postal Code				Date of Birth (MM-DD-YYYY)	
Information	Phone N	lumber	Email Address		Marital Status	
Assessment, eve	en if the sp	oouse is not applyin	•		ir spouse's Notice of	
First Nan		Middle Name	Last Name	Relation to Applicant	Date of Birth (MM-DD-YYYY)	
-		e Recreation Acces	ss Program?			
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			e for Severely Handi Assured Income for I	,		
			nave only been in Ca	,		
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\Box A copy of my	Work Pe	rmit document (hav	ve only been in Cana (M	ıda for less than 18	3-months)	
□ A copy of my	Refugee C	Claimant document	(have only been in (Canada for less tha	n 18-months)	
		ion Access Progran		- /		
			Registered Social W	orker		

Please choose (I) of the following as your proof of residence:



A copy of any government issued ID with my name and address	LLOYDMINSTER
A copy of my most recent utility bill that shows my name and address dated within 30 days	
A copy of my signed lease agreement that has my name and address	
A letter from an Alberta or Saskatchewan Registered Social Worker or Recreation Access Pro	gram agency
A copy of my Certificate of Indian Status card (for First Nations, Metis, and Inuit living outside	of Lloydminster)

Note: First Nations, Metis, and Inuit applicants are exempt from showing proof of Lloydminster residency but are still required to show proof of income eligibility.

Terms and Condition

- I understand that it is my responsibility to inform all dependents in my household about the program and conditions of use.
- I understand that the City may request additional information and verification while reviewing my application.
- I understand misuse of the program privileges or misinformation provided on this application may result in a loss of privilege or penalty.
- I understand that if anyone in my household has a change of address, income, school status, I will
 notify the Social Program and Services Department (contact information below).
- I understand that the Recreation Access Program cannot be shared ortransferred.

The Information I provided for this application is true and complete.

- I understand that I am automatically disqualified from the program if I have an active ban from any of the city-operated recreation and cultural facilities.
- I understand that the information I provide is necessary to process my application and if I have any questions regarding the collection of my documents, I will contact the Office of the City Clerk at 780-875-6184.

Name of the Applicant/Guardian	Date (MM-DD-YYYY)
Signature of the Applicant/Guardian	

Submit forms and documents to fcss@lloydminster.ca or drop it off at City Hall (4420 50 Avenue, Lloydminster, AB/SK, T9V 0W2). For questions about the program and application process, please contact the Social Programs and Services Department at 780-875-6184 ext. 2908.

The approval process may take up to 15 business days depending on the time of year and the number of applications received.