

Leisure Access and Ride Transit Programs

APPLICATION FORM

APPLICANTS - include spouse and dependants 17 and under in household (if applicable)

FIRST NAME	LAST NAME	POST-SECONDARY SCHOOL ENROLLED (if applicable)	RELATION TO APPLICANT	MEMBER BARCODE (if applicable)	DATE OF BIRTH MM/DD/YYYY
			MAIN APPLICANT		

Additional family members to be written on a second application form

REQUIRED APPLICANT INFORMATION

Current Physical Address (including suite, unit or apartment #):	Postal Code:	Application: <input type="checkbox"/> Renewal <input type="checkbox"/> New <input type="checkbox"/> Adding Members
Mailing Address (if different from physical address):	Postal Code:	Phone #:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Legally Separated / Divorced* <input type="checkbox"/> Married / Common-law* <input type="checkbox"/> Widowed	Email Address:	

***If your spouse / common-law partner does not live with you:**

Has your spouse ever been to Canada? No Yes

Is your spouse living in long term custodial/medical care? No Yes

Are you or anyone listed under Additional Family Members CURRENTLY enrolled full time in a post secondary school?

No Yes; If yes, Please list the school name next to that family members name above.

If yes, Do you have access to any of the following amenities included in your tuition fees:

Recreation Facilities: Yes No UPASS (Student bus pass) Yes No

Are any listed members of the household a Dedicated Accessible Transit Service (DATS) client? No Yes

If yes, please list Client Number(s): _____

Are any listed members of the household a Canadian National Institute for the Blind (CNIB) cardholder? No Yes

If yes, please list who: _____

Please ensure all portions of the application are complete, all qualifying documents (income verification & dependant verification if applicable) are attached, and the back of this form is signed.

See the Leisure Access & Ride Transit Program - Application Information for details.

All applications to the Leisure Access & Ride Transit Programs are evaluated based on the household as defined by the Canada Revenue Agency. If you and your family/spouse have different approval terms, our office will require the whole family and/or both spouses to fully reapply to be re-evaluated for renewal.

Any appeals to declined applications must be received within 90 days of the date on the decline letter.

Do you want to explore options to improve your financial situation? This free and confidential service will connect you to information to help you reach financial security.

Call 780-496-2800, email communitywellness@edmonton.ca or visit edmonton.ca/empowermentprogram for more information.

SUBMITTING THE APPLICATION

Applications can be dropped off at the following locations:

- A City of Edmonton Recreation Centre or Attraction that is currently open - visit edmonton.ca/reccentres for a list of open facilities and hours of operation.
- Edmonton Service Centre - Mail Drop Off, Edmonton Tower, 2nd Floor, 10111 104 Avenue NW. Monday - Friday; 8:00am - 4:30pm; Closed Holidays.

Applications can be mailed in through Canada Post to the following mailing address:

**Leisure Access & Ride Transit Program
PO Box 2359, Edmonton, AB T5J 2R7**

CONSENT

- I am the main applicant and it is my responsibility to inform all members of my household about the program and conditions of use. If any members have a current paid membership it will be their responsibility to withdraw/cancel it.
- I give the City of Edmonton my permission to check the information within this application for the purpose of assessing my application.
- The information I have provided in this application is true and complete.
- All applicants on this application live with-in the boundaries of the City of Edmonton and understand that moving outside of these boundaries negate all privileges of this program.
- If anyone in my household has a change of address, income, or school status, I will notify the program administration immediately.
- I understand misuse of the program privileges or misinformation provided on this application may result in a loss of privilege or penalty.
- If a spouse/common law partner was listed on this application I confirm that I have reviewed the terms and conditions with this individual and they have also agreed to these terms and conditions. If I am the guardian of the main applicant and signing on their behalf, then I will ensure to complete and include a Release of Information and Responsibility Form.

MAIN APPLICANT / GUARDIAN SIGNATURE

DATE (MM/DD/YYYY)

****If you are a guardian, trustee or signing on behalf of a Child under Government Care, you must also submit the LAP - Release of Information and Responsibility form****

Personal information is collected for the purpose of administering the Ride Transit Program. Collection is authorized under section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and is managed and protected in accordance with the Act. Information is shared with external parties (the Government of Alberta) as required to administer the program. You may be contacted for evaluation and program administration purposes from time to time. Aggregate data will be used for program planning and evaluation. If you have questions about the collection, please contact the Program Administrator at lap@edmonton.ca.

For Office Use Only

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|--------------------------------------|--|-------------------------------------|---|--|
| <input type="checkbox"/> LAP Annual | <input type="checkbox"/> Ride Basic | <input type="checkbox"/> NOA | <input type="checkbox"/> EI | <input type="checkbox"/> CUAET |
| <input type="checkbox"/> LAP 2 Year | <input type="checkbox"/> Ride Basic 2 Year | <input type="checkbox"/> AISH | <input type="checkbox"/> CPP | |
| <input type="checkbox"/> LAP+ | <input type="checkbox"/> Ride + | <input type="checkbox"/> PR/Refugee | <input type="checkbox"/> Income Support | |
| <input type="checkbox"/> LAP Monthly | <input type="checkbox"/> Ride Lite | <input type="checkbox"/> CUGC | <input type="checkbox"/> 4MPS Basic | <input type="checkbox"/> 4MPS + <input type="checkbox"/> 4MPS Lite |

Approved By:

Entered By:

Expiry Date:

Not Approved - LAP Not Approved - Ride

Over Income Threshold Student Out of Town Senior/Child CNIBCard Visa/Permit OPGT