



Leisure Access and Ride Transit Programs

APPLICATION FORM version 20250227

Section 1 - MAIN APPLICANT INFORMATION

GIVEN NAME	SURNAME (FAMILY NAME)	LAP MEMBER BARCODE <small>(Leisure Access Scan card)</small>	DATE OF BIRTH <small>E.G. 24-AUG-1997</small>

Pick one: This is my first time applying, I am expiring and would like to apply again I would like to add a person or make a change to an existing membership

Suite or apt #	Current Address	Postal Code:
City / Province	Email Address:	Phone #
Mailing Address (if different from residence address):		Mailing City/Prov
		Mailing Postal Code:

Section 2 - MAIN APPLICANT MANDATORY QUESTIONS

1. Are you CURRENTLY enrolled FULL TIME at one of the schools listed below,
 - NO, I am NOT currently enrolled in any of the schools listed below.
 - YES, I am currently enrolled at (*If yes, include a fee schedule for the current semester with your application.*)
 - University of Alberta, Concordia College, NAIT, Grant MacEwan, Norquest College, Norquest LINC program

2. Are you a Canadian National Institute for the Blind (CNIB) cardholder? NO YES

3. Family Members on this application: (Include Spouse and all dependants age 17 and younger in a household)
 - a. I am **Single**, Legally Separated/Divorced, or Widowed and have **no dependant children** (Complete section 5, and 6)
 - b. I am **Single**, Legally Separated/Divorced, or Widowed and **have dependant children** (Complete section 4, 5, and 6)
 - c. I **live in the same household** with my **Married** or common-law partner with **no dependant children** (Complete section 3, 5, 6)
 - d. I **live in the same household** with my **Married** or common-law partner with **dependant children** (Complete section 3, 4, 5, 6)
 - e. I am **Married/** or common-law but my **spouse does not live with me.** (see the guide for more information on these scenarios) or
 Check your residential ties to Canada to see if your spouse can file Canada Tax ([Income Tax Folio S5-F1-C1, Determining an Individual's Residence Status](#).(include documents that support this statement)
 - My spouse has never been to Canada, or has visited but is not eligible to file taxes
 - My spouse is living in long term custody/or medical care that prevents them from filing taxes

Section 3 - SPOUSE INFORMATION - Complete if you answered C or D (E) on previous question

GIVEN NAME of Spouse	SURNAME (FAMILY NAME) of Spouse	LAP MEMBER BARCODE <small>(Leisure Access Scan card)</small>	DATE OF BIRTH <small>E.G. 24-AUG-1997</small>

1. Are you CURRENTLY enrolled FULL TIME at one of the schools listed below,
 - NO, I am NOT currently enrolled in any of the schools listed below.
 - YES, I am currently enrolled at (*If yes, include a fee schedule for the current semester with your application.*)
 - University of Alberta, Concordia College, NAIT, Grant MacEwan, Norquest College, Norquest LINC program

2. Are you a Canadian National Institute for the Blind (CNIB) cardholder? No Yes

Section 4 - DEPENDANT INFORMATION - Complete if you answered B or D (E) on previous question

GIVEN NAME	SURNAME (FAMILY NAME)	RELATION TO MAIN APPLICANT	LAP MEMBER BARCODE (Leisure Access Scan card)	DATE OF BIRTH E.G. 24-AUG-1997
*Additional Dependants can be written on a second application form				

Section 5 - CONSENT - Please sign if you agree with the following:

- 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 my responsibility to request it be withdrawn or canceled.
- 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 negates all privileges of this program.
- If anyone in my household has a change of address, 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.
- I will follow all rules and guidelines as posted in each facility and understand I or my household access or benefits can be withdrawn for misconduct.
- If I am the guardian of the main applicant and signing on their behalf, I will ensure to complete and include a Release of Information and Responsibility Form.

X

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

- | | | | | | |
|--------------------------------------|--|-------------------------------------|---|--|---|
| <input type="checkbox"/> LAP Annual | <input type="checkbox"/> Ride Basic | <input type="checkbox"/> NOA | <input type="checkbox"/> EI | <input type="checkbox"/> CUAET | Approved By:

Entered By:

Expiry Date: |
| <input type="checkbox"/> LAP 2 Year | <input type="checkbox"/> Ride Basic 2 Year | <input type="checkbox"/> AISH | <input type="checkbox"/> CPP | <input type="checkbox"/> RSW | |
| <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 | |

- Not Approved - LAP Not Approved - Ride
 Over Income Threshold Student Out of Town Senior/Child CNIBCard Visa/Permit OPGT

Section 6 - QUALIFYING DOCUMENTS TO BE INCLUDED WITH APPLICATION

MAIN APPLICANT DOCUMENTS REQUIRED

Requirements for each document type can be found on the Application Information sheet)

Pick one: . The qualifier I am submitting with my application form to show eligibility:.. **Documents must be included with an application submission**

<input type="checkbox"/> Notice of Assessment (NOA)	<input type="checkbox"/> Foundational Learning Assistance	<input type="checkbox"/> On Income Support core housing or core essential.	<input type="checkbox"/> New to Canada with Refugee claimant documents	<input type="checkbox"/> New to Canada with Permanent Resident Confirmation document
<input type="checkbox"/> CPP- Disability	<input type="checkbox"/> A child under government care)*	<input type="checkbox"/> Assured Income for the Severley Handicapped (AISH)	<input type="checkbox"/> Employment insurance recipient	<input type="checkbox"/> Registered Social Worker letter (RSW) **N/A for International students

*Child under government care must include Delegation of Power (DOP) and a Release of Information Form (ROI)

** International students require a CRA Notice of Assessment or income support to be eligible to apply.

SPOUSE DOCUMENTS REQUIRED

Pick one: . The qualifier I am submitting with my application form to show eligibility:.. **Documents must be included with an Application submission**

<input type="checkbox"/> Notice of Assessment (NOA)	<input type="checkbox"/> Foundational Learning Assistance	<input type="checkbox"/> I am listed on my spouse's Income support documentation	<input type="checkbox"/> New to Canada with Refugee documents	<input type="checkbox"/> New to Canada with Permanent Resident Confirmation document
		<input type="checkbox"/> I am listed on my spouse's AISH documentation		<input type="checkbox"/> I am listed on my spouse's Registered Social Worker letter (RSW)

DEPENDANT VERIFICATION

Pick one: . The dependant verification I am submitting with my application is: **Documents must be included at time of Application submission.**

<input type="checkbox"/> Canadian Child Benefits CCB notice, ACFB notice, Child care Subsidy notice, or GST/HSTC notice listing children's names	<input type="checkbox"/> Permanent Resident or Refugee documents in the child's name	<input type="checkbox"/> Income Support or AISH statement listing children's names
<input type="checkbox"/> Birth Certificates if both parents are listed on the Birth Certificate and both parents are on the application	<input type="checkbox"/> Custody order/agreement	<input type="checkbox"/> A Delegation of Powers and Duties

SUBMITTING THE APPLICATION

Applications that are completed and signed with supporting documents can be dropped off at the following locations:

- A City of Edmonton Recreation Centre or Attraction - 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

Conditional approval of the Ride Transit Program: Conditional approvals are granted only upon the submission of a completed application and only at the Edmonton Service Centre. Photo ID is required. Some conditions will apply.