



Ottawa Hand in Hand Request Form

A: Applicants		
Surname	Given Name	Date of Birth (yyyy-mm-dd)
Surname	Given Name	Date of Birth (yyyy-mm-dd)
Home Address		Postal Code
Phone Number 1	Email Address 1	
Phone Number 2	Email Address 2	
B: Child(ren) (ages 0-17) or Adult Dependent		
Surname	Given Name	Date of Birth (yyyy-mm-dd)
Surname	Given Name	Date of Birth (yyyy-mm-dd)
Surname	Given Name	Date of Birth (yyyy-mm-dd)
Surname	Given Name	Date of Birth (yyyy-mm-dd)
C: Transfer from Parent/Legal Guardian to Child (ages 0-17) or Adult Dependent		
Parent/Legal Guardian Name	Dependent Name	Amount
Parent/Legal Guardian Name	Dependent Name	Amount

Personal information on this form and required supporting documentation is collected under the authority of Sections 8 and 10 of the *Municipal Act, 2001*, S.O.2001, c.25, and will be used for the purposes of processing your application and management of City of Ottawa Recreation, Cultural and Facility Services programs. Questions regarding this collection may be addressed to OttawaHandinHand@ottawa.ca. For more information on the protection of personal information, please see the City of Ottawa's [access to information/privacy page](#).

Fee assistance may NOT be applied to private and semi-private instructional programs or facility rentals/birthday parties. Additional program restrictions may apply. Fee assistance may be subject to available resources.

I hereby declare that the information provided is to the best of my knowledge, accurate, and that the City of Ottawa reserves the right to verify such information.

Signature of applicant or parent/ legal guardian:

Date:



Office Use Only

D: Proof of Address

Identification seen and verified with the information provided on the application form (no photocopy required).

Yes

No

Type of Document Verified

E: Proof of Eligibility

Please check to identify specific eligibility requirement met.

1	Receipt of Ontario Works	
2	Receipt of a Child Care Subsidy	
3	Receipt of Essential Health and Social Supports	
4	Receipt of Ontario Disability Support Pension (ODSP)	
5	Receipt of Assistance for Children with Severe Disabilities (ACSD/MCSS)	
6	Receipt of a Guaranteed Income Supplement (GIS)	
7	Referral by Ottawa Community Housing	
8	Means test using the Low Income Cut-Off:	
	a) Notice of Assessment (NOA), or	
	b) Ontario Child Benefit (OCB)	
9	Special circumstances (please provide detail below)	

Details:

[Empty box for details]

Ottawa Hand in Hand subsidy:

Approved

Not approved

Signature of Recreation Supervisor/Portfolio Manager (or full-time staff delegate)	Name of RCFS Staff and Title
Date (yyyy-mm-dd)	Facility/Unit Name

Please attach a copy of all supporting documentation to the application form (excluding proof of identity and residency).