

## A.L.L. For Kids Activity Request Form

### Applicant (main contact)

<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>City/Town:</b>	<b>Postal Code:</b>
<b>Phone Number:</b>	<b>Email:</b>	<b>Have you ever applied for A.L.L. for Kids Before?</b>

### Spouse/Partner in the home

<b>First Name:</b>	<b>Last Name:</b>
<b>Date of Birth:</b>	<b>Relationship:</b>

### What is your household income source - check all that apply:

- Ontario Works (O.W.)  If yes, proceed to Page 2  
 Ontario Works - Temp Care Assistance  If yes, proceed to Page 2  
 Ontario Disability Support Program (O.D.S.P)  If yes, proceed to Page 2

**If yes, to:** O.W. – Emergency Assistance,  
 O.W. – Extended Employment Health Benefits, **or**  
 Other Income (earnings, other gov't income, etc.)

**Complete Yearly Income information below**

<b>Yearly Income</b>	<b>Applicant:</b>	<b>Spouse/Partner in the Home:</b>
Notice of Assessment (line 236 "Net Income")	\$	\$
<b>OR</b> Canada Child Benefit Statement ("Family Net Income")	\$	Same as Applicant

Be sure **Yearly Income** is complete, true and accurate as you will be required to provide copies of these documents to verify this information if requested by the program)

If you do not have your NOA or CCB Statement you will need to contact Revenue Canada at 1-800-959-8281

Number of children under 18 years of age residing full time or more than 50% of the time in your household unit: \_\_\_\_\_ Only these children may be covered for an activity, children living less than 50% of the time in your home cannot be requested by this applicant.

**OVER →**

Check with activity provider first if you are missing information. Be sure about your request. Once funding is approved changes may not be able to be made.

**Activities Requested: (Travel or Competitive sports are NOT covered by the A.L.L. for Kids program)**

1-Child's Name		2-Child's Name	
1-Child's Birthdate		2-Child's Birthdate	
1-Activity		2-Activity	
1-Name of business /organization?		2-Name of business /organization?	
1-What month does this activity start and end?		2-What month does this activity start and end?	
1-What is the cost of the activity? (how much funding are you requesting?)		2-What is the cost of the activity? (how much funding are you requesting?)	

For additional children, please use a second application form.

**Applicant Verification:**

1. I understand that AFK will not reimburse personal payments for activities/equipment.
2. I understand that if I am eligible and receive AFK program funds directly, it is my responsibility to register my child(ren) and to obtain a receipt from the activity provider. A receipt is required to be eligible for further funding from the program.
3. Any funds not used or reimbursed to me due to the activity being changed or cancelled, must be returned to the AFK program (c/o: Municipality of Chatham-Kent).
4. I certify that I am the parent/guardian of the children who I am requesting activities for; and these children reside with me full time or more than 50% of the time.
5. I give consent to the AFK program to contact any activity provider if there is a discrepancy or questions with either the activity itself or the receipt submitted.
6. I certify that the information provided on this application is truthful, complete and to the best of my knowledge. I understand providing false information will result in not being eligible for any current or further funding from the AFK program.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_