

Return to:

Municipality of Chatham-Kent

Community Human Services, Employment & Social Services
 435 Grand Avenue West
 P.O. Box 1230 Chatham, Ontario N7M 5L8
 Tel: (519) 351-1228 Ext.2171 Fax: (519) 351-5090
<https://www.chatham-kent.ca/allforkids>
 e-mail: ckafk@chatham-kent.ca

A.L.L. For Kids Activity Request form

Applicant (main contact)		
First Name	Last Name	Date of Birth
Address	City/Town	Postal Code
Phone number	E-mail address	
Have you applied for A.L.L. For Kids before? () Yes () No () Unsure		

Spouse / Partner in the home			
Spouse / partner in the home (even if they are not the biological parents of the child) must be listed.			
First Name	Last Name	Relationship	Date of Birth

What is your household income source - check all that apply	
O.W. (Ontario Works)	If yes, proceed to Page 2.
O.W. - Temp Care Assistance	If yes, proceed to Page 2.
O.D.S.P. (Ontario Disability Support Program)	If yes, proceed to Page 2.
O.W. - Emergency Assistance	If yes, complete yearly income information below
O.W. - Extended Employment Health Benefits	If yes, complete yearly income information below
Other Income (earnings, other gov't income, etc)	If yes, complete yearly income information below

Yearly income (be sure this 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)		
	2019/2020 Notice of Assessment (line 236 "Net Income")	OR 2019 Canada Child Benefit Statement ("2019 Family Net Income")
Applicant:	\$	\$
Spouse / Partner in the Home:	\$	

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.

Activities Requested – 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.

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

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

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

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

For additional children, please use a second application form.

Applicant verification:

Initial noting: "I understand": ____ 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.

Initial noting: "I understand": _____ I certify that the above information provided on this application is truthful, complete and to the best of my knowledge. I understand providing false information to obtain benefits may result in disqualification from the program. I understand that upon approval, I will be required to provide receipts of any activity funded by the All for Kids Program prior to further funding being issued.

Initial noting: "I consent": _____ I give consent to representatives for the All for Kids Program to contact the activity provider if there is a discrepancy or questions with the provided receipts.

Signature of Applicant: _____ **Date:** _____