

A.L.L. For Kids Activity Request Form

Have you ever applied for A.L.L. for Kids Before?

	Applicant (main contact):	Spouse/Partner in the home:
First Name:		
Last Name:		
Birthdate:		
Relationship:		
Address:		
City/Town:		
Postal Code:		
Phone number:		
Email:		

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
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	Applicant (main contact):	Spouse/Partner in the Home:
Notice of Assessment (line 236 "Net Income")	\$	\$
OR 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 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 →

Activities Requested: Travel or Competitive Sports are NOT covered by the A.L.L. for Kids Program
 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.

For additional children, please use a second application form.

	Child 1 Details	Child 2 Details	Child 3 Details
Full Name:			
Birthdate:			
Activity:			
Full Name of business or organization?			
What month does this activity start and end?			
What is the cost\how much funding are you requesting of\for the activity?			

Applicant Verification:

1. I understand that AFK will not reimburse personal payments for activities/equipment.
2. I understand that if my application is approved, I am responsible for registering my child(ren) for the activity. If I receive funds directly from the AFK Program, those funds are for equipment only. The receipt(s) must be submitted back to the A.L.L. For Kids Program for future funding eligibility.
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

Office Use: Verbal consent provided in lieu of signature: