



City of Kamloops
Parks, Recreation, and Cultural Services Department
2009 ARCH Application
(Affordable Recreation for Community Health)

TO QUALIFY FOR THE PROGRAM, YOU MUST BE A RESIDENT OF KAMLOOPS

IN ORDER TO PROCESS YOUR APPLICATION, THIS FORM MUST BE FILLED OUT COMPLETELY.

New Application **Renewal** _____
Applicant's Signature Date of Application

HOUSEHOLD INFORMATION

Total number of family members including applicant: _____

Primary adult family contact: _____

Address: _____ Postal Code: _____

Telephone: _____ (home) _____ (work)

Area of Town: _____

Family Members: (including primary adult)

FULL NAME	BIRTHDATE (MONTH/DAY/YEAR)	RELATIONSHIP TO PRIMARY ADULT	PLEASE CHECK
1.			<input type="checkbox"/> Male <input type="checkbox"/> Female
2.			<input type="checkbox"/> Male <input type="checkbox"/> Female
3.			<input type="checkbox"/> Male <input type="checkbox"/> Female
4.			<input type="checkbox"/> Male <input type="checkbox"/> Female
5.			<input type="checkbox"/> Male <input type="checkbox"/> Female
6.			<input type="checkbox"/> Male <input type="checkbox"/> Female

(Please Circle the Option)

Option 1: Receiving MHR Income Assistance

Option 2: A low income individual/family

Option 3: On disability Yes, receiving income assistance No income assistance

Upon approval, a coupon book will be given to each eligible applicant.

<p>MHR/Agency Staff Use Only</p> <p>This applicant/family is known to me and I verify that:</p> <ul style="list-style-type: none"> they are residents in the City of Kamloops and have _____ family members (including applicant). <p>Agency: _____</p> <p>Approved by: _____ Phone: _____</p>	<p>Ministry/Agency Stamp</p>
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To qualify for the program, you must be a resident of Kamloops and:

OPTION 1

(On Income Assistance)

- complete household information
- have your **Ministry/Agency Representative** stamp application for approval.

OPTION 2

(Low Income, not receiving MHR Assistance)

Step "A": • complete household information

Step "B": • bring the information listed below to the Interior Indian Friendship Society or the White Buffalo Aboriginal Health Society and Resource Centre to have your application screened.

Proof of Residency Requirement - photo ID and current bill showing matching residency address and name of applicant. Please bring **original** documents with you when applying.

1. Photo ID: BC Driver's Licence **or** Other photo ID _____
2. Birth Certificate for all family members.
3. Current Utility Bill: BC Hydro **or** Telus **or** Cable
4. Canada Customs & Revenue Agency's Notice of Assessment for prior year for each adult in household (include common-law partners). *Assessment is done by your gross (pre-tax income).

Note: *A free copy of Assessment Notice can be obtained by calling toll free to Canada Customs & Revenue Agency at 1-800-959-8281.

# in household	1	2	3	4	5	6	7
Household Income	\$18,544	\$23,084	\$28,379	\$34,457	\$39,081	\$44,077	\$49,073

OPTION 3

(Disability)

Step "A": Fill out household information.

Step "B": If receiving MHR income assistance, follow Option 1.

Step "C": If not receiving income assistance, follow Option 2.

I consent for the Ministry of Human Resources (MHR) to confirm for the City of Kamloops that I receive income assistance _____.

(Applicant's signature)

All applications can be dropped off for processing at the locations listed below:

1. Interior Indian Friendship Society
Aboriginal Family Services
2355 Parkcrest Avenue
Kamloops BC V2B 4Y2
Phone: (250) 376-1617
2. White Buffalo Aboriginal Health Society
and Resource Centre
211 - 750 Cottonwood Avenue
Kamloops BC V2B 3X2
Phone: (250) 554-1176
3. Family Tree Family Centre
283 West Victoria Street
Kamloops BC V2C 1A5
Phone: 377-6890
www.KRFS.ca

Note: If you are receiving income assistance from the Ministry of Human Resources, you may take your application to be stamped by your worker to be pre-approved; then bring your stamped application to one of the above noted screening agencies to receive your coupon book(s).