



2021 Application

Referring Agency (if applicable) _____

Contact at Agency : _____ Phone #: _____

Applicant Information

Caregiver(s) Name: _____ Date: _____

Caregiver(s) Home #: _____ Cell #: _____

Address: _____ Town: _____

Postal Code: _____

Does anyone indicated on this application identify with any of the following?			
Blackfoot	Cree	Refugee	If yes, how long in Canada?
Metis	Inuit		
Landed Immigrant	If yes, how long in Canada?		

How many people in your family: Caregiver(S) _____ Children _____

Income – Line 15000 of 2020 Income Tax Assessment, or 3 months of pay stubs for each caregiver.

Caregiver 1 Income Total \$ _____ Caregiver 2 Income Total \$ _____

Total Family Income: \$ _____

Name	School	Grade	Gift Card Amount

PLEASE READ BEFORE SIGNING

I hereby certify that the information contained on this application is true, correct and complete in every respect. I have fully disclosed my family's income from all sources. Further, I agree to inform the Town of Strathmore of changes in the information given. I understand failure to do so could result in loss of entitlement to benefits under this program and is an offence under the Criminal Code of Canada. I understand that this application is valid for a maximum of twelve months and future subsidy requests will require a re-application. The Town of Strathmore may verify any information on this application.

The information on this form is being collected in accordance with the Municipal Government Act and will be managed in compliance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your information, please contact the Town of Strathmore FOIP Coordinator at 403-934-3133.

Name (print) _____ Signature _____ Date _____

FOR OFFICE USE ONLY Please check off documents received below:	
AB Health Card for each child <input type="checkbox"/>	Total Household Income: _____
Notice of 2020 Assessment <input type="checkbox"/>	If no notice of assessment, 3 Months Pay Stubs for each caregiver <input type="checkbox"/>
Completed by Staff Signature: _____ Date: _____	
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
Amount Approved for: _____	
Approved by: _____ Date: _____	

Gift Cards Received by Applicant _____
Applicant Signature _____ Date _____

Issued by: _____
Staff Member Signature _____ Date _____

