

2025 SUPPORT PROGRAMS APPLICATION

SECTION 1: ONE APPLICATION - THREE PROGRAMS

Please Provide:

- Proof of identity (Photo Identification for adults & Alberta Health Care Cards for dependant children).
- Proof that they are residents of Blackfalds (utility bill or similar document showing street address).
- Current proof of income (see page 2 for eligible documentation types).

Please check off the program(s) being applied for:

| | |
|--------------------------|---|
| <input type="checkbox"/> | <u>Back to School Program (2025-2026 School Year)</u> – <i>Apply before August 11</i> This program provides access to school supplies for qualifying students living in Blackfalds currently enrolled in Kindergarten through Grade 12. <i>*Lost gift cards will not be replaced.</i> |
| <input type="checkbox"/> | <u>Winter Coat Program</u> – <i>Apply before October 2</i> Ensures qualifying children from newborn to 18 years of age are provided with a <i>winter coat</i> . |
| <input type="checkbox"/> | <u>The Christmas Bureau Program</u> – <i>Apply before December 1</i> The Beyond Food Community Hub, Blackfalds Firefighters Association & Blackfalds FCSS partner to provide applicants with a Christmas Food Hamper and gift cards to be used for the purchase of Christmas presents. <i>*Lost gift cards will not be replaced.</i> |

SECTION 2: HOW TO APPLY

Step 1. a Keeping in mind: applications that are incomplete or not legible will take longer to process.

Step 1 Provide **completed application and proof of income & proof of residency documents** to Blackfalds FCSS.

Step 2 Applicants will be advised of approval for these programs in one to three weeks from the time the application is received.

For office use only:

Financial Eligibility _____
(Staff Signature)

Approval Date _____
Date (YYYY / MM / DD)

SECTION 3: APPLICANT INFORMATION

A. APPLICANT

| | | | |
|----------------------------------|----------------|--|--------------|
| First Name: | | Last Name: | |
| Street Address: | | | |
| Mailing Address: | | Town: | Postal Code: |
| Phone: | Email Address: | | |
| Date of Birth: YYYY / MM / DD | Gender: | Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Common-Law <input type="radio"/> Separated/ Divorced <input type="radio"/> Widowed | |

B. ADDITIONAL FAMILY INFORMATION

| FIRST NAME | LAST NAME | RELATIONSHIP | GENDER | AGE | GRADE | SCHOOL | ALBERTA HEALTH CARE NUMBER |
|------------|-----------|--------------|--------|-----|-------|--------|----------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

C. TOTAL NUMBER IN HOUSEHOLD: all persons living in the same dwelling and related by blood, marriage, common-law relationship, or adoption

| | | | | |
|--|---|---|---|--------------------------------------|
| NUMBER OF ADULTS (18 & over, related by blood, marriage, or common-law relationship) | + | NUMBER OF CHILDREN (Under 18 related by blood or adoption) | = | TOTAL NUMBER IN HOUSEHOLD |
| | | | | |

SECTION 4: WHAT PROOF OF INCOME IS REQUIRED?

Please submit a copy of **ONE** of the following documents with your application and check below which document is being submitted. The total household income must be less than the Low-Income Cut-Off (LICO) set by Statistics Canada which is updated annually.

- ☐ Canada Revenue Agency: Notice of Assessment – please present a current “Notice of Assessment” for each family member 18 years and over who lives at the listed Blackfalds residential address. Total income before tax is shown on line 150 of the “Notice of Assessment”
- ☐ Assured Income for Severely Handicapped benefits (AISH)
- ☐ Alberta Works: Income Subsidy/Support (Supports for Independence)
- ☐ Other Blackfalds FCSS is willing to work with applicants; please contact the FCSS Programmer to discuss other proof of income eligibilities.

Support Program Financial Eligibility – 2025: To be eligible for subsidized programming the family household (including all persons living in the same dwelling and related by blood, marriage, common-law relationship, or adoption) annual income needs to be below the Statistics Canada Low-Income Cut-offs.

| Size of Family Unit | Annual Income | Monthly Income |
|---|---------------|----------------|
| 1 Person | \$27,589 | \$2,299 |
| 2 Persons | \$34,346 | \$2,862 |
| 3 Persons | \$42,224 | \$3,518 |
| 4 Persons | \$51,267 | \$4,272 |
| 5 Persons | \$58,145 | \$4,845 |
| 6 Persons | \$65,578 | \$5,464 |
| 7 Persons | \$73,011 | \$6,084 |
| More than 7 persons, add \$7,433 per additional person. | | |

_____**declare that:**

Applicant Name (please print)

1. The above-noted applicant is the main applicant and is responsible to inform all members of the household family about the program.
2. Blackfalds FCSS has permission to share information within this application between The Town of Blackfalds subsidy programs for the purpose of assessing the application.
3. Blackfalds FCSS may contact the applicant in matters about this application.
4. If there is a change in household circumstances (i.e. change of address, new job, etc.) please notify Blackfalds FCSS immediately. Changes may impact program eligibility. By signing below, it is understood that it becomes the applicant's responsibility to re-apply, annually, to continue to receive the Blackfalds FCSS Subsidized Programs.
5. I/We have not applied for Christmas assistance from any other organization.
6. I/We understand that any false information will result in expulsion from this program.

(Applicant or Guardian Signature)

Date (YYYY / MM / DD)

Personal information provided on this form will be used for the sole purpose of registering for subsidized programs offered by Town of Blackfalds FCSS. This information is collected under the authority of Section 4(c) of the Protection of Privacy Act and will be protected under Part 1 of the Act. Questions regarding the collection and/or use of this information may be directed to the Information Governance Coordinator at access@blackfalds.ca or by phone at 403.885.6370.

I hereby authorize Blackfalds Family and Community Support Services to contact other "helper" organizations to release information pertaining to myself to Blackfalds Community Support Services in order to consider my application to this Agency's Programs, on the understanding that such information will be held in strict confidence.
(Examples: Big Brothers Big Sister, Beyond Community Food Hub, and/or other partnering organizations.)