



PROGRAM SUPPORT APPLICATION

Sturgeon County Residents Only
Sturgeon County Adult Registration Subsidy
Child Registration Subsidy (Sponsor A Child)

Sturgeon County Family and Community Support Services (FCSS) will support children and adults who may be experiencing financial hardship and cannot otherwise participate in programs. For programs not offered in these communities, programs offered in neighboring communities will be considered.

Sponsor a Child Program Registration Subsidy: Will provide sponsorship to qualifying families for the children of Sturgeon County residents for programs throughout the year.

Sturgeon County Adult Program Registration Subsidy: Will provide sponsorship for qualifying adults who are rate payers of Sturgeon County for recreation programs throughout the year.

To qualify for this program, the ***combined taxable family income*** should be less than listed below **or** you should have extraordinary living expenses that would impact ability to pay:

Family Size	Annual Taxable Income*	Monthly Income
1	\$27,589	\$2,299
2	\$34,346	\$2,862
3	\$42,224	\$3,519
4	\$51,267	\$4,272
5	\$58,145	\$4,845
6	\$65,378	\$5,448
7+	\$73,011	\$6,084

Program Guidelines

Program Registration Fee Subsidy – Adult Registration and Child Registration through Sponsor a Child

- Program subsidy may be provided for a maximum of \$175.00 per person per calendar year. Applicants will be encouraged to pay an affordable portion of the program fee.
- Sponsor a Child applicants will be supported in applying for other additional subsidy programs such as Jump Start.
- Applicant must complete the Financial Subsidy Request Application form. (attached)
- If applicant does not attend the registered course or program, future applications for assistance may be affected.

Please allow two weeks for applications to be processed.

The decision of the Family & Community Support Services Department is final.

Please forward applications to:

Sturgeon County Family & Community Support Services

Mail in 9613 – 100 Street, Morinville, Alberta T8R 1L9

Walk in at 9608 – 100 Street, Morinville

Phone: 780-722-1479 Fax: 780-939-2893

Email: livingwell@sturgeoncounty.ca

ALL APPLICATIONS WILL BE HELD IN STRICTEST CONFIDENCE



**STURGEON COUNTY
FAMILY & COMMUNITY SUPPORT SERVICES
SUBSIDY REQUEST APPLICATION**

Applicant Name:

Mailing Address:

Municipality: Postal Code:

Home/Cell No.: Work No.:

Family Information

Number of Adult (18 years +) in the Household Number of Children (under 18 years) in the Household

Are you presently receiving government assistance (i.e. SFI, AISH, CPP, Seniors Benefit)? ☐ Yes ☐ No

Are you working with a worker with another government service? ☐ Yes ☐ No

If yes, have you discussed the possibility of supports with that service? ☐ Yes ☐ No

Please state approximate net family earnings per month. Include income from:

- | | |
|---|---|
| ☒ Part time job | ☒ Alimony/Child Support |
| ☒ Full time job | ☒ EI |
| ☒ Alberta Works | ☒ Seniors' Benefit |
| ☒ Canada Pension/RIFs | ☒ Other |

Net Monthly Income:

**Monthly income after deductions.*

Sturgeon County reserves the right to request verification of earning.

Applicants can qualify due to extraordinary living expenses. If this is the case, please attach a monthly household budget. Our program staff can provide support with qualifying due to high living expenses.

The personal information provided will be used to process your request for subsidy for yourself or your child and is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the Sturgeon County Access and Privacy Coordinator at 9613 - 100 Street, Morinville, Alberta, T8R 1L9 (780) 939.4321 or foip@sturgeoncounty.ca.

Program Fee Registration Subsidy

Please list the program(s) you which to have subsidized or attach a copy of your registration form.

Program Name:

Program Contact Name: Program Contact Phone:

Participant Name(s) Cost of Program:

Program Name:

Program Contact Name: Program Contact Phone:

Participant Name(s) Cost of Program:

Program Name:

Program Contact Name: Program Contact Phone:

Participant Name(s) Cost of Program:

Aging in Place Subsidy

Please type of support and frequency you require.

Support Needed:

Frequency Required:

Support Needed:

Frequency Required:

I hereby certify that the information provided in this application is valid.

If approved for subsidy, I give Sturgeon County FCSS staff permission to contact organization(s) providing the program(s) to share information required to make arrangements for payment in relation to the subsidy granted.

I give Sturgeon County FCSS staff permission to contact other support or subsidy programs to assist with connection to other subsidy opportunities.

Signature

Date



E-Mail

Office use:

Earnings documentation provided: *(initial to verify)* Total Subsidy Recommended: \$

Notes: