

TOWN PROCEDURE

PROCEDURE NUMBER: 5104-01

REFERENCE:

Resolution No. 252.09.19

ADOPTED BY:

Town Council 18-Sep-2019

PREPARED BY:

Community & Protective Services - FCSS

DATE: September 18, 2019

TITLE: Community Access Card

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Policy Statement

The intent of the Community Access Card is to support the wellbeing and quality of life for low income residents by providing residents access to Town of Strathmore programs and services at a reduced rate.

THE PURPOSE OF THIS PROCEDURE IS TO:

- (a) Ensure that the Community Access Card Program is delivered in a fair and concise system to the community.
- (b) Establish guidelines for the Town of Strathmore's delivery of the program.

1.0 RESPONSIBLITITES

- 1.1 TOWN OF Strathmore Council is responsible to:
 - (a) Approve by resolution policy 5104 and any amendments;
 - (b) Approve resource in the annual budget process of successful implementation policy 5104.
- 1.2 The Chief Administrative Officer is responsible to:
 - (a) Approve procedure;
 - (b) Administer the policy and procedures; and
 - (c) Advise Department in the correct application of the policy and procedure.
- 1.3 The Directors are responsible to:

- (a) Ensure that all Department employees are familiar with the policy and procedure;
- (b) Administer the policy and procedure within the Department;
- (c) Recommend changes in policy and procedures
- 1.4 The Community & Social Development Manager is responsible to:
 - (a) Ensure that all department employees comply with all approved policies and procedures of the Town.
- 1.5 All Employees are responsible to:
 - (a) Ensure that they comply with all approved policies and procedures.

2.0 PROGRAM ELIGIBLITY

- 2.1 Prospective client's application procedures will include the following steps:
 - (a) Complete application each fiscal year;
 - (b) Provide Picture Government ID;
 - (c) Applicant must provide proof of residency in the Town of Strathmore;
 - (d) Applicant must provide proof of children living in the home (AHC);
 - (e) Applicant must provide ID for all household members;
 - (f) Applicant must provide Notice of Assessment or AHB, AISH, AIS, GIS or Refugee Status;
 - (g) Applicant annual gross household income is the same or less than the subsidy schedule of Policy #5104.
- 2.2 Once the client qualifies based on program eligibility, the following steps will take place:
 - (a) Application will be processed;
 - (b) Client will be notified of amount of subsidy and Community Access Card will be provided.

3.0 Review of Program:

- (a) The program will be reviewed on an annual basis to ensure positive outcomes are met;
- (b) Card usage will be tracked to show utilization rate.

Appendix A: Community Access Card Application



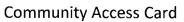
Town of Strathmore FCSS Community Access Card



Date:						
Personal Informat	tion – <i>Primary App</i>	licant – Please	Print			
Name(First)		Last				
Address						
Town		Postal Code				
Phone		Cell				
Email						
Gender: \square M	ale 🗆 Female	☐ Other				
Please list yourself	(primary applicant)	and any others	who will be pa	rt of this application:		
Name	Birthdate (DD/M/YY	Gender	Student	Relationship to Primary Applicant		
Do you receive on	e of the following					
☐ Aish				☐ Guaranteed Inco	Guaranteed Income	
□ АНВ		☐ Wheatland Housing		□ Other		
Adult Name		Record amount from Line 150 or other support				
					lvi	
Number of persons	in the household de	nondant on this	income			



Town of Strathmore FCSS





Were you born in Canada?	□ Yes	If no, how long have you been in Canada?		
	□ No			
Do you identify with any of th	e following?	THE WALL BEAUTIFUL TO THE		
☐ Blackfoot	□ Cree	☐ Refugee		
☐ Metis	☐ Inuit	☐ Landed Immigrant		
every respect. I have fully discl Town of Strathmore of change loss of entitlement to benefits Canada. I understand that this	osed my family's income from in the information given. under this program and is capplication is valid for a m	olication is true, correct and complete in om all sources. Further, I agree to inform the I understand failure to do so could result in in offence under the Criminal Code of aximum of twelve months and future subsidy more may verify any information on this		
will be managed in compliance	with the Freedom of Information of the with the Freedom of Information of your information 133.	nce with the Municipal Government Act and mation and Protection of Privacy Act. If you on, please contact the Town of Strathmore ature		
FOR OFFICE USE ONLY				
Please check off documents re	eceived below:			
Proof of Residency:	GOA Issued Benefits:	□ Notice of Assessment: □		
Staff Signature:				
Number of Passes:	Date Issued:	Expiry:		
New □	Renewal			
pproved Not Approved				