



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 RESPONSIBILITIES

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 ELIGIBILITY

- 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 Information – Primary Applicant – Please Print

Name(First)	Last
Address	
Town	Postal Code
Phone	Cell
Email	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	

Please list yourself (primary applicant) and any others who will be part of this application:

Name	Birthdate (DD/M/YY)	Gender	Student	Relationship to Primary Applicant	

Do you receive one of the following:

<input type="checkbox"/> Aish	<input type="checkbox"/> Income Support	<input type="checkbox"/> Guaranteed Income
<input type="checkbox"/> AHB	<input type="checkbox"/> Wheatland Housing	<input type="checkbox"/> Other

Adult Name	Record amount from Line 150 or other support

Number of persons in the household dependant on this income: _____



Town of Strathmore FCSS Community Access Card



Were you born in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, how long have you been in Canada?
Do you identify with any of the following?		
<input type="checkbox"/> Blackfoot	<input type="checkbox"/> Cree	<input type="checkbox"/> Refugee
<input type="checkbox"/> Metis	<input type="checkbox"/> Inuit	<input type="checkbox"/> Landed Immigrant

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** _____

FOR OFFICE USE ONLY		
<i>Please check off documents received below:</i>		
Proof of Residency: <input type="checkbox"/>	GOA Issued Benefits: <input type="checkbox"/>	Notice of Assessment: <input type="checkbox"/>
Staff Signature: _____		
Number of Passes:	Date Issued:	Expiry:
New <input type="checkbox"/>	Renewal <input type="checkbox"/>	
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
Approved By: _____		