

Section 1: General Information

What is Fair Entry?

Fair Entry is a program that ensures that all Medicine Hat residents have reasonable access to a range of Public Services. The Fair Entry program is designed to assist low income families/individuals to enjoy programs throughout the city. Your application for Fair Entry allows you to access various subsidized services around the city per 12 months.

What are the eligible subsidy rates?

Subsidy Name	Description	Customer Pays	Maximum Yearly Subsidy Amount
Recreation User Fee Assistance	City of Medicine Hat regular-priced recreation programs and admissions at Family Leisure Centre, Crestwood Recreation Centre, and city-run outdoor pools.	50%	\$100
Esplanade Arts & Heritage Centre Galleries (Art, Museum, Archives)	Reduced rates for admission to the Esplanade Galleries.	50%	\$20
Esplanade Arts & Heritage Centre Education Programs	Reduced rates for educational programs directly provided by staff of the Esplanade.	50%	\$100
Senior's Centre/Meals on Wheels* *Separate application required for Meals on Wheels	Reduced rates for programs and/or services that are directly provided by the Seniors Centre staff (i.e. annual membership, food services, meals on wheels).	50%	\$100

How do I qualify for Fair Entry?

To qualify for the Fair Entry program, you must be a resident of Medicine Hat, and demonstrate your need for assistance. This is done by providing proof of your address, and documents to assess your income level(s). If your income falls below the low income cut off, you will be approved for access to the Fair Entry program subsidy/subsidies.

Section 2: Document Guidelines

What do I need to apply?

We ask for two items: proof of Medicine Hat address and proof of income

- 1. Proof of Medicine Hat address (P.O. boxes or rural route addresses are not accepted)**
 - A copy of your Alberta Driver's License
 - A copy of your Alberta ID Card
 - A copy of utility, telephone, or cable bill dated within the last 30 days
 - A copy of a government document with your name and address dated within the last 30 days
 - Signed lease agreements
- 2. Proof(s) of Income – You can apply to Fair Entry with eight different proofs of income:**

Please submit a copy of **ONE** of these documents with your application. Please check which document you are submitting. A copy of the document **MUST** accompany your application for each member of your household 18 years or older. If you are submitting documents on behalf of another person over the age of 18, you must complete an authorization consent form, in section 9.

A total household income must be less than the Low Income Cut-Off (LICO) set by Statistics Canada and is updated annually.

- 1. Canada Revenue Agency: Notice of Assessment** – You must present a current "Notice of Assessment" or "Notice of Reassessment" for each household member 18 years and over that lives with you at your Medicine Hat residential address. Total income before tax is shown on line 150 of your "Notice of Assessment" or "Notice of Reassessment". Household includes all members related by blood, marriage, common law relation or adoption. A tax return summary is not accepted. For more information on your Notice of Assessment you can contact Revenue Canada at 1-800-959-8281
- 2. Assured Income for Severely Handicapped benefits (AISH)** – a copy of your current Health Benefits Card that has not expired
- 3. Alberta Income Supports/Alberta Works** – a copy of your current Health Benefits Card (that has not expired)
- 4. Letter from a Registered Social Worker** – Only when no other documents are available. A letter (on letterhead) dated within the last 30 days from an Alberta Registered Social Worker with whom a current relationship exists. The letter should outline the length of the relationship, that a RSW is aware of the Low Income Eligibility and that the household meets the eligibility requirements.
- 5. Resettlement Assistance Program Form** – a copy of the Start Up & Monthly Allowance that confirms you are receiving support under the Resettlement Assistance Program
- 6. For Independent Youth** – a letter from a school principal or guidance counselor, or letter from Child and Youth Support Program of Alberta Children's Services

Section 3: Income Guidelines

What is a household income?

A household income means you need to submit income documents for everyone in the household who is over the age of 18 and who reside at the same Medicine Hat address.

Household member are anyone who is related by blood, marriage, common law relation or adoption. For example, this could mean cousins, aunts, uncles and grandparents, as long as they reside at the same Medicine Hat address. You will need to provide information on each of these family members within your application. Please ensure you consult with the members of your household before submitting a final application, as failure to do so may delay your application process.

What is the Low Income Cut off scale?

Statistics Canada creates a low income cut off scale to assess individuals. This scale is updated yearly, and is only a guide. Applications may be approved only if filled out correctly and submitted for review.

2017 LICO Scale

Size of Family	Total income before tax (gross)
1 person	21,687
2 persons	26,997
3 persons	33,190
4 persons	40,298
5 persons	45,705
6 persons	51,548
7 or more persons	57,392

Section 4: Application Drop-Off

How can I apply?

By mail:

Fair Entry Application
 Veiner Centre
 225 Woodman Avenue SE
 Medicine Hat, AB
 T1A 3H2

By email:

fairentry@medicinehat.ca

Where can I apply in person, or get more information?

You can drop off your application in person, or ask to speak to a city employee at one of the following locations:

Location	Address	Hours
City Hall* *Drop off Location ONLY	580 1 Street SE	Monday – Friday, 8:30am - 4:30pm
Family Leisure Centre	2000 Division Ave N. Fax: 403-502-8561	Monday – Thursday, 6:00am – 11:00pm Friday, 6:00am – 9:00pm Saturday, 7:00am – 9:00pm Sunday, 8:00am – 8:00pm
Crestwood Recreation Centre	1701 21 Street SE Fax: 403-529-0534	Monday – Thursday, 6:00am – 9:00pm Friday, 6:00am – 6:00pm Saturday, 10:00am – 4:00pm
Veiner Centre	225 Woodman Avenue SE Fax: 403-529-8369	Monday – Friday, 9:00am – 4:00pm
Esplanade Arts & Heritage Centre	401 1 Street SE	Monday – Friday, 10:00am – 5:00pm

You can also visit our website at www.medicinehat.ca/fairentry for more information and to review our Frequently Asked Questions list; or call 403-502-8001 to speak to someone or request a meeting.

Section 5: Application Completion

I feel that I am ready to apply. Now what?

Before you mail, fax, email or drop off your application, ensure you have the following included with your signed application form:

Please note that incomplete applications will cause a delay in the application process

- Fair Entry Application Form – signed and dated
- Copy of one Proof of Medicine Hat address article (Section 2)
- Copy of one Proof of Income article (Section 2) for each household member who is over the age of 18
- Authorization consent form (if you are submitting documents on behalf of another person over the age of 18)

Section 6: Primary Applicant Information

***denotes mandatory field**

Note: If this is a renewal, and your contact and household information has NOT changed, you may leave these areas blank. In this case, only your name, consent statement, and supporting documents are required.

Are you: <input type="checkbox"/> First time applicant <u>OR</u> <input type="checkbox"/> Renewal Please check ONLY one			
First Name:*	Middle Initial:	Last Name:*	
Date of Birth*:			
Personal Address:	Address: (Unit #, Street #, Street Name, City)*		Postal Code:
Mailing Address: (if different from above)	Address: (Unit #, Street #, Street Name, City)		Postal Code:
Phone Number:		Alternate Phone Number:	How would you like us to contact you? <input type="checkbox"/> Email <input type="checkbox"/> Mail
Email Address: (please print clearly)			

Section 7: Household Members Information

Remember: "household members" are anyone who resides at the same City of Medicine Hat address with you (the primary applicant) and are related to you by blood, marriage, common law relation or adoption.

First Name	Last Name	Relationship to Applicant	Date of Birth (YYYY-MM-DD)
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Section 8: Consent and Statement

1. I, _____ declare that the statements made in this application are complete and correct to the best of my knowledge.
2. I understand that any misstatements or falsification of information may cause me to forfeit my rights to the use of the Fair Entry Program.
3. I understand that my application to the Fair Entry Program is to be dependent upon:
 - a. Satisfactory proof of income and proof of residency documents
 - b. Proper completion of the application form(s) including the household members information section(s)
4. I understand and authorize the City of Medicine Hat to contact me in matters pertaining to my application
5. I will notify the Fair Entry Program immediately if my, and/or my household members' status changes.

SIGNED: _____

Date: _____

Section 9: Authorization Consent Form

**Please have any household members over the age of 18 fill out this consent form. If your household members are coming in person to complete the Fair Entry Application with you, this consent form will not be required. If you have more than one person over the age of 18 on the application form, attach additional consent forms for each person.*

I, _____ have read and understood this Application in its entirety and I give my consent to _____, whose contact information is stated in Section 6 of this Application, to provide the City of Medicine Hat with my date of birth, relationship to the applicant, and the following other personal information on my behalf (check one):

- Canada Revenue Agency: Notice of Assessment
- Assured Income for Severely Handicapped benefits (AISH)
- Alberta Income Supports/Alberta Works
- Letter from a Registered Social Worker

This Authority will remain in effect for one year from the date of signature unless previously revoked in writing to this office.

Signature

Date

Section 10: Office Use and FOIPP Statement

OFFICE USE ONLY

Application Status:

Date: _____

- Approved
- Not Eligible*

Reason:*

Document Return Statement:

I have been asked to supply documents pertaining to my own and/or my family member's income status and residency to complete my application with the Fair Entry Program. Regardless of my own and/or my family member's application's final outcome, my documents have been reviewed, and these items and are being returned to me in their original form(s).

I agree, and understand that all documents have been returned to me on _____.
(Print Date)

Signature of applicant: _____

Name & Signature of Authorizing Employee: _____

The City of Medicine Hat is collecting the personal information on this form under of the authority of section 33(c) the *Freedom of Information and Protection of Privacy Act* for the purpose of operating a program of activity of the City of Medicine Hat. The City of Medicine Hat must collect personal information directly from the individual that the information is about unless another method of collection is authorized by the individual or by an enactment of Alberta or Canada. The personal information provided will be protected under Part 2 of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of determining and verifying eligibility for the Fair Entry Program and for the regular administration and enforcement of the Fair Entry Program. Questions regarding the collection and use of personal information can be directed to the FOIPP Head of Local Body, City of Medicine Hat at 403-529-8234.