

### Section 9: Authorization Consent Form

*\*Please have your 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:**

- Approved
- Not Eligible\*

**Date:** \_\_\_\_\_

**Reason:\***

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**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). The City of Medicine Hat will not keep or retain these documents, or any copies.

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 Fee Reduction 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 at 403-529-8234.