

**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 access programs and supports throughout the City. Approved applications are active for two years. If you would like to continue to receive the subsidy, after two years you will need to reapply with up-to-date proof of income and address.

**What are the eligible subsidy rates?**

Subsidy Name	Description	User Pays	Maximum Yearly Subsidy Amount
Recreation User Fee Assistance	City of Medicine Hat regular-priced recreation programs and admissions at Big Marble Go Centre and City-run outdoor pools.	25%	\$200 per individual in the same household
Esplanade Arts & Heritage Centre Education Programs	Reduced rates for educational programs directly provided by staff of the Esplanade.	25%	\$200 per individual in the same household
Transit Services	Reduction from the regular-priced for an age-appropriate monthly transit pass, for up to 12 months (User must purchase monthly)	25%	\$635 per individual in the same household

**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 household income level(s). If your total household income falls below the low income cut off (see chart on page 3), 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 (if both your proof of income and current address are on the same document – you need only provide that one document).

**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:**

A total household income must be less than the Low-Income Cut-Off (LICO) set by Statistics Canada and is updated annually. Please submit a copy of ONE of these documents with your application. 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.

- Canada Revenue Agency: Notice of Assessment (NOA)** – You must present a current “Notice of Assessment” or “Notice of Reassessment” for each household member 18 years and over that live 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.
- Assured Income for Severely Handicapped benefits (AISH)** – a copy of your current Health Benefits Card (that has not expired).
- Alberta Income Supports/Alberta Works** – a copy of your current Health Benefits Card (that has not expired).
- Letter from a social worker/support worker** – Only when no other documents are available. A letter (on letterhead) dated within the last 30 days from a social worker/support worker with whom a current relationship exists. The letter should outline the length of the relationship, that the person is aware of the Low-Income Eligibility and that the household meets the eligibility requirements.
- Resettlement Assistance Program Form** – a copy of the Start Up & Monthly Allowance that confirms you are receiving support under the Resettlement Assistance Program.
- 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 resides at the same Medicine Hat address.

Household members 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 (LICO) scale?**

Statistics Canada creates a low income cut off scale (before tax) that is used to evaluate applications. This scale is updated by Statistics Canada annually.

**Current LICO Scale being used to determine eligibility:**

Size of Family	Total income before tax (gross)
1 person	26,759
2 persons	33,312
3 persons	40,953
4 persons	49,724
5 persons	56,395
6 persons	63,605
7 or more persons	70,815

**Section 4: Application Drop-Off****How can I apply?****Apply online:**

[www.medicinehat.ca/fairentry](http://www.medicinehat.ca/fairentry)

or

**By mail:**

City Hall  
580 1 Street SE  
T1A 8E6

**Where can I apply or get more information?**

Location	Address	Hours
City of Medicine Hat Website	<a href="http://www.medicinehat.ca/fairentry">www.medicinehat.ca/fairentry</a>	
City Hall	580 1 Street SE	Monday – Friday 8:30am - 4:30pm
Big Marble Go Centre	2000 Division Ave N. <b>Fax:</b> 403-502-8561	Monday – Thursday 6:00am – 10:00pm  Friday 6:00am – 8:00pm  Saturday 7:00am – 8:00pm  Sunday 8:00am – 7:30pm
Esplanade Arts & Heritage Centre	401 1 Street SE	Tuesday – Saturday 12:00pm – 5:00pm

You can also visit our website at [www.medicinehat.ca/fairentry](http://www.medicinehat.ca/fairentry) for more information and to review our Frequently Asked Questions list or call 403-502-8001 to speak to someone.

**Section 5: Application Completion**
**I feel that I am ready to apply. Now what?**

Before you complete 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.

<b>Are you</b> (Check <u>ONLY</u> one): <input type="checkbox"/> First-time applicant <u>OR</u> <input type="checkbox"/> Renewal		
<b>Which subsidy area are you applying for?</b> (check ALL that you would like to receive if approved – see Section 1 for details) <input type="checkbox"/> Recreation <input type="checkbox"/> Transit <input type="checkbox"/> Esplanade		
<b>First Name: *</b>	<b>Middle Initial:</b>	<b>Last Name: *</b>
<b>Date of Birth: *</b>		
<b>Personal Address:</b>	Address: (Unit #, Street #, Street Name, City) *	
	<b>Postal Code:</b>	
<b>Mailing Address: (if different from above)</b>	Address: (Unit #, Street #, Street Name, City)	
	<b>Postal Code:</b>	
<b>Phone Number:</b>	<b>Alternate Phone Number:</b>	<b>How would you like us to contact you?</b> <input type="checkbox"/> Email <input type="checkbox"/> Mail
<b>Email Address: (please print clearly) *</b>		

**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 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 two years from the date of signature unless previously revoked in writing to this office.

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Signature

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Date**Section 10: FOIPP Statement**

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.