



# Request for Personal Assistant Subsidy

Please note that this form is to request free or subsidized admission to public recreation sessions for Personal Assistants who provide support for individuals with a disability.

Name of Person Requiring the Support: \_\_\_\_\_

Their Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Their Birthdate: \_\_\_\_\_

Their Phone Numbers: \_\_\_\_\_ (day time) \_\_\_\_\_ (evenings)

If this application is for someone under 19 years old, please provide a guardian's name and phone number:

\_\_\_\_\_ Guardian's Phone Number: \_\_\_\_\_

Does your Personal Assistant work for an agency?  Yes  No

If "yes", please provide: Name of Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Is your disability permanent?  Yes  No

Do you require a Personal Assistant to be actively supporting you so that you can participate in your chosen activity?  Yes  No

Please explain your circumstances: \_\_\_\_\_

Once completed, hand this application to the customer service desk at any recreation facility.

Revised: February 9, 2009