



Ingersoll Community Services Financial Accessibility

The Town of Ingersoll is committed to being financially accessible to all members of our community. We will make every effort to accommodate all individuals who wish to participate in a program / membership and are unable, but not unwilling, to pay the full fees for programs or equipment.

It is not possible to participate in the Ingersoll Community Services programs / memberships for free. Everyone must pay some portion of the fee. Your fee is determined based on your needs and financial capacities as assessed by Oxford County Human Services, Canadian Tire Jumpstart Charity Guidelines and the Ingersoll Community Services Department. All information will be kept confidential. We expect the same confidentiality from you.

If you have any questions regarding your Financial Accessibility application, please call 519-425-1181.

Please drop off your completed application at our office:

**355 Wellington St
Ingersoll, ON
N5C 1T2
Phone: 519-425-1181**



Ingersoll Community Services Financial Accessibility

Request for Assistance; please choose one of the following:

☐

I require assistance based upon my income level.

☐

I require assistance based upon circumstances that are not only related to my income level. I have provided a separate sheet explaining these circumstances.

Please select all that apply:

☐

Day Camp

☐

General Programming

☐

Memberships

☐

Canadian Tire Jump Start Charities Equipment Subsidy

Please list the programs / memberships of interest:

Applicant(s) Information

NAME: _____

Phone #: _____

Email: _____

Date of Birth: _____

Address: _____

NAME: _____

Phone # _____

Email: _____

Date of Birth: _____

Address: _____



Ingersoll Community Services Financial Accessibility

Household Information:

Number of People in household: _____

Number of Children in household: _____

Optional:

Other family/household information you wish to provide:

Financial Statement:

Are you and/or your spouse currently employed?

☐ Yes☐ No

If yes, please list your employer (s):

Are you currently receiving financial aid from any of the following?

☐

Employment insurance

☐

Health & Social Services

☐

Retirement, receiving Pension Benefits

☐

Ontario Works

Income Sources:

Gross Monthly Income	\$
Canada Child Benefit	\$
Child Support	\$
Other	\$
TOTAL MONTHLY INCOME	\$
TOTAL GROSS ANNUAL INCOME	\$

Please attach proof of all income claims made above:

- Copy of your most recent Tax Assessment
- Proof of Income Statement from the CRA: <https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/a-proof-income-statement-option-print.html>



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Authorization

I, _____ certify that the information disclosed in this form is accurate and correct. I understand that my contact information as well as financial documents may be shared with Oxford County Human Services and the Canadian Tire Jumpstart Charities and that any financial assistance provided based upon the information provided here is dependent upon the accuracy of the information.

Failure to provide accurate information will result in the cancellations of the associated registration.

Signature: _____ Date: _____

For Office Use Only: *Ingersoll Community Services- Staff*

BookKing Invoice Number: _____

Staff Name: _____

Date: _____

_____ (staff) Sent Application and Invoice to Lisa Lanthier Manager of Human Services llanthier@oxfordcounty.ca and kyle.stefanovic@ingersoll.ca on (date): _____

For Office Use Only: *Oxford County Human Services (OCHS)*

Invoice and Application Received On (Date): _____

Reviewed by: _____

Subsidy Provided by OCHS: YES NO

If Yes Amount Subsidized: _____

Duration of Subsidy: _____

To be paid (circle one): Weekly Monthly Yearly

Please Make Cheques Payable to: Town of Ingersoll and include client's name

Signature: _____

OCHS Sent Completed Application and Invoice to Ingersoll Director of Community Services kyle.stefanovic@ingersoll.ca on (date): _____



Ingersoll Community Services Financial Accessibility

For Office Use Only: Director of Community Services or Representative

Invoice and Application Received On (Date): _____

Reviewed by: _____

Subsidy Provided by ICS: **YES** **NO**

If Yes Percentage/Amount Subsidized: _____

Duration of Subsidy: _____

For Program/Membership Type: _____

Signature: _____

For Office Use Only: VPCC Manager

Invoice and Application Received On (Date): _____

Reviewed by: _____

Subsidy Provided by Canadian Tire Jumpstart: **YES** **NO**

If Yes Percentage/Amount Subsidized: _____

Duration of Subsidy: _____

For what Equipment: _____

Signature: _____



Ingersoll Community Services Financial Accessibility

Final Assessment:

Invoice Total: _____

Total Subsidy Oxford County Human Services: _____

Total Subsidy Ingersoll Community Services: _____

Total Subsidy Canadian Tire Jumpstart: _____

Total Subsidy Provided: _____

Outstanding Balance to be paid by Applicant: _____

Date it is to be paid in full by: _____

Payment Options:

☐ Flat Rate

☐ Monthly

☐ Other: _____

Duration of Subsidy: _____

Signature of Applicant: _____ Date: _____

* By signing this document you are agreeing to pay your subsidized rate for the identified term. Failure to do so will result in the cancellations of the associated registrations. Refunds are only eligible on applicant monies contributed and are issued in accordance with Ingersoll Community Services Refund and Withdraw Policy. *