



# Wishing You Wellness

Creating access to programs at the  
TransAlta Tri Leisure Centre for tri - community residents.

"Creating A Healthier Tri - Community."



Established in 2011, the partnership between the Tri - Community Health & Wellness Foundation (The Foundation) and the TransAlta Tri Leisure Centre (TLC), was created to ensure community members with disabilities and/or community members living with limited income had the ability to get active within the Tri - Community.

The Tri-Community area is comprised of approximately 87,000 people.

It is estimated that 13% of residents live at or below the low income level (Stony Plain FCSS, 2017).

People with limited access to income are often more socially isolated, experience more stress, have poorer mental and physical health and fewer opportunities for early childhood development and post-secondary education. It has been found that chronic conditions, especially those that limit a person's ability to maintain viable stable employment, can contribute to a downward spiral into poverty.

We work with local partner agencies, such as FCSS, Alberta Parenting for the Future, Neighborlink and Alberta Mental Health to evaluate community members needs and their eligibility for the program.

The program is intended to reduce the participation fees at the TLC through a partially subsidized funding program. Community members are required to pay 25% of the participation fees while the TLC subsidizes an additional 25% and the Foundation another 50%.

This program is currently funded by The Foundation and the 'Wishing Wells' throughout our community. Annually the program supports hundreds of community members looking to get active within our community.

Community members are eligible to receive 10 individual passes, or 10 family passes to the TLC which can be used anywhere within the TLC. At the moment, applicants are only eligible to apply once yearly.



# Wishing You Wellness

Getting the Tri - Community Active

## Subsidization to Access TransAlta Tri Leisure Centre Facilities Guidelines and Application Process

### Description

Wishing You Wellness is a program designed to provide an opportunity for economically disadvantaged, tri-community residents to access recreation facilities at a subsidized rate. Specifically, the intent of the program is to subsidize access for approved families, adults, seniors, youth and children to the TransAlta Tri Leisure Centre (TLC) facilities.

### Guidelines

- Subsidized access will be provided for qualifying adults, seniors, youth, children and families (maximum 5 people) residing in Parkland County, City of Spruce Grove, or Town of Stony Plain who experience low income.
- Subsidization is provided for access to the TransAlta Tri Leisure Centre.
- Funds will not be allocated to subsidize or sponsor team or individual sport initiatives.
- Approved applicants will receive a 10 visit pass. Pass(s) must be activated within 30 days of approval.
- The 10 visit pass is non-transferrable: it must be used by the person(s) who has been approved for subsidization.
- The 10 visit pass cannot be cancelled for refund.
- Facility access is not 100% subsidized. Those approved will be required to pay 25% of the facility access fee.
- Access to subsidy funding is on a first come, first served basis.
- Each person is eligible to receive subsidization under this program once per year.

### Application Process

- To qualify for the subsidized access, the applicant(s) must be a resident of Parkland County, City of Spruce Grove, or Town of Stony Plain and have a household income up to the amount outlined below:
- Subsidized facility access is based on income verification, need, and the availability of funds; there is no guarantee that all requests will be accommodated.

Eligibility Requirements for Wishing You Wellness				
Based on Annual Income				
<b>Individual</b>				
Household income	\$26,000			
<b>Single Parent</b>				
Number of children	1	2	3	4*
Household income	\$24,400	\$29,100	\$34,100	\$39,400
<b>Couple</b>				
Number of children	1	2	3	4*
Household income	\$29,300	\$34,400	\$39,300	\$44,000
*For each additional child add \$4,700 to base amount				



# Wishing You Wellness

*Getting the Tri - Community Active*

- **Apply to one of the following regional referral agencies:**
  - Stony Plain FCSS
  - Spruce Grove FCSS
  - Alberta Parenting for the Future (Stony Plain)
  - Alberta Employment Office (local office in Spruce Grove)
  - Alberta Mental Health
  - Regional MLA Office(s)
  - Neighbour Link (Spruce Grove)
  
- **Provide confirmation of family income to demonstrate financial need by supplying a copy of one of the following:**
  - Income Tax Notice of Assessment from previous year
  - Last pay stub
  - AISH statement
  - Alberta Child Health Benefits Program approved letter
  - Current Alberta Health Benefits Program card
  
- **Provide proof of residency in Parkland County, City of Spruce Grove, or Town of Stony Plain by supplying a copy of one of the following:**
  - Notice of Assessment (showing your current address)
  - Current bank statement
  - Municipal tax notice with current address and/or legal land description
  - Recent utility bill
  
- **Provide proof of financial assistance that you are currently receiving by supplying a copy of one of the following:**
  - AISH
  - Income Support
  - Health Benefits
  - Guaranteed Income Support
  - Refugee Status
  - Alberta Seniors Benefit
  - CPPD
  
- Once your application is reviewed by the referral agency you will be contacted via mail, informing you if you have been approved. If approved, you will be given further information. Please allow 1-3 weeks processing time.
  
- **All applications will be held in the strictest confidence.**

# Wishing You Wellness Subsidy Application Form

Main family contact to complete the following information. **Please print**

## Personal Information

First Name:	Last Name:		
Address:		City:	
		Postal Code:	
Phone Home:	Work:	Cell:	
Email:	Date of Birth:		
	Day	Month	Year

Gender:  Female  Male      Marital Status:  Single  Married  Common Law  Separated or Divorced  Widowed

How many people are in your household? \_\_\_\_\_ adult(s) \_\_\_\_\_ children  
*Please do not include roommates or other non-immediate family members (including grandparents).*

Have you applied for this subsidy program in the past?       Yes       No  
 If yes, when? \_\_\_\_\_ mm/yy  
 Was your application approved for subsidy at that time?       Yes       No

## Family Information

The subsidy program is for immediate family members only. Please do not add roommates, or other non-immediate family members such as grandparents. If you are approved, the passes are non-transferrable and cannot be cancelled for refund.

Please list yourself and all family members/dependents included on this application:

First and Last Name	Birthdates (dd/mm/yy)	Age	Gender (M/F)	Foundation Office Use Only Do not write in this section.	
<u>Main applicant:</u>				\$ Amount Approved:	Client Contribution:
<u>Applicant 2</u>				\$ Amount Approved:	Client Contribution:
<u>Applicant 3</u>				\$ Amount Approved:	Client Contribution:
<u>Applicant 4</u>				\$ Amount Approved:	Client Contribution:
<u>Applicant 5</u>				\$ Amount Approved:	Client Contribution:

### Referral Agency Use Only

**Agency Information:** Date application received: \_\_\_\_\_ Application Approved: \_\_\_\_\_ Yes \_\_\_\_\_ NO  
 Name of staff person: \_\_\_\_\_ Agency Name: \_\_\_\_\_  
 Signature of staff person: \_\_\_\_\_ Date approval sent to Foundation: \_\_\_\_\_

**Foundation Information:** Date received: \_\_\_\_\_ Date approved: \_\_\_\_\_  
 Pass to be activated by: \_\_\_\_\_ Foundation Signature: \_\_\_\_\_

# Wishing You Wellness Subsidy Application Form

## Income and Assistance Verification

Please state your total net household income per month for **all adults** included on this application. \$ \_\_\_\_\_  
**Please refer to the household maximum income chart to determine if you are eligible for the program.**

Income verification is for yourself and immediate adult family members. Children **19 years of age and over**, grandparents or other extended family members must complete their own application.

**This subsidy program requires that you contribute 25% of the approved amount.**

Please check the box that applies to you and describe the proof of documentation you have provided.

Name of Assistance	<input type="checkbox"/> Check	List proof of documentation provided	Office Use Only Do not write in this section (Staff: Initial and approve)
AISH			
Income Support			
Health Benefits			
Guaranteed Income Support			
Refugee Status			
Other			

## Residency Verification

The subsidy program is only available to qualifying residents of Parkland County, The City of Spruce Grove and the Town of Stony Plain. Please provide verification of one of the following documents with the applicant's name and current address:

Name of Assistance	<input type="checkbox"/> Check	List proof of documentation provided	Office Use Only Do not write in this section (Staff: Initial and approve)
Notice of Assessment			
Current Bank Statement			
Municipal Tax Notice			
Recent Utility Bill			
Other			

## Application Checklist

- I have completed all the sections of this form on both sides of the page.
- I have indicated all family members who want to receive subsidy through the 'Wishing You Wellness' subsidy program.
- I have provided the required income verification documents for myself and my partner/spouse (if applicable).
- I have provided necessary documents to provide proof of the assistance I am presently receiving.
- I have provided proof of one of the required residency verification documents.

## Declaration

I hereby certify that the information in this application is true, correct and complete in every respect. I have fully disclosed my family's income from all sources, where necessary. I understand that this application is valid for a maximum of six months and future subsidy requests will require a new application. I grant permission for \_\_\_\_\_ (name of referral agency) to verify any information on this application. By signing this application I authorize my personal information to be shared with the Tri- Community Health and Wellness Foundation for the said purposes of this program.

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

Please allow 2-3 weeks for processing your application. If you are accepted into the program, you will be contacted by a staff person with more information on how to use the subsidy program. If you are ineligible for the program, you will also be contacted. Thank you for your application.

*All forms are to be submitted in confidence to: Tri Community Health & Wellness Foundation  
 by e-mail to Shandi.saito@albertahealthservices.ca*