

Leisure Assistant Pass Application Form

NEW APPLICANTS - Complete Sections 1-3.
RENEWING APPLICANTS - Complete Sections 1 & 2 only.

Complete applications can be submitted:

<p><u>In-Person at any Saanich Recreation Centre</u></p> <p>Cedar Hill Recreation Centre 3220 Cedar Hill Road Phone: 250-475-7121</p> <p>G.R. Pearkes Recreation Centre 3100 Tillicum Road Phone: 250-475-5400</p> <p>Gordon Head Recreation Centre 4100 Lambrick Way Phone: 250-475-7100</p> <p>Saanich Commonwealth Place 4636 Elk Lake Drive Phone: 250-475-7600</p>	<p><u>By Fax</u></p> <p>250-475-5411</p> <hr/> <p><u>By Mail</u></p> <p>Saanich Recreation Administration 780 Vernon Avenue Victoria, BC V8X 2W7</p> <hr/> <p><u>By Email</u></p> <p>recreation@saanich.ca</p>
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Section 1 – Applicant Information **New Card** **Renewing Card**

First & Last Name _____

Date of Birth (dd/mm/yyyy) _____

Street Address _____

City/Province/Postal Code _____

Phone Number _____

Email _____

How would you like to collect your card?

- By Mail
- Pick Up at Saanich Recreation Centre

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Section 2 – Terms of Use

Recognizing an individual may be independent in one environment and not in another, Leisure Assistant Pass holders are expected to only use their passes at venues where assistance is required. Within each venue, persons with a disability and assistants are expected to stay together. Misuse or abuse of the pass could result in termination of it and its privileges.

I certify that I understand the Terms of Use indicated above.

Applicant/Guardian Signature: _____ **Date:** _____

The personal information collected in this form is collected in accordance with section 26(c) of the Freedom of Information and Protection of Privacy Act for the purposes of administering the Leisure Assistant Pass program. Questions can be directed to the District's Privacy Officer at: 770 Vernon Avenue, Victoria BC, V8X 2W7, t. 250-475-1775, e. foi@saanich.ca

FOR OFFICE USE ONLY	
DATE APPLICATION RECEIVED:	STAFF NAME:

If RENEWING , expired Leisure Assistant Pass shown?	Yes / No
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If NEW application, copy of secondary documentation taken OR health care professional authorization section complete?	Yes / No
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Please send NEW applications to Recreation Administration for approval.	
APPLICATION APPROVED? Yes / No	APPLICANT CONTACTED?

Section 3 – Secondary Documentation or Professional Authorization

Only required for new applicants. Along with completing Sections 1 & 2, provide a copy of one of the secondary documentation pieces identified in Part A or have a health professional complete Part B.

Part A – Secondary Documentation

Provide a copy of one of the below with completed Sections 1 & 2. If you cannot provide this, complete Part B.

- CNIB ID card
- Access 2 card
- Federal Disability Pension statement
- Provincial Disability Supplementary Income statement

Part B – Health Care Professional Authorization *For completion by health care professional.*

If you cannot provide a copy of one of the secondary documents noted in Part A, have your health care professional complete the below.

- | | |
|---|--|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Behaviour Analyst (BCBA) | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Nurse (RN, RPN) | <input type="checkbox"/> Recreational Therapist |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Social Worker (RSW) |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Other: _____ |

I certify that _____, who is a client/patient of mine, is a person with a permanent disability who, due to the disability, requires accompaniment by a support person to assist with communication, mobility, personal/medical needs or access to goods, services or facilities.

Health Care Professional Name _____

Professional Registration Number _____

Practice/Service Address _____

Phone Number _____

Signature _____

Date _____