



RURAL APPLICATION

For Office Use Only

Card Number Allocated:

COMMUNITY ACCESS PROGRAM APPLICATION FOR RURAL RESIDENTS

Date: _____

Client Name: _____

Mailing Address: _____

Legal Land Description: _____

Telephone No. : _____

- I declare I am 65 years of age or older.

Please initial if this applies

- I declare I am under the age of 65 and have a permanent disability.

(Please provide your age or date of birth and attach proof of disability) _____

Please initial if this applies

- Please attach a copy of your current Canada Revenue Agency Notice of Assessment

(Line 150 cannot exceed \$27,300/single or \$44,335/married)

The information I have provided is complete and true. I am a rural resident of Okotoks. I am aware the card expires on December 31, 2020.

Applicants Signature

Approved rural cardholders are limited to 1 trip per week or a maximum of 4 trips per month for **MEDICAL APPOINTMENTS ONLY**. This program does not pay for wait time.

Please mail, drop-off or email this form to the following:

Mail	Drop-off	email
Town of Okotoks PO Box 20 Station Main Okotoks, AB T1S 1K1	The Okotoks Recreation Centre c/o Community Wellness 99 Okotoks Drive Okotoks, AB	FCSS@okotoks.ca

The personal information on this form is being collected under the authority of section 33 c of the Freedom of Information and Protection of Privacy Act (FOIP) and will be used for the administration of the Okotoks Community Access Program. Should you have any questions regarding the collection and use of your personal information, contact the FOIP Coordinator at foip@okotoks.ca or 403-938-8944

www.okotoks.ca