

LIFE Leisure Involvement for Everyone



LIFE ADJUDICATOR FORM FOR RESIDENTS OF SOOKE & JDF ELECTORAL AREA

ADJUDICATOR, PLEASE READ CAREFULLY

The purpose of the **Adjudicator Form** is to provide an effective alternative for applicants of the LIFE program who are not able to provide proof of residency and/or proof of income through a recent Notice of Assessment (NOA) or whose NOA does not present their current financial situation. **It is a requirement that the adjudicator be familiar with the applicant's financial and residential situation**, as their signature verifies the financial need of the applicants(s).

Adjudicators can be:

- Social Worker, Case Manager or Family Services Worker
- School Principal, Teacher or Counsellor
- Doctor or Healthcare Professional
- Lawyer or Notary Public
- Housing Assistant or Support Advocate
- Other related professional support

**An adjudicator must not be a relative of the applicant.*

INFORMED DISCLOSURE

Adjudicator Name: _____

Organization Name: _____

Position: _____

Organization Address: _____

Adjudicator Email: _____

Adjudicator Phone: _____

Primary Applicant's Name: _____

Of People In Household: _____

Combined Annual Income Of Applicant(S): _____

Applicant(S) Lives At: _____

Since Date Of: _____

Insert address

INTENT & ELIGIBILITY REQUIREMENTS

The intent of the LIFE program is to provide recreational opportunities for individuals residing in Sooke and the JDF Electoral Area (East Sooke, Otter Point, Shirley, Jordan River) who are unable to access recreation due to financial hardship.

To qualify for the LIFE program applicants must be at or below the low-income threshold, as determined by Statistics Canada.

# IN HOUSEHOLD	1	2	3	4	5	6	7 or more
COMBINED INCOME	\$29,640	\$38,493	\$47,145	\$55,076	\$62,464	\$70,451	\$78,436

**Numbers are determined by the Statistics Canada low-income threshold, including inflation changes in the regional cost of living allowance.*

REASON FOR ADJUDICATION

- ☐ Newcomer without employment or with an NOA Line under \$150
- ☐ General NOA line 15000 under \$150
- ☐ On Disability and does not file taxes
- ☐ Have not filed taxes for previous year or current year
- ☐ Notice of Assessment is not reflective of current financial status (i.e. job loss)
- ☐ Proof of residency

Other, please explain: _____

COMPLETE BACK SIDE ->

CONSENT

I have thoroughly read and understood the requirements of the LIFE program. I confirm that the applicants listed above require financial assistance and endorse that they would otherwise be unable to access recreational opportunities.

By signing this form, I confirm that applicant meets the income and/or residency requirements for the LIFE program. I agree to participate in a brief telephone inter if the administrator of the LIFE program deems it appropriate.

SIGNATURE: _____

DATE: _____

The collection of personal information is authorized under section 26(c) and (e) of the Freedom of Information and Protection of Privacy Act. The information is only used for the purposes described above. Enquiries about the collection or use of information in this form can be directed to Shari Mason, Administrative Coordinator smmason@crd.bc.ca.

FOR OFFICE USE ONLY

NAME OF PRIMARY APPLICANT:

WAS LIFE PASS ISSUED TO CLIENT TODAY? ☐ YES ☐ NO

IF NOT PLEASE EXPLAIN:

STAFF INITIALS:

VERIFIED BY:

ON WHAT DATE: