

# +Grey National Child Benefit (NCB) Reinvestment Program Application Form

**Application Criteria:** Applicants must reside in Grey County, have family earnings of less than \$50,000.00 and have children under the age of 18 residing with them on a regular basis.

**Please return completed application and supporting documentation to:**

Grey NCB Reinvestment Program  
c/o Owen Sound Family YMCA  
700 10<sup>th</sup> Street East, Owen Sound, ON N4K 0C6

**If you wish to arrange a confidential meeting, or for more information please contact the NCB Coordinator:**  
P: 519-376-0484 ext. 227 | F: 519-372-2142

<b>Applicant (Parent/Guardian)</b>	Last Name:	First Name:
<b>Mailing Address:</b>	Street/Rural Route #/PO Box/Apt./Unit #:	
	City:	Postal Code:
<b>Telephone:</b>	Day Time:	Evening:

**Applicants must be residents of Grey County. Please check one box indicating the area in which you live.**

- |  |                                     |  |   |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> Blue Mountains (Thornbury / Clarksburg) | <input type="checkbox"/> Chatsworth | <input type="checkbox"/> Georgian Bluffs | <input type="checkbox"/> Grey Highlands |
| <input type="checkbox"/> Hanover                                 | <input type="checkbox"/> Meaford    | <input type="checkbox"/> Owen Sound      | <input type="checkbox"/> South Gate     |
|  |                                     | <input type="checkbox"/> West Grey       |   |

Is this the first time you have applied for **any** NCB program in Grey County? **Please circle one:**    YES    /    NO

# of Children in Family:	# of Children Applying:	Are you a single parent family?    YES    /    NO
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Are you receiving Social Assistance (Ontario Works)? Please circle one:    YES    /    NO

If you answered NO, please indicate the source of your income (i.e. Employment, ODSP, OSAP, Spousal Support, etc.):

**GROSS FAMILY INCOME** from all sources, for all members of the family unit \$ \_\_\_\_\_ **per year**

**Please attach proof of income statements from all sources to your Application.**

See Page 5 of Application for a complete list of proof of income required documents.

**DECLARATION**

I, \_\_\_\_\_ am the applicant named above. I certify that all the statements in this application are true to the best of my knowledge and belief and no information required has been omitted or concealed. I also understand the information submitted on this application form will be shared with the **Grey County Social Services Department and the Canadian Tire JumpStart Program.**

I understand that I am responsible to pay the activity provider 10% (but no less than \$10.00) of the total fee, and that the Good Food Box subsidy is \$7.00 per month.

**I request and authorize the following: (Please check one of the boxes below)**

- Registration information be shared with the activity provider and/or Good Food Box program and the subsidy cheque be sent directly to them on my behalf. I will pay my portion of the fee directly to the activity provider or Good Food Box.

**OR**

- I receive reimbursement for receipts that I have submitted, and as such the activity provider or Good Food Box will not be contacted by the Grey NCB Reinvestment Program.

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

## Request for Recreation Subsidy

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Please apply for Recreation Subsidy well in advance. Depending on available funds, the maximum subsidy available is:

- \$325.00** per child per calendar year for families with a gross income less than \$25,000 per year
- \$275.00** per child per calendar year for families with a gross income less than \$25,000 - \$30,000 per year
- \$225.00** per child per calendar year for families with a gross income less than \$30,000 - \$35,000 per year
- \$175.00** per child per calendar year for families with a gross income less than \$35,000 - \$50,000 per year

Applicants are responsible for paying the activity provider 10% (but no less than \$10.00) of the total registration fee.

Subsidy is for children's registration fees for sports programs, swimming lessons, music lessons, art classes, drama classes, fitness memberships, school programs, camps, etc.

Name of Child:		Age:	Birthdate:	Male:	Female:
Name / Address of Activity Provider:			Name of Activity:		
Registration Fee: <b>(Attach registration form)</b>	Equipment / Supplies: <b>(Attach receipts)</b>	Family Contribution:		Subsidy Requested Total: \$	

Name of Child:		Age:	Birthdate:	Male:	Female:
Name / Address of Activity Provider:			Name of Activity:		
Registration Fee: <b>(Attach registration form)</b>	Equipment / Supplies: <b>(Attach receipts)</b>	Family Contribution:		Subsidy Requested Total: \$	

# Request for Recreation Subsidy – continued

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Name of Child:		Age:	Birthdate:	Male:	Female:
Name / Address of Activity Provider:			Name of Activity:		
Registration Fee: <b>(Attach registration form)</b>	Equipment / Supplies: <b>(Attach receipts)</b>	Family Contribution:	Subsidy Requested Total: \$		

Name of Child:		Age:	Birthdate:	Male:	Female:
Name / Address of Activity Provider:			Name of Activity:		
Registration Fee: <b>(Attach registration form)</b>	Equipment / Supplies: <b>(Attach receipts)</b>	Family Contribution:	Subsidy Requested Total: \$		

Name of Child:		Age:	Birthdate:	Male:	Female:
Name / Address of Activity Provider:			Name of Activity:		
Registration Fee: <b>(Attach registration form)</b>	Equipment / Supplies: <b>(Attach receipts)</b>	Family Contribution:	Subsidy Requested Total: \$		

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## Request for Good Food Box Subsidy

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Please check one location only to receive **\$7.00 monthly subsidy** on the purchase of fresh fruit and vegetables, once a month, for 6 months.

<input type="checkbox"/> <b>Owen Sound Good Food Box</b> (select location) <input type="checkbox"/> Central Westside United Church <input type="checkbox"/> Alpha St. Resource Centre	<input type="checkbox"/> 6 LARGE @ \$15.00 each
<input type="checkbox"/> <b>Meaford Good Food Box</b>	<input type="checkbox"/> 6 LARGE @ \$13.00 each
<input type="checkbox"/> <b>Hanover HARC Inc.</b>	<input type="checkbox"/> 6 LARGE @ \$15.00 each
<input type="checkbox"/> <b>Durham Foursquare Gospel Church</b>	<input type="checkbox"/> 6 LARGE @ \$15.00 each
<input type="checkbox"/> <b>Markdale Agricultural Society</b>	<input type="checkbox"/> 6 LARGE @ \$15.00 each
<input type="checkbox"/> <b>Dundalk Good Food Box</b>	<input type="checkbox"/> 6 LARGE @ \$15.00 each

Please help us with our statistics by entering the age and indicating the gender of your children.							
	Age	Male	Female		Age	Male	Female
Child #1				Child #4			
Child #2				Child #5			
Child #3				Child #6			

## The Good Food Box Network

The Good Food Box program is open to the whole community. Eligible families receive a \$7.00 monthly subsidy through the Grey NCB Reinvestment Program. Good Food Boxes are pre-paid and ordered once a month on a designated date and picked up a couple of weeks later on a designated date at the locations listed below.

The Good Food Box program offers:

- **VARIETY:** Enjoy fresh, seasonal fruits and vegetables purchased locally whenever possible
- **AFFORDABILITY:** Fresh fruit and vegetables when purchased in bulk offer savings that are then passed onto you
- **VOLUNTEER OPPORTUNITIES:** Participate locally in the packing and distribution of boxes
- **NEWSLETTERS:** Outlining nutritional information, cooking tips and community news

Good Food Box Pick Up Locations	Address	Contact Information
Owen Sound Good Food Box	<b>Central Westside United Church</b> 310 10 <sup>th</sup> Street West <b>Alpha Street Resource Centre</b>	519-376-8319
Meaford Good Food Box	Meaford Community Centre <i>in the Dance Hall</i> 151 Collingwood Street West	Tom 519-538-4654
Hanover Good Food Box	HARC Inc. 521 11 <sup>th</sup> Avenue	Kathy 519-364-6100
Durham Good Food Box	Foursquare Gospel Church 193 Garafraxa Street South	Elva 519-369-5363
Markdale Good Food Box	Markdale Agricultural Society <i>at the Annesley United Church</i> 82 Toronto Street South	Kate 519-986-4991

## Required Sources

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Below is a list of some of the required sources of income that you will need to supply with your Application.

- Support payments (spousal and child, mutual agreement or court ordered)
- Employment income (one month's pay stubs/direct deposit notice)
- Ontario Works (recent month's pay stub/direct deposit notice)
- Ontario Disability Support Program (ODSP)
- Canada Pension Plan (CPP)
- Death benefits (child/adult)
- EI benefits (ROE [record of employment] if recently laid off or not receiving benefits)
- Severance packages/allowances
- Self-employment (copy of the tax return filed with Canada Revenue Agency)
- Farm income (copy of the tax return filed with Canada Revenue Agency)
- Rental income (copy of the tax return filed with Canada Revenue Agency)
- Annuity/Interest income
- Education income (EI or insurance, etc.)
- Ontario Student Assistance Program (OSAP)
- Workers Income Replacement Benefit (WSIB)
- Insurance income/benefits
- Child Tax Credit amounts

In addition to the above documentation, income verification proof must be provided by way of **page one of tax return or the Notice of Assessment** if claiming as a single parent family. The Notice of Assessment cannot be used to verify current financial situation/income.