

Grey National Child Benefit (NCB) Reinvestment Program Application Form

Application Criteria: Applicants must reside in Grey County, have family earnings of less than \$55,000.00 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 10th 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: 519-376-0487

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

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

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|--|-------------------------------------|--|---|
| <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.):

Canada Child Benefit Amount \$ _____ per year

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 \$10.00/\$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

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

- \$350.00 per child per calendar year for families with a gross income less than \$25,000 per year
- \$300.00 per child per calendar year for families with a gross income of \$25,000 - \$30,000 per year
- \$250.00 per child per calendar year for families with a gross income of \$30,000 - \$35,000 per year
- \$200.00 per child per calendar year for families with a gross income of \$35,000 - \$55,000 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: (Attach registration form)	Equipment / Supplies: (Attach receipts)	Family Contribution:		Subsidy Requested Total: \$	

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

Request for Recreation Subsidy – continued

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

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

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

Request for Good Food Box Subsidy

Please check one location only to receive **\$10.00 monthly subsidy** on the purchase of fresh fruit and vegetables, once a month, for 6 months. Please note, Meaford and Chatsworth residents receive **\$7.00 monthly subsidy**.

<input type="checkbox"/> Owen Sound Good Food Box (select location) <input type="checkbox"/> Central Westside United Church <input type="checkbox"/> Alpha St. Resource Centre	<input type="checkbox"/> 6 LARGE @ \$20.00 each
<input type="checkbox"/> Meaford Good Food Box	<input type="checkbox"/> 6 LARGE @ \$12.00 each
<input type="checkbox"/> Chatsworth Good Food Box	<input type="checkbox"/> 6 LARGE @ \$15.00 each
<input type="checkbox"/> Hanover HARC Inc.	<input type="checkbox"/> 6 LARGE @ \$20.00 each
<input type="checkbox"/> Durham Foursquare Gospel Church	<input type="checkbox"/> 6 LARGE @ \$20.00 each
<input type="checkbox"/> Markdale Agricultural Society	<input type="checkbox"/> 6 LARGE @ \$20.00 each
<input type="checkbox"/> Dundalk Good Food Box	<input type="checkbox"/> 6 LARGE @ \$20.00 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 \$10.00 monthly subsidy through the Grey NCB Reinvestment Program and eligible families in Meaford and Chatsworth receive a \$7.00 monthly subsidy. 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.

Good Food Box Pick Up Locations	Address	Contact Information
Owen Sound Good Food Box	Central Westside United Church 310 10 th Street West Alpha Street Resource Centre	519-376-8319
Meaford Good Food Box	Meaford Community Centre <i>in the Dance Hall</i> 151 Collingwood Street West	Tom 519-538-4654
Chatsworth Good Food box	Chatsworth Legion 339 Garafraxa St.	Thomas 519-270-4763
Hanover Good Food Box	HARC Inc. 521 11 th 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	Connie 519-986-3091
Dundalk Good Food Box	Dundalk Credit Union 79 Proton Street North	Dorothy 519-923-5974

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

Required Sources

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.