

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: \$		

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 (OSHARE)	<input type="checkbox"/> 6 LARGE @ \$20.00 each
<input type="checkbox"/> Meaford Good Food Box	<input type="checkbox"/> 6 LARGE @ \$15.00 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	OSHARE 946 3 rd Ave. East	
Meaford Good Food Box	Meaford Community Centre <i>in the Dance Hall</i> 151 Collingwood Street West	Amber Knott knottamber@hotmail.com
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.