



R.A.M.P. Application – Adult/Youth Recreation Access Membership Program

Note: Applicant must be an Oshawa resident.

Which program are you applying for? (please select one option)

Adult R.A.M.P. (18 years & older) or **Youth R.A.M.P. (under 18 years)**

Section 1: Personal Information of Individual Applicant with Permanent Disability

Family Name	First Name	Date of Birth
Address	City	Postal Code
Home Phone	Alternate Phone	E-mail address

Section 2: Eligibility Verification

All persons with permanent disabilities are eligible for this program.

Please indicate the program(s) with which the applicant is involved. Please **attach photocopy proof** of one of the verification items listed below. If the applicant is not involved with any of the listed programs, proceed to **Section 3**.

O.D.S.P. (Ontario Disability Support Program) Date of Receipt: _____

C.P.P. (Canada Pension Plan) Disability Support Date of Receipt: _____

Other Agency/Client Verification such as C.N.I.B. Client Card, Access 2 Entertainment, Disability Travel Card

Please indicate: _____

Personal information contained on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and will be used for the purpose of determining if an individual has a permanent disability and is eligible for the program. Questions concerning collection of personal information should be directed to the City of Oshawa’s Freedom of Information and Privacy Co-ordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7 or by phone at 905-436 3311.

Section 3: Professional Reference Check

A professional reference check is only required if the applicant did not complete Section 2: Eligibility Verification.

Verification is required confirming that the applicant has a permanent disability, that the disability restricts the individual from performing activities within the range considered normal, and that the disability cannot be eliminated by the use of a technical aid.

Please attach written verification from a qualified professional. **Documentation must be dated within the past 6 months and include the professional's signature.** Documentation must be provided on professional letterhead or otherwise clearly identify the professional's name, credentials and contact information. Qualified professionals may include a physician, nurse practitioner, psychiatrist, psychologist, occupational therapist, physiotherapist, teacher or other professional familiar with the applicant's disability.

The City of Oshawa reserves the right to contact the professional listed below to verify submitted documentation.

Name of Reference	Occupation	Phone	E-mail / Fax

The statements made above are, to the best of my knowledge, complete and accurate. I understand that supporting documentation must be submitted with this application and that the City of Oshawa may contact the professional identified above to verify the information provided. Approval of this application depends upon verification that I, the applicant, am a person with a disability (according to Statistics Canada definition).

Signature	Date
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(Signature of adult applicant or Parent/Guardian of youth applicant)

Office Use:

Facility and staff member who accepted application	Date
Approved by	Date

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