

## Town of Rocky Mountain House Recreation Facility Access Program Referral Form

The following person/family qualifies for the Recreation Facility Access Program according to Policy 014/2024 of the Town of Rocky Mountain House.

**List all qualifying Family Members:**

(one form per family)

Office Use	Applicant's Full Name	Age	Address	Phone

**Referred by:**

Name: (please print) \_\_\_\_\_

Position/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

FCSS reserves the right to confirm the eligibility of the applicant with the referral agency. All information pertaining to this form and any discussion with the referral agency will be kept in the strictest confidence.

The personal information being collected is under Section 33 and is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act contact the FOIP Coordinator 403-845-2866 or email [legislative@trmh.ca](mailto:legislative@trmh.ca).

(Office Use Only)    Expiry Date: \_\_\_\_\_

**Instructions:**

*Present this form to the Clearwater Regional Family and Community Support Services (FCSS) located at 5110-50 Ave, Rocky Mountain House (Former Post House) to receive a Recreation Facility Access Program Card for reduced rate admissions (50% of usual price for youth, adult, & senior).*

*A new Referral Form must be completed to obtain program cards upon their expiry.*