



RECREATION ACCESS PROGRAM

Referral Letter

Date: _____

Applicant's Name: _____
 (Agency to fill in applicant's name)

For: Social Assistance Recipients Ministry of Employment & Income Assistance 316 3 rd Avenue West Prince Rupert, BC, V8J 1L4	For: Canada Pension Plan Disability Recipients Service Canada 215 3 rd Street, Suite 100 Prince Rupert, BC, V8J 3J9
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This letter is to confirm the above named person, by way of his/her signature below, has permitted the Ministry of Employment & Income Assistance or Service Canada to verify that he/she is in receipt of social assistance or disability benefits.

Verification of the above named person will permit the letter holder and his/her eligible family members receive Recreation Access Program benefits to be used for discounted admission on eligible activities at the Prince Rupert Recreation Complex.

Eligible family members are to be listed in the spaces provided below.

Signature of Applicant: _____

Eligible Family Members: (Agency to fill in eligible family members)			Ministry Stamp & Signature of Agency Rep
Last Name	First Name	Date of Birth	