



# **LDAA • Learning Disabilities Association of Alberta**

*Calgary Chapter*

## **2011 SUBSIDY APPLICATION INFORMATION**

Thank you for applying to register your child in an LDAA-CC program. Operating programs for children with learning disabilities is expensive and the Learning Disabilities Association of Alberta - Calgary Chapter (LDAA-CC) anticipates that you will contribute a portion of the fees. We invite you to apply for fee subsidization and/or talk to us about a payment plan. We accept Visa and MasterCard but are unable to process Debit payments.

### **Subsidy Info**

Our subsidy program is available through the generous support of donors. The amount available for subsidies varies throughout the year depending on donations and amount of subsidies that have been approved previously. The LDAA-CC reserves the right to change the requirements for subsidy approval, and/or set new guidelines for subsidy approval, at any time, without prior notice.

Approval of a subsidy for one program in no way guarantees future approvals. A separate application request must be submitted for each child and for each program requiring a subsidy, although backup documentation only needs to be submitted once in any one year (January to December).

- **A membership, in good standing, with the LDAA-CC is required to be considered for a subsidy. If you are not already a member, please submit your 2011 \$40 membership fee and form.**
- **Memberships are not subsidized.**

**To apply, complete a 'Subsidy Application' and submit with the backup documents listed on the form.**

**If your child is eligible for FSCD support, we request that you use that money as your portion of the fees. We can bill FSCD direct within certain guidelines...please contact the LDAA-CC for details.**

Any financial information you provide is strictly confidential. We are not able to guarantee the return of the supporting documents attached to the subsidy form as they are not kept in our files, but are destroyed. **DO NOT provide any original document that you would like returned. Please send copies only.**

**Submit forms to the attention of Donna Clark at the LDAA-CC offices. Allow at least 2 weeks for processing.**

**Forms may be mailed, hand delivered or faxed to 403-270-4043.**

**Note: Subsidies for Summer Camp Amicus may be held for processing until May, 27, 2011.**



**2011 PROGRAM SUBSIDY APPLICATION**  
Please fill out a separate form for each child and each program

**Parent/Guardian Name** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

Cell phone number \_\_\_\_\_ Day phone number \_\_\_\_\_ Evening phone number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

**Child's Name (Last Name First)** \_\_\_\_\_

**Program/Camp Name** \_\_\_\_\_ **Program/Camp Start Date:** \_\_\_\_\_

I understand a LDAA-CC membership in good standing is required for registration in any LDAA-CC program.

2011 Membership Form with \$40 Fee OR  2011 Membership already paid

**I/we would like to request financial assistance because I/we are not able to pay the full fee. If my/our financial circumstances change during this year I/we will notify the LDAA-CC of the change in my/our financial situation.**

**Preliminary Information**

Gross Family Monthly Income \$ \_\_\_\_\_

(Include Common Law Partner income, all tax credits, GST rebates social assistance, work, support, AISH)

Taxable income per tax return \$ \_\_\_\_\_

(Per previous tax return- for self, spouse/ common law partner)

**Number of people supported  
by Family Monthly Income:**

Adults \_\_\_\_\_

Dependants \_\_\_\_\_

Other \_\_\_\_\_

**Total** \_\_\_\_\_

**Please supply the following information for you and your spouse or common law partner:**

- A copy of a tax assessment from the 2009 tax year **OR**
  - A working copy of the 2010 tax return **AND**
  - Verification of current income.

**My child is also eligible to receive reimbursement from Family Services for Children with Disabilities.**

(Check  if applicable) **A Third Party Billing Authorization and required documentation are attached.**

**I certify that all information supplied is true and correct. I agree that I will pay any portion of Program/Camp fees that are not covered by an LDAA-CC subsidy or Third Party Billing.**

**I/we understand we are expected to pay a portion of the program/camp fees.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name (Parent/Guardian) \_\_\_\_\_

<b>For Office Use Only</b>	<b>Program Fee \$</b>	
<b>Approved Subsidy \$</b>	<b>Recommended Fee to Pay \$</b>	<b>Invoice #</b>
<b>Deposit/ Other \$</b>	<b>Third Party Billing \$</b>	<b>Invoice #</b>
<b>Balance Owing \$</b>	<b>Subsidy Approved By:</b>	<b>Parent Contact Date:</b>

\*Please make sure that all information is completed and correct. If information is missing it may delay the registration process.