



Physical Activity – Activity 6, Worksheet 3A – CLB 2–3

Physical Activities

Read about Mr. and Mrs. Singh. Write down new words. Discuss as a class.

Ashok Singh and his wife Indira are newly married. They want to learn how to dance. They know that their local Parks and Recreation department offers lessons and financial assistance to low-income families. They live at 148 Albert Street, Hamilton, L4T 2B9. His birthday is June 3, 1977. She was born on November 18, 1980. Their home phone number is 905-555-7823. They have attached a copy of their Permanent Resident cards, driver's licences and T4 slips.

New Words

_____	_____	_____
_____	_____	_____
_____	_____	_____





Physical Activity – Activity 6, Worksheet 3B – CLB 2–3

Physical Activities

Using information from Activity 6, Worksheet 3A, help Mrs. Singh complete this financial assistance form.

★ Please **PRINT** clearly

Applicant (Main contact)				
Last name	First name	Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address			Apt. / Unit #:	
City		Province Ontario	Postal code:	
Home Telephone	Work Telephone	Cell Phone		
Spouse / Partner				
Last name	First name	Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Children				
1. Last name	First name	Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
2. Last name	First name	Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
3. Last name	First name	Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
4. Last name	First name	Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Proof of Current Total Family Income (Please check all boxes that apply)				
<input type="checkbox"/> Notice of Assessment	<input type="checkbox"/> Social Assistance (Ontario Works) include Drug Benefit Eligibility Card	<input type="checkbox"/> Letter from Social Agency or Religious Institution (must state total family income)		
<input type="checkbox"/> T4 Slips	<input type="checkbox"/> Ontario Disability Support Program include Drug Benefit Eligibility Card	<input type="checkbox"/> Guaranteed Income Supplement (GIS)		
<input type="checkbox"/> Pays Stubs (2 consecutive)	<input type="checkbox"/> Workers' Compensation Benefits	<input type="checkbox"/> CPP / Disability Pension		
<input type="checkbox"/> Employment Insurance				
I, _____, have completed this application form for the financial aid and state that the information I have provided is to the best of my knowledge. I agree to accept financial responsibility for the program(s) myself and my family are registered in, should my application be denied.				
Applicant's signature			Date (dd/mm/yyyy)	
_____ _____ _____				
For Office Use ONLY				
Applicant ID verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse ID verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Children ID verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Address verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Financial need verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Outcome: <input type="checkbox"/> Approved <input type="checkbox"/> Declined		Processed by:	Date: (dd/mm/yyyy)	
CLASS Data Entry Completed by:			Date: (dd/mm/yyyy)	