# 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)* | ☐ Male ☐ 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)* | ☐ Male ☐ Female |
| **Children** | | | |
| 1. Last name | First name | Date of Birth *(dd/mm/yyyy)* | ☐ Male ☐ Female |
| 2. Last name | First name | Date of Birth *(dd/mm/yyyy)* | ☐ Male ☐ Female |
| 3. Last name | First name | Date of Birth *(dd/mm/yyyy)* | ☐ Male ☐ Female |
| 4. Last name | First name | Date of Birth *(dd/mm/yyyy)* | ☐ Male ☐ Female |

**Proof of Current Total Family Income** *(Please check all boxes that apply)*

| | | |
|---|---|---|
| ☐ Notice of Assessment | ☐ Social Assistance *(Ontario Works)* include Drug Benefit Eligibility Card | ☐ Letter from Social Agency or Religious Institution *(must state total family income)* |
| ☐ T4 Slips | ☐ Ontario Disability Support Program include Drug Benefit Eligibility Card | ☐ Guaranteed Income Supplement *(GIS)* |
| ☐ Pays Stubs *(2 consecutive)* | ☐ Workers' Compensation Benefits | ☐ CPP / Disability Pension |
| ☐ Employment Insurance | | |

I, _____, have completed this application form for the finanical 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: ☐ Yes ☐ No | Spouse ID verified: ☐ Yes ☐ No | Children ID verified: ☐ Yes ☐ No | Address verified: ☐ Yes ☐ No | Financial need verified: ☐ Yes ☐ No |
|---|---|---|---|---|
| Outcome: ☐ Approved ☐ Declined | Processed by: | | Date: (dd/mm/yyyy) | |
| CLASS Data Entry Completed by: | | Date: (dd/mm/yyyy) | | |