



PAL Card Application Form

For Office Use Only

Date Received _____

Date Card Issued _____

Card # _____

Please complete the following information. All information pertaining to this application is confidential.

Name: _____

Date of Birth: dd _____ mm _____ yy _____

Phone #: _____

Address: _____

City: _____ Postal Code: _____

To determine eligibility requirements, please answer the following question:

1. Is the disability: Permanent Temporary

2. Can your disability be corrected with the use of an assistive device?

(eg. Eyeglasses): Yes No

Please explain: _____

This program does not require a medical certificate for PAL Card eligibility. However, it is necessary to have verification that the applicant has a disability, therefore references are required. The references must be people who know that the applicant meets the criteria: for example, agency or service provider, occupational or physiotherapist, teacher, etc. All references will be contacted by staff before the PAL Card application is approved. **Please fill in the references sections on the back of this application.**

References:

1. Name: _____ Occupation: _____ Home Phone: _____ Work Phone: _____
2. Name: _____ Occupation: _____ Home Phone: _____ Work Phone: _____

If your application for a PAL Card is successful, we will be required to take a photograph of you. Please circle the location that you would like your picture taken at:

Canada Games Complex Thunder Bay 55 Plus Centre Ogden Community Centre

The statements made above are, to the best of my knowledge, complete and accurate. I understand that a staff person will contact the references and that approval of this application depends upon verification that the applicant is a person with a disability (according to Statistics Canada's definition) who requires a support person to participate in or perform recreation/leisure activities.

Signature: _____ Date: dd ____ mm ____ yy ____
(Signature of Applicant, Parent, Guardian, or Caregiver)

Please Mail or Drop off completed application form to:

PAL Card
600 MacKenzie St.
Ogden Community Centre
Thunder Bay, Ontario
P7C 4Z3

OR Fax to 622-1430

For More Information or Assistance Please call 625-2930