



# L.I.F.E. ADJUDICATOR FORM

**SELF DECLARATION and CONSENT: (Please Read Carefully)**

The adjudicator form is an effective option of providing proof of income for applicants of the LIFE program when they are unable to provide this information through a recent Notice of Assessment (NOA).

**The adjudicator (the individual endorsing this form) should be familiar with the applicant's financial situation as their signature verifies the financial need of the family/individual.**

- An adjudicator can be a professional in social work or family services, a school principal or counsellor, a senior recreation administrator, a healthcare professional, a priest/pastor, a lawyer or notary public, a housing assistant or support advocate, **must not be a relative of the applicant**.
- Adjudicators, other than those listed above, may be considered if written documentation from the potential adjudicator is attached outlining the financial need of the applicant.
- Applications that have adjudicator forms need to be approved by Administrative Services, Recreation Oak Bay.

**As the adjudicator, please provide the following information:**

**ADJUDICATORS NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**ORGANIZATION NAME:** \_\_\_\_\_

**ORGANIZATION ADDRESS:** \_\_\_\_\_

I have thoroughly read and understand the guidelines of the LIFE application requirement of Proof of Household Income and agree that the Household Income of this **applicant (name)** \_\_\_\_\_ is such that they require financial assistance in order to access recreation opportunities. I agree to participate in a brief telephone follow-up interview for verification. I can be reached at the following number at the following time(s).

**PHONE:** \_\_\_\_\_ **GOOD TIME TO CALL:** \_\_\_\_\_

\_\_\_\_\_  
**ADJUDICATOR'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**OFFICIAL STAMP or PLEASE STAPLE BUSINESS CARD**

**FOR OFFICE USE ONLY** To be filled out by Recreation Oak Bay

FULL NAME OF APPLICANT: \_\_\_\_\_

PHONE # USED IN CLASS: \_\_\_\_\_ HOW MANY in family: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WAS LIFE Issued to Client Today?  YES  NO

If NOT please explain: \_\_\_\_\_

Completed by (please print name): \_\_\_\_\_

Signature: \_\_\_\_\_ On WHAT DATE: \_\_\_\_\_