

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: _____