



R.A.M.P. Application – Adult/Youth Recreation Access Membership Program

Note: Applicant must be an Oshawa resident.

Which program are you applying for? (please select one option)

- Adult R.A.M.P. (18 years & older)** or **Youth R.A.M.P. (under 18 years)**

Section 1: Personal Information of Individual Applicant with Permanent Disability

Family Name	First Name	Date of Birth
Address	City	Postal Code
Home Phone	Alternate Phone	E-mail address

Section 2: Eligibility Verification

All persons with permanent disabilities are eligible for this program.

Please indicate the program(s) with which the applicant is involved. Please attach photocopy proof of one of the verification items listed below. If the applicant is not involved with any of the listed programs, proceed to **Section 3**.

O.D.S.P. (Ontario Disability Support Program) Date of Receipt: _____

C.P.P. (Canada Pension Plan) Disability Support Date of Receipt: _____

Other Agency/Client Verification such as C.N.I.B. Client Card, Access 2 Entertainment, Disability Travel Card

Please indicate: _____

Personal information contained on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and will be used for the purpose of determining if an individual has a permanent disability and is eligible for the program. Questions concerning collection of personal information should be directed to the City of Oshawa’s Freedom of Information and Privacy Co-ordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7 or by phone at 905-436 3311.

Section 3: References

References are only required if the applicant did not complete Section 2: Eligibility Verification.

At present, this program does not require a medical certificate for R.A.M.P. eligibility.

However, it is necessary to have verification that the applicant has a permanent disability, that the disability restricts the individual from performing activities within the range considered normal, and that the disability cannot be eliminated by the use of a technical aid.

Professional references are required for this verification. The references must be people who know that the applicant meets the criteria. Potential references may include family doctor, occupational therapist, physiotherapist or teacher.

All references will be contacted by City of Oshawa staff before the R.A.M.P. application is approved.

Name of Reference	Occupation	Phone	Fax	Office Use
1.				
2.				

The statements made above are, to the best of my knowledge, complete and accurate. I understand that City staff will contact the references and that approval of this application depends upon verification that I, the applicant, am a person with a disability (according to Statistics Canada definition).

Signature	Date
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(Signature of adult applicant or Parent/Guardian of youth applicant)

Office Use	
Facility and staff member who accepted application	Date
Approved by	Date

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