



*Be an explorer.*

Corporation of the County of Bruce  
Human Services Department  
30 Park Street, PO Box 399, Walkerton ON N0G 2V0  
Toll free (800) 265-3022  
Fax (519) 881-4324

brucecounty.on.ca

## Bruce County Child Activity Assistance Program Application

The Child Activity Assistance Program (CAAP) is a fund available for families with a gross income of less than \$49,466.00. Bruce County families can access this program for their dependent children under the age of 18, and receive up to \$500.00 per child, per year.

To apply for assistance with the cost of sports activities and equipment, Jumpstart application are available online at <https://jumpstart.canadiantire.ca/> or a paper application form can be picked up at any of our Bruce County Human Services offices.

### Application Form

_____	_____	
First Name of Applicant (Parent/Guardian)	Last Name of Applicant (Parent/Guardian)	
_____	_____	
Social Insurance Number (SIN)	Date of Birth	
_____	_____	
Mailing Address (P.O. Box/Street #)	Town	Postal Code
_____	_____	_____
Phone Number	_____	Email Address

Are you receiving Ontario Works (Social Assistance)?  Yes  No

Please indicate all sources of family income, and attach related documentation and a recent Notice of Assessment. Please do not include child support as family income.

- |  |   |
|--|---|
| <input type="checkbox"/> Employment                  | <input type="checkbox"/> ODSP                 |
| <input type="checkbox"/> Canadian Pension            | <input type="checkbox"/> Other Pension Income |
| <input type="checkbox"/> Workers Compensation (WSIB) |   |
| <input type="checkbox"/> Other Income: _____         |   |



*Be an explorer.*

Corporation of the County of Bruce  
Human Services Department  
30 Park Street, PO Box 399, Walkerton ON N0G 2V0  
Toll free (800) 265-3022  
Fax (519) 881-4324

[brucecounty.on.ca](http://brucecounty.on.ca)

I, \_\_\_\_\_,  
Applicant Name

I consent to Bruce County Human Services staff collecting, retaining, and disclosing the information submitted on this application for the following purposes:

- Verifying information
- Determining eligibility
- Paying activity provider(s) named in the application

I understand Bruce County Human Services staff may contact activity provides(s) named in the application. I certify that all statements are true to the best of my knowledge and no information had been omitted or concealed.

Information is being collected for the administration of the Bruce County Child Activity Assistance program in accordance with Freedom of Information & Protection Privacy Act and Municipal Freedom of Information & Protection of Privacy Act. If you have any questions about the collection of information you can contact any Human Services Manager.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Corporation of the County of Bruce  
Human Services Department  
30 Park Street, PO Box 399, Walkerton ON N0G 2V0  
Toll free (800) 265-3022  
Fax (519) 881-4324

brucecounty.on.ca

*Be an explorer.*

_____		_____	
First Name of Child		Last Name of Child	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth	Age	Male	Female
_____			
Name of Provider or School			
_____		_____	_____
Address of Provider or School		Town	Postal Code
\$ _____	\$ _____		
Registration Fee (Attach Registration Form)	Equipment/Supply Fee (Attached Receipts)		

_____		_____	
First Name of Child		Last Name of Child	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth	Age	Male	Female
_____			
Name of Provider or School			
_____		_____	_____
Address of Provider or School		Town	Postal Code
\$ _____	\$ _____		
Registration Fee (Attach Registration Form)	Equipment/Supply Fee (Attached Receipts)		

_____		_____	
First Name of Child		Last Name of Child	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth	Age	Male	Female
_____			
Name of Provider or School			
_____		_____	_____
Address of Provider or School		Town	Postal Code
\$ _____	\$ _____		
Registration Fee (Attach Registration Form)	Equipment/Supply Fee (Attached Receipts)		



Corporation of the County of Bruce  
Human Services Department  
30 Park Street, PO Box 399, Walkerton ON N0G 2V0  
Toll free (800) 265-3022  
Fax (519) 881-4324

brucecounty.on.ca

*Be an explorer.*

_____		_____	
First Name of Child		Last Name of Child	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth	Age	Male	Female
_____			
Name of Provider or School			
_____		_____	_____
Address of Provider or School		Town	Postal Code
\$ _____	\$ _____		
Registration Fee (Attach Registration Form)	Equipment/Supply Fee (Attached Receipts)		

_____		_____	
First Name of Child		Last Name of Child	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth	Age	Male	Female
_____			
Name of Provider or School			
_____		_____	_____
Address of Provider or School		Town	Postal Code
\$ _____	\$ _____		
Registration Fee (Attach Registration Form)	Equipment/Supply Fee (Attached Receipts)		

_____		_____	
First Name of Child		Last Name of Child	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth	Age	Male	Female
_____			
Name of Provider or School			
_____		_____	_____
Address of Provider or School		Town	Postal Code
\$ _____	\$ _____		
Registration Fee (Attach Registration Form)	Equipment/Supply Fee (Attached Receipts)		



*Be an explorer.*

**Corporation of the County of Bruce**  
**Human Services Department**  
30 Park Street, PO Box 399, Walkerton ON N0G 2V0  
Toll free (800) 265-3022  
Fax (519) 881-4324

brucecounty.on.ca

### Preferred Payment Method

- Direct payment to services provider
- Direct reimbursement - paid receipts must be included

Remember...your application is not complete and cannot be processed without the following:

- Copy of birth certificate(s) for participants
- Your most recent Notice of Assessment and additional income documentation
- A paid receipt if you are requesting reimbursement of fees or require assistance with the cost of equipment or supplies

Please send all documents via email to: [HuSinfo@brucecounty.on.ca](mailto:HuSinfo@brucecounty.on.ca)

Alternately you can mail or fax your documents to Bruce County Human Services

Mail: Bruce County Human Services  
P.O. Box 399  
30 Park Street  
Walkerton, Ontario  
N0G 2V0

Fax: 519-881-4324

**Questions? Call Bruce County, Human Services at 1-800-265-3022.**

To apply for assistance with the cost of sports activities and equipment, Jumpstart application are available online at <https://jumpstart.canadiantire.ca/> or a paper application form can be picked up at any of our Bruce County Human Services offices.