



## **ACCESS PASS**

### **Information Form**

The City of Penticton will provide Access Pass status to persons with a permanent cognitive or physical disability. To be eligible, the individual must meet the eligibility requirements below and submit the Application Form. The program is not designed for persons who are in a short term rehabilitation program.

#### **Eligibility Requirements:**

Submit a letter from a pension provider stating name, phone number, mailing address, date of birth and disability status or provide proof of pension. Pension providers include the Federal or Provincial Government, WCB or ICBC, or a private insurance company. Partial disability pensions and pension applications in process will not be considered.

OR

Submit a referral letter from an established agency, association or group home whose mandate is to support persons with a permanent disability. The referral letter must state the person's name, phone number, mailing address, date of birth, and disability status. The referral letter must be on agency letterhead and provide a contact name and phone number. Referral letters from physicians and other medical professionals will not be accepted.

AND

The approval of the Recreation Manager or designate.

#### **Individuals who have been approved for an Access Pass will:**

- be entitled to a 25% discount off 10 ticket, 1 month, 3 month, 6 month and 12 month passes to the fitness room, pool or combo fitness room & pool (including promotional deals);
- have "Access Pass" status on their Class account at the Penticton Community Centre (an alert will pop up at reception during registration to notify staff).

For more information, contact the Penticton Community Centre at 250-490-2426.



## ACCESS PASS

### Application Form

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Pension Information / Proof of Disability Provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

#### Office Use Only

\_\_\_\_\_  
Received by (staff name)

\_\_\_\_\_  
Date

Proof of Disability Provided & Attached

Application Approved

Application Denied

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date

Applicant Contacted

Class Alert Entered

Application to Binder