Adjudicator Form

Adjudicator (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 income information through a recent Notice of Assessment (NOA) or for applicants whose income on paper shows they are above the limit but whose present financial situation is below the limit

PLEASE NOTE: Exceptions have been implemented to assist those during the COVID-19 pandemic while all Saanich Recreation Centres are closed.

The adjudicator (the individual endorsing this form) should be familiar with the applicant's financial situation. Their signature verifies the financial need of the family/individual and will ONLY be accepted when it is accompanied by an official office stamp and/or business card of the endorser from one of the recognized agencies listed below. Auditing is done for ALL adjudicator forms.

- Adjudicators 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. During the COVID-19 Pandemic, employers of applicants whose work situation has been affected by COVID may have their superiors endorse this document. Exceptions to the above are directed to the LIFE Programmer.
- During the COVID-19 Pandemic, please forward all Adjudicator forms directly to the Financial Assistance Programmer through email at mena.westhaver@saanich.ca or by mail to Saanich Parks, Recreation and Community Services: 780 Vernon Avenue, Victoria, B.C., V8X 2W7 attention: Mena Westhaver

As the adjudicator, please provide the following Information:

Name of endorser:	Position:
Organization name and address:	
Please read carefully: I have thoroughly read and understand the guidelines of the LIFE application requirement of Proof of Income and agree that the income of this LIFE applicant (name) _____ who residing at address _____ 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:	

_____ _____ _____

Signature of Adjudicator | Date | Official stamp

This portion to be completed by the Finanical Assistance Programmer

Full name of primary applicant:		How many in the family?
Phone # used in CLASS:	Address:	
Verified by LIFE Programmer:		On what Date:

This collection of personal information is authorized under the *Local Government Act,* Community Charter and section 26(c) of the *Freedom of Information and Protection of Privacy Act*. The information will be used for processing this application. Questions can be directed to the District's Privacy Officer at: 770 Vernon Avenue, Victoria BC, V8X 2W7, t. 250-475-1775, e. foi@saanich.ca