



R.A.M.P. Application – Family Recreation Access Membership Program

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 if the individual and his or her family members are 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 905-436 3311.

Note: Applicant must be an Oshawa resident.

Family R.A.M.P. memberships are only extended to the spouse and children of an adult R.A.M.P. member who is the primary family caregiver and who is the recipient of the Ontario Disability Support Program (O.D.S.P.).

Section 1: Personal Information of Adult 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

Adult applicant must have a permanent disability and present proof of O.D.S.P. to be eligible for this program.

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

Section 3: Family Members

Please record family members below:

Note: “Family” is defined as 2 adults (parents/guardians) and their children 17 years of age and younger living at the same residence. Proof of age may be required.

Family Name:	Name of Spouse:
Name of 1 st Child	Date of Birth:
Name of 2 nd Child	Date of Birth:

Name of 3 rd Child	Date of Birth:
Name of 4 th Child	Date of Birth:

The statements made above are, to the best of my knowledge, complete and accurate.

Signature	Date
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(Signature of adult applicant)

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