

Financial Assistance Referral Form

This New Westminster resident, and applicable household family members, are experiencing financial limitations and the agency below is endorsing their access to the Parks and Recreation Financial Assistance Program.

Client Information

Full Name	
Date of Birth (YYYY/MM/DD)	
Address	
Phone Number	

Additional Eligible Family Members (Dependents under 18 and one additional adult)

Full Name	Date of Birth (YYYY/MM/DD)

Social Service Agency Referral Information

Referring Person	
Referring Person Title	
Agency Name	
Agency Phone Number	
Agency Address	
Date	

FOR STAFF:

- Proof of New Westminster residency dated within 3 months.
- Proof of household income as alternative to Social Service Agency Referral.

Referral Form Submission Process

To apply, bring this completed form and proof of New Westminster residency to any recreation facility during regular customer service front desk operating hours. Purchase of discounted services is available immediately upon application completion by staff.

Questions?

Parks and Recreation Access & Inclusion Policy and Program: newwestcity.ca/access

Facilities & Hours of Operation: newwestcity.ca/parks-and-recreation/facilities