



Special Needs (SN) Pass

Eligibility

*Residents living within the Central Cariboo Recreation taxation area who have a **permanent** physical or mental disability can apply for a Special Needs (SN) Pass. **The SN Pass is 50% off the regular "Resident" 10 ticket pass rate and is non-transferable.***

*Residents living outside the Central Cariboo Recreation taxation area who have permanent physical or mental disabilities can apply for a Special Needs (SN) Pass. **The SN Pass is 50% off the regular "Non-Resident" 10 ticket pass rate and is non-transferable.***

The escort of a SN Pass holder will be at no charge and must stay within sight of the client at all times. The escort must participate in drop-in classes if their client is participating.

The SN pass is valid for 6 months. A longer term may be requested by the client and granted by the Manager of Recreation at their discretion.

Special Needs Pass Benefits

50% discount on drop-in or regular 10-ticket pass for swimming, skating, fitness classes and fitness centre admissions, excluding all monthly admission passes.

Application Process

Applicants must submit a completed SN Pass Application to the Manager of Recreation along with documentation to support the permanent disability listed in the application. At least ONE must be attached. Accepted forms of documentation are:

- Doctors note stating the name of your permanent condition. Notes without a diagnosis will not be accepted.
- Documents that confirm your permanent condition.
- Completed Ministry of Social Development and Poverty Reduction (MSDPR) release of information form listing disability payments. Self-serve at: <https://myselfserve.gov.bc.ca/>

If the application has been approved, a SN Pass will be issued by the complex administration office.

If you do not qualify under the terms of the SN pass, you may qualify under the Affordable Recreation Card (ARC) program, we encourage you to review both programs and apply to the appropriate program.



Cariboo Memorial Recreation Complex

Sam Ketcham Memorial Pool * Twin Ice Arena * Gibraltar Room * Recreation Programs

Special Needs Pass Application

Applicant Information

Full Name: _____ Recreation Access Card #: _____

Address: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Permanent Mental or Physical Disability: _____

Escort Information

Full Name: _____ Phone: _____

Additional Escort: _____ Phone: _____

Emergency Contact

Full Name: _____ Phone: _____

Additional Information

Name of Employee Receiving Application (print): _____

Approval: _____ Date: _____

Please submit completed form to the Administration Office at the Cariboo Memorial Recreation Complex.

