

CCMI Baseline Testing Assistance Program Application Form



The CCMI Athlete Assistance Program is available to all athletes under the age of 18 who fall within the low-income family category for their residing province. Approval is based on Statistics Canada’s Provincial Low Income Cut-offs. To apply, please fill out the required information below and attach all necessary documents. Once the application has been reviewed the Parent/Guardian will receive an applicant status email. All applications must be submitted at least 2 weeks prior to the pre-determined baseline testing date.

Application with supporting documents are to be submitted to Pamela Gonzalez-Silva via email pamelagccm@gmail.com or fax – 855 830 6691.

Athlete Information	
First Name:	Last Name:
Address:	
City:	Province: Postal Code:
Gender:	Date of Birth: (dd/mm/yy)
Sport Organization	
Team Name:	Division:
Parent/Guardian	
Relationship to the Child:	
First Name:	Last Name:
Address:	
City:	Province: Postal Code:
Telephone:	Email:
How many adults in the home:	How many children in the home:
Income Verification	
Gross annual household income(Check one): Less than \$15,000__ \$15,000-\$19,999__ \$20,000 - \$29,999__ \$30,000-\$39,999__ \$40,000 & over__	
Attach the following Government documentation (Include for each adult in home) Notice of Assessment AND Current proof of family income(Select one): 3 consecutive paystubs __or EI documents	
I agree that all above information is accurate	
Signature:	Date:

Confidentiality of all applicants will be protected.

For Internal Use Only	
Province:	Date Of Application Received:
Provincial Income Average:	Approved _____ Declined _____
Notification Email Sent:	Assigned Clinic:
Signature:	Date: