

INDIVIDUAL GRANT APPLICATION

Download this form to your computer and complete in full. Incomplete applications will automatically be declined.

Application date: _____

Equipment Request: _____

Amount Requested: \$ _____

Section I: Personal Contact Information

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Phone: _____

Current Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Marital status: Single Married Dependents (e.g. *children, siblings, parents*): _____

Section II: Diagnosis

Diagnosis: _____ Date of Injury or diagnosis: _____

Section III: Equipment Request

Equipment type: _____ Amount requested: \$ _____

How long will you require the equipment: _____

Quote **NEW**: \$ _____ Quote **USED**: \$ _____

Other: _____

Section IV: Funders

1. Primary Funder: _____ Phone: _____

Funding Requested: \$ _____ Amount Received: \$ _____

2. Secondary Funder: _____ Phone: _____

Funding Requested: \$ _____ Amount Received: \$ _____

Are you willing to contribute your own money towards this need? Yes No If Yes: \$ _____

If you have Multiple Sclerosis, Muscular Dystrophy or Spina Bifida have you applied to the designated non-profit before applying to BC Rehab?

Yes No

If Yes, explain response:

If No, explain why not:

If you're working, have you applied to WorkBC's Assistive Technology Services?

Yes No

If Yes, explain response:

If No, explain why not:

If you are applying for home modifications (ie. stair lifts or ramps) have you applied to BC Rebate for Accessible Home Adaptations (BC RAHA)?

Yes No

If Yes, explain response:

If No, explain why not:

If you are on Ministry of Social Development and Poverty Reduction (MSDPR) or Medical Service Only (MSO) and have been denied for the equipment, have you appealed? Yes No

If you are over the age of 65 and in need of equipment, have you applied to MSD for Life Threatening Needs? Yes No

If No, explain why not:

Have you received funding from BC Rehab in the past? Yes No

Amount allocated: \$ _____ Date: _____

Section V: Financial Disclosure (Monthly)

	INCOME
Salary/Wages	\$
Self-Employment	\$
Spouse Income	\$
Old Age Security	\$
Ministry of Social Development	\$
Canada Pension Plan	\$
Child Support	\$
Social Security Disability Benefits	\$
ICBC Settlement	\$
ICBC Part 7	\$
Workers' Compensation	\$
Work Pension	\$
Other Income	\$
TOTAL INCOME	\$

	EXPENSES
Rent / Condo Fees	\$
Property taxes	\$
Home Insurance	\$
Gas / Maintenance / Repairs	\$
Car loan/ Insurance	\$
Canada Pension Plan	\$
Child Care	\$
Groceries / Food / Supplies	\$
Medical / Dental / Medicare	\$
Utilities: Cable / Satellite TV	\$
Heating / Electricity	\$
Telephone	\$
Other Expenses	\$
TOTAL EXPENSES	\$

	ASSETS
Value of home	\$
Total Savings	\$
RRSP/Stocks/Bonds	\$
Other Assets	\$
TOTAL ASSETS	\$

	LIABILITIES
Mortgage	\$
Credit Cards / Charge Accounts	\$
Student Loans	\$
Other debt	\$
TOTAL ASSETS	\$

Do you own your own home? Yes No

Notice of Assessment Total income: \$ _____

Total Income: \$ _____ - Total Expenses: \$ _____ = Monthly Income / Loss: \$ _____

I _____, hereby certify I have clearly disclosed all financial information to the best of my ability.

Signature: _____

Date: _____

*Please provide a copy of the most recent Notice of Assessment provided by Canada Revenue Agency.

Section VI: Medical Assessment

Provider of assessment: _____ Title: _____

Phone: _____

Email: _____

Medical History:

Current Equipment Issues/Needs:

Justification for Recommended Equipment:

Agreement

I have fully and accurately disclosed all information as requested in the application.

I agree that BC Rehab may discuss any of the information in this application, including without limitation my name with other organizations for the purpose of co-ordinating the funding for my request.

Signature: _____

Date: _____

Checklist:

Two quotes per request – 1 new and 1 used

Allied Healthcare Provider assessment filled in on application - no attachments

Most recent Notice of Assessment by Canada Revenue Agency

BC Rehab will only review applications completed in full, and incomplete applications will automatically be declined.

If you choose to fill out this PDF using your computer, ensure that you use the 'Save As' function when you have completed the form and label the file using the applicant's name. You do not need to fill out this form in one session and can return to continue at a later stage once saved to your computer.

BC Rehab provides funds to pay for or secure payment for any equipment and if you do not for any reason use or cease to make use of such equipment then you will promptly inform BC Rehab of such circumstances and on request transfer such equipment to BC Rehab.

Once your application has been completed and you have all documentation attached per the checklist, please mail in your application to:

**BC Rehab
4255 Laurel Street
Vancouver BC V5Z 2G9**

Or via e-mail: info@bcrehab.org