BC Rehab FOUNDATION

INDIVIDUAL GRANT APPLICATION

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

Application date:

Equipment Request:

Amount Requesting: $

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 ☐ Household members (children and 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:

* If you have not appealed, please do so before applying

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

Amount allocated: $ Date:

Clear all fields

Section V: Financial Disclosure (Monthly)

Household Income per Month:		INCOME
Salary/Wages	$	
Self-Employment	$	
"Remaining" Household 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	**$**	0.00

Household Expenses per Month:		EXPENSES
Mortgage / Rent Payments	$	
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	**$**	0.00

	ASSETS
Value of home	$
Total Savings	$
RRSP/ RRSPD/Stocks/Bonds	$
Other Assets	$
TOTAL ASSETS	**$** 0.00

	LIABILITIES
Mortgage	$
Credit Cards / Charge Accounts	$
Student Loans	$
Other debt	$
TOTAL LIABILITIES	**$** 0.00

Other income or expenses, please explain: _____

Do you own your own home? **Yes** ☐ **No** ☐

Notice of Assessment Total income: $ _____

Total Income: $ 0.00 - Total Expenses: $ 0.00 = Monthly Income / Loss: $ 0.00

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

Signature: _____ Date: _____

*BC Rehab requires the assessment completed by an Allied Heath Professional.

Section VI: Medical Assessment

Provider of assessment: _____ Title: _____

Phone: _____ Email: _____

Medical History:

Current Equipment Issues/Needs:

Justification for Recommended Equipment:

*Please email an electronic version (Word Doc) of the assessment letter to **info@bcrehab.org** with applicant's name in the subject line.

Agreement

Checklist:

- ☐ Two quotes - 1 new and 1 used (please provide a used equipment quote from sources such as Facebook Marketplace, Discount Mediquip, or AssistList.)
- ☐ Allied Healthcare assessment
- ☐ Financial Disclosure page for Household Income - All applicants living with their parents must include a separate financial disclosure form completed by the parent. Elderly applicants living with their children must also include a separate financial disclosure form completed by their child.
- ☐ Most recent Notice of Assessment by Canada Revenue Agency for the Household

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

- ☐ I have fully and accurately disclosed all information as requested in the checklist above.
- ☐ I acknowledge that missing information will cause my application to be declined.
- ☐ 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: _____

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, email or fax your application to:

BC Rehab
4255 Laurel Street
Vancouver BC V5Z 2G9

e-mail: **info@bcrehab.org**

Fax: **604-737-6494**