



INDIVIDUAL GRANT APPLICATION

Application date: _____

Equipment: _____

Amount Requested: _____

Section I: Personal Contact Information

Name:

Date of birth:

Age:

Phone:

Current address:

City:

Province:

Postal Code:

Email address:

Marital status: single / married (Please circle) Dependents (e.g. children):

Section II: Disability Description

Disability:

Date of Injury or diagnosis :

Section III: Requested Equipment

Equipment type:

Amount requested:\$

How long will you require the equipment?

1st Quote NEW:\$

1st Quote USED:\$

2nd Quote NEW:\$

2nd Quote USED:\$

Other:

Section IV: Other Funding Sources

1. Name:
Committed \$

Phone Number:
Approached \$

2. Name:
Committed \$

Phone Number:
Approached \$

Are you willing to contribute your own money towards this need?
Yes / No If yes, \$

Do you have a Medical Coverage: YES / NO (please circle) Provider:
Amount provided by Medical Coverage:\$ Outstanding Amount:\$

If you are on Ministry of Social Development and have been denied for the equipment,
have you appealed? Yes / No (please circle)

Do you have a Medical Service Only (MSO) number with Ministry of Social Development?
Yes / No (please circle)

If you are over the age of 65 and in need of equipment, have you applied to MSD for Life
Threatening Needs? Yes / No (please circle)
Explain:

Do you have any work related goals? Yes / No (please circle)
Explain:

Have you been on EI or medical EI in the past 3 years? Yes / No (please circle)

Employed: Yes / No (Please circle) Name of Employer:

Attending school: Yes / No (Please circle) full time / part time (Please circle) Number of courses:

Have you received funding from BC rehab in the past? Yes / No (Please circle)
Amount allocated: \$ Date:

Section V: Financial Disclosure (Monthly)

<u>Income:</u>		Rent / Condo Fees	\$ _____
Salary/Wages	\$ _____	Property taxes	\$ _____
Self-Employment	\$ _____	Home Insurance	\$ _____
Spouse Income	\$ _____	Gas / Maintenance / Repairs	\$ _____
Old Age Security	\$ _____	Car loan/ Insurance	\$ _____
Ministry of Social Development	\$ _____	Child Care	\$ _____
Canada Pension Plan	\$ _____	Groceries/ Food / Supplies	\$ _____
Child Support	\$ _____	Medical / Dental / Medicare	\$ _____
Social Security Disability Benefits	\$ _____	Utilities: Cable / Satellite TV	\$ _____
ICBC Settlement	\$ _____	Heating / Electricity	\$ _____
ICBC Part 7	\$ _____	Telephone	\$ _____
Workers' Compensation	\$ _____	Other Expenses	\$ _____
Work Pension	\$ _____		
Other Income	\$ _____		
TOTAL INCOME	\$ _____	TOTAL EXPENSES	\$ _____

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Expense:

Assets:

Do you own your own home? Yes No

Value of home \$ _____

Total Savings \$ _____

RRSP/Stocks/Bonds \$ _____

Other Assets \$ _____

TOTAL ASSETS: \$ _____

Liabilities:

Mortgage \$ _____

Credit Cards / Charge Accounts \$ _____

Student Loans \$ _____

Other debt \$ _____

TOTAL DEBT: \$ _____

(Total Income \$ _____) - (Total Expenses \$ _____) = Monthly income /Loss \$ _____

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

Date: _____ Signature _____

***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 number:

Email:

Medical History:

Current Equipment Issues/Needs:

Justification for Recommended Equipment:

***Please email an electronic version (word doc) of the assessment letter to kinsmenfoundationofbc@shaw.ca with clients name in the subject line.**

Agreement:

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

I agree to allow Kinsmen Foundation of British Columbia to use my name and details of any gift they provide to me strictly for the purpose of advising the public of the services or resources provided by Kinsmen Foundation of British Columbia.

I agree that The Kinsmen Rehabilitation Foundation of BC 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:

Once your application is filled out completely and you have everything attached on your checklist, please mail in your application or send via electronic means.

Checklist:
<input type="checkbox"/> Three quotes per request – 2 new and 1 used
<input type="checkbox"/> Assessment letter (included on application)
<input type="checkbox"/> You have signed your application form (above and on financial statement)

Please mail your application to:

**C/O CEO P.Jewell
KINSMEN REHABILITATION FOUNDATION OF BC
PO Box 64789 SUNWOOD SQUARE PO
COQUITLAM BC V3B0H1**

Or via e-mail: kinsmenfoundationofbc@shaw.ca