



INDIVIDUAL GRANT APPLICATION

Download this form to your computer, complete it and return to ed@kinsmenfoundationofbc.ca

Application date: _____

Equipment: _____

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): _____

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: _____ Phone: _____
Committed: \$ _____ Approached: \$ _____

2. Name: _____ Phone: _____
Committed: \$ _____ Approached: \$ _____

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

Do you have a Medical Coverage? Yes [] No [] 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 []

Do you have a Medical Service Only (MSO) number with the Ministry of Social Development? 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 []

Explain: _____

Do you have any work related goals? Yes [] No []

Explain: _____

Have you been on EI or medical EI in the past 3 years? Yes [] No []

Employed: Yes [] No [] Name of Employer: _____

Attending school: Yes [] No [] Full Time [] Part Time [] Number of courses: _____

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	\$

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

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

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

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:

***Please email an electronic version (Word Doc) of the assessment letter to ed@kinsmenfoundationofbc.ca with applicant's 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:

- Three quotes per request – 2 new and 1 used
- Assessment letter (included with application)
- Most recent Notice of Assessment by Canada Revenue Agency
- You have signed your application form on page 3 and page 5

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.

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

**Kinsmen Rehabilitation Foundation of
BC PO Box 64789 Sunwood Square PO
Coquitlam BC V3B 0H1**

Or via e-mail: ed@kinsmenfoundationofbc.ca