



BC Rehab was created in 1947 with a mission to support people with physical disabilities through education, research, arts, recreation, and wellness programs. We celebrate and support people with physical disabilities in their efforts to strive towards their own form of independence.

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:\$

Section IV: Other Funding Sources

1. Name: Phone Number:
Committed \$ Approached \$

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

Have you exhausted all other funders before applying to BC Rehab?

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:\$

You must provide a copy of your medical or insurance coverage

Ministry of Social Development and Social Innovation:

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

- 2) If you applied to the Ministry for funding and were successful, but did not receive the full amount you requested. Did you appeal for the full amount? Yes / No (please circle) Explain why?

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

- 4) 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:

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 \$ _____

Expense:

Rent / Condo Fees \$ _____

Property taxes \$ _____

Home Insurance \$ _____

Gas / Maintenance/Repairs \$ _____

Car loan/ Insurance \$ _____

Child Care \$ _____

Groceries/ Food / Supplies \$ _____

Medical / Dental/Medicare \$ _____

Savings / Investments \$ _____

Utilities: Cable/Satellite TV \$ _____

Heating/Electricity \$ _____

Telephone \$ _____

Other Expenses \$ _____

TOTAL EXPENSES \$ _____

Assets:

Do you own your own home? Yes No

Value of home \$ _____

Total Savings \$ _____

RRSP/Stocks/Bonds etc. \$ _____

Other Assets \$ _____

Liabilities:

Mortgage balance \$ _____

Credit Card balances \$ _____

Student Loans outstanding \$ _____

Other debt \$ _____

TOTAL DEBT: \$ _____

TOTAL ASSETS: \$ _____

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

****NEW** All application must include a copy of your latest TAX ASSESSMENT**

If you're a homeowner, you must submit a copy of your latest PROPERTY TAX ASSESSMENT

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 (PDF form) of the assessment letter to Trynka Gogal at trynka@bcrehab.com with the client's name in the subject line.

Agreement:

I have fully and accurately disclosed all information as requested in the application. I agree that if BC Rehab provides funds to pay for or secure payment for any equipment and I do not for any reason use or cease to make use of such equipment then I will promptly inform BC Rehab of such circumstances and on request transfer such equipment to BC Rehab.

I agree to allow BC Rehab to use my name and the details of any gift it provides to me on its website and in other media for the purpose of advising the public of the services or resources provided by BC Rehab.

Signature: _____

Date: _____

Checklist:

Once your application is filled out completely and you have everything attached on your checklist, please mail in your application. If the checklist is NOT complete, BC Rehab will be considered not completed and will not be reviewed.

Checklist:
<input type="checkbox"/> Three quotes per request – 2 new and 1 used
<input type="checkbox"/> Assessment letter (included on application)
<input type="checkbox"/> Recent tax assessment (NEW)
<input type="checkbox"/> Homeowner: property tax assessment (NEW)
<input type="checkbox"/> Provide medical or insurance coverage (NEW)
<input type="checkbox"/> Ensure that have signed your application

Please mail your application to:

BC Rehab Foundation
4255 Laurel Street
Vancouver, BC
V5Z 2G9

Attention: Trynka Gogal, Client Services & Administrative Coordinator
or e-mail your application to: trynka@bcrehab.com