



Canadian Hemophilia Society - BC Chapter

FUNDING APPLICATION FORM

2023



***We are unable to process incomplete applications.
Please print clearly, fill out each applicable page and obtain signatures where needed.***

APPLICANT'S NAME: ☐ Mr ☐ Mrs ☐ Ms _____

NAME OF CHILD: _____
(if applying for a minor)

MAILING ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

To be eligible for any of the funding provided by the BC Chapter, applicants must :

☐ be Current Member of the BC Hemophilia Society ☐ be a Canadian Citizen & Permanent Resident of BC

☐ be Diagnosed with an Inherited Bleeding Disorder ☐ provide Original Receipts for the Item/Service

☐ **provide a verification letter from physician stating that the applicant (or the child for whom you are applying) "has been diagnosed with hemophilia/inherited bleeding disorder"**

☐ where applicable, provide two competitive quotes for the item or service for which he/she is seeking funding

☐ where applicable, provide proof that government or insurance programs do not cover all or part of the cost of the item or service for which he/she is seeking funding

☐ confirm that the information in this application form is true to the best of his/her knowledge

Applicant's Signature

Date

OFFICE USE ONLY – February 2023

Membership current		Bursary Appl rcvd by deadline	
Confirmation Letter received		Bursary Rcpts rcvd by deadline	
Funding Application complete		Application approved	
Clinic Appt. Signature received		Original Receipt(s) received	
PCGF Letter received		Receipt(s)/kms approved	
Camp		Cheque # issued	
Notes:			

Please indicate which funding you are applying for:

☐ **CAMP I-VY**

The BC Chapter will reimburse **\$50 USD /camper** to a **maximum of 4 persons/family**

☐ **CAMP** - Please note: Location for a local camp in 2022 are under review by the Pediatric Clinic.

☐ **ACTIVITY FUND**

The purpose of this fund is to support safe and healthy physical activity **for adults 19 years and older** with hemophilia/inherited bleeding disorder who need help to offset the cost of their enrollment in various sporting activities.

Maximum \$250/person/year

☐ **YOUTH ACTIVITY FUND**

This fund was established to support safe and healthy physical activity **for children 0-18** with hemophilia/inherited bleeding disorder and to help their parents offset the cost of their enrollment in various sporting activities.

Maximum \$250/child/year

☐ **PATIENT CARE GRANT FUND (PCGF)**

The purpose of this hardship fund is to address the needs of persons with hemophilia/inherited bleeding disorder currently facing financial difficulties who need assistance with paying for the cost of medically necessary items (as verified in writing by a physician). Typical items/expenses that may qualify under this fund include: special prescription footwear/orthotics, bracing and limb support devices, wheelchairs and crutches.

Please describe the item for which you are seeking funding and attach letter from physician confirming that the item is medically necessary to assist with the management of your or your child's hemophilia/bleeding disorder:

☐ **TRAVEL TO CLINIC FUND – please ask clinic physician to fill out highlighted information below**

The purpose of this fund is to assist individuals who need to travel a distance greater than 100 kms (200 kms round trip) to attend their scheduled Hemophilia Clinic or Outreach Clinic appointment. Emergency visits, GP or specialist visits, etc. do not qualify under this funding. The BC Chapter will reimburse:

TRIP: **\$0.68/km** in excess of 100 km each way up to a **maximum of \$250 per eligible person per calendar year**. *Reimbursable amount can be applied to alternate travel modes such as bus or airplane, but cannot exceed the cost of the alternate automobile travel mode.*

LODGING: **\$50 for one night only** per clinic visit for costs relating to commercial accommodation to a **maximum of \$150 per eligible person per calendar year**.

Date of Scheduled Appointment (check one): ☐ **Clinic** or ☐ **Outreach Clinic**

Total KMS of Travel (from home to clinic appointment, round trip): _____

Name of Physician (please print)

Signature of Physician

Physician's office stamp

☐ **NEW DRIVER'S TRAINING FUND (for persons with hemophilia)**

This fund was created by the BC Chapter because the Chapter recognizes that one of the leading causes of death or serious injury among young persons relates to new drivers involved in vehicle collisions. Persons with hemophilia in such a collision would especially be susceptible to additional complications and serious injury. The BC Chapter believes that professional driver education and training will increase the defensive driving capabilities for those new drivers with hemophilia and assist to potentially lower collision rates and thus, lower their exposure to any serious injury from collision.

If you are a new driver that has never possessed a valid driver's license either in BC or any other jurisdiction and are in possession of a current BC Learner's (Class 7L) Driver's License you may be eligible to receive this fund.

The BC Chapter will reimburse driver training costs to a **maximum \$1250** paid to an "ICBC Approved Driver Education Course" (listed on ICBC website) as part of the Graduated Licensing Program

☐ **MEDIC ALERT ID**

This funding is available as a one time reimbursement for a person with hemophilia/inherited bleeding disorder for the cost of a basic stainless steel ID up to **maximum \$60**.

☐ **EDUCATION BURSARY FUND**

What can the bursary be used for?

The bursary can be used for educational purposes. Examples include upgrading and career preparation, vocational training, college, university or any other career-based education available at an accredited institution.

What is the amount of the bursary?

The amount awarded can vary each year and is dependant on the number of eligible applicants. The bursary will never exceed the cost of the individual's tuition fees and is currently capped at a maximum of \$1,750 per person per year. Living & travel expenses or cost of books are not available through this bursary. Applicants are currently eligible for six years of funding.

Deadline Information:

Applications must be post marked on or prior to **June 30th 2023**. *Late applications will not be considered.*

Tuition Receipts must be received by no later than **February 15, 2024**.

NAME OF PROGRAM/COURSE: _____

NAME OF INSTITUTION: _____

SCHOOL YEAR APPLYING FOR: **2023/ 2024**

COST OF PROGRAM/COURSE (tuition fees only) _____

Please include the following items with your application:

1. Brief description of future plans/reasons for attending the above-noted institution.

2. One page essay (500 words, type written) describing the impact hemophilia has on your day to day life.

Check to make sure you have included all necessary documents/payments and mail to BC Chapter

PO BOX 21161 Maple Ridge Sq. RPO Maple Ridge, BC V2X 1P7

1. Completed Application Form(s) – use separate form for each funding requested

- all applicants must fill out and sign page 1
- depending on funding requested, fill out page 2 or 3
- obtain doctor's signature & stamp for clinic appointment (Travel to Clinic Fund)
- include cheque or money order (made out to CHSBC) for camp

2. Receipts and supporting documents

- originals only
- obtain doctor's letter (PCGF)
- 500 word essay (Bursary)

3. Verification letter from physician (one time only)

- hematologist or GP/family doctor

REIMBURSEMENT PROCESS FOR CHAPTER FUNDING:

1: Funding application form, related expense receipts and all supporting documents must be received by the BC Chapter no later than 31 days (Jan 31) following the end of the calendar year in which you incurred the claimed expense. *** Note exception: Camp & Bursary** have their own deadlines that precedes end of year and therefore, must be received by their respective dates indicated on page 2 & 3.

2: Submitted documents will be reviewed by the Board of Directors at the earliest opportunity (usually at their next scheduled Board Meeting).

3: If your documents are approved, you will be mailed a cheque from the BC Chapter for the eligible amount. The BC Chapter does not send periodic progress reports on the status of applications however, applicants are welcome to contact the Chapter if an update is desired.

Please note that the Board of Directors do not meet during the summer and winter holiday months and therefore, any applications for funding requests will be reviewed at the first scheduled meetings after the hiatus (September & January). If this delay presents a financial hardship for you, please contact the BC Chapter and all efforts will be made to hasten the process if possible.

TERMS:

When applying for funding, your membership must be current. If you have not renewed or applied for membership, please ensure that you submit an application for membership **prior to or included with your funding request application.**

Please be aware that all chapter programs are subject to availability of funding. Applicants must meet all qualifying criteria in order to be eligible to receive Chapter Funding. This application form provides a brief overview of the funding we offer; for additional details or questions, please visit the BC Chapter Website or contact the BC Chapter Administrator:

Email:
chsbcc@shaw.ca

Voicemail:
778-230-9661

Website:
www.hemophiliabc.ca