



Canadian Hemophilia Society - BC Chapter



FUNDING APPLICATION FORM - A

2024

We are unable to process incomplete applications.
Please print clearly, fill out each application page.

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 this Chapter, applicants must:

- be Current Member of the Canadian Hemophilia Society & be a Canadian Citizen & Permanent Resident of BC
- be Diagnosed with an Inherited Bleeding Disorder provide Original Receipt for the Item/Service
- provide a doctor's confirmation letter indicating the applicant is the parent of the child for whom you are applying) specify the item being funded (e.g. FVII, FVIII, FVIIIa)

If applicable, provide item or service quotes for the item or service for which you are seeking funding

Where applicable, provide proof that government or private insurance does not cover all or part of the cost of the item for which you are seeking funding

Signatures must be provided for all applicants and must be the best of his/her knowledge

Applicant's Signature _____

Date _____

OFFICE USE ONLY - June 2024

Membership current		Bursary Appl rcvd by deadline	
Diagnosis Letter received		Bursary Rcpts rcvd by deadline	
Funding Application received		Receipt(s)/kms approved	
PCGF Letter received		Original Receipt(s) received	
Application eligibility approved		Cheque # issued	
Notes:			

Please indicate which funding you are applying for:

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 \$500/person/year

YOUTH ACTIVITY FUND

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

Maximum \$500/child

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 medical 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.

Maximum \$750/person/calendar year

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

NEW DRIVER'S TRAINING (for persons with hemophilia)

This fund was created by the BC Chapter to address the fact that one of the leading causes of death or serious injury involving persons with hemophilia is vehicle collisions. Persons with hemophilia in such a collision are especially susceptible to additional complications and serious injury. The BC Chapter believes that professional education and training will improve the defensive driving capabilities for those new drivers with hemophilia, thus potentially reducing collisions and thus, lower their exposure to any serious injury from collision.

If you are a driver that has never received a valid driver's license either in BC or any other jurisdiction and you are in possession of a current BC Driver's License you may be eligible to receive this fund.

The BC Chapter will reimburse the training costs to a **maximum \$1500** paid to an "ICBC Approved Driver Education Course" (ICBC website) as part of the Graduated Licensing Program

MEDIC ALERT IDENTIFICATION

This funding is for one-time reimbursement for a person with hemophilia/inherited bleeding disorder for the cost of a basic Medic Alert ID up to **maximum \$100**.

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 students. 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. Students are currently eligible for six years of funding.

Deadline Information:

Applications must be post marked on or prior to **June 30th 2024**. 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: _____

Please include the following items:

1. Brief description of plans/reasons for attending above noted institution.
2. One page essay (500 words or less) describing the impact hemophilia has on your day to day life.

TRIP

The amount awarded is \$500 per camper to a maximum of 4 persons/family

CAMP - Please note: Locations for a local camp are under review by the Pediatric Clinic.

PLEASE READ CHECKLIST CAREFULLY & RETAIN THIS PORTION FOR YOUR RECORDS

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

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

- 1. Applicant to complete and sign page 1**
- 2. Make sure you have applied for Chapter Membership** (printable from website)
- 3. Receipts and supporting documents**
 - original and official receipts only
 - obtain doctor's letter confirming medically necessary item (PCGF)
 - 500 word essay (Bursary)
- 4. Verification letter from physician** (hematologist or family doctor)
 - verification letter must indicate **specific hemophilia diagnosis such as F8, F9, vWD**; unspecified inherited bleeding disorder diagnosis is not sufficient to determine eligibility for funding and will not be accepted

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 change or 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 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