



BC Rehab was created in 1994 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: _____

Applicant Information:		
Name:		
Date of birth:	Age:	Phone:
Current address:		
City:	Province:	Postal Code:
Own / Rent (Please circle)	Monthly payment or rent: \$	
Email address:		
Marital status: single / married (Please circle) Dependents (e.g. children):		
Employed: yes / no (Please circle) Name of Employer:		
Attending school: yes / no (Please circle) full time / part time (Please circle) Number of courses:		
Do you plan to attend school in the future? or have any work related goals?		
yes / no (Please circle) Please explain:		
Have you been on EI in the past 3 years?		

Completed (office use)

Equipment need:	
Disability:	Date of injury or diagnosis/onset:
Equipment:	\$
How long will you need the equipment?	
2 Quotes included: yes / no (Please circle)	
Assessment letter included: yes / no (Please circle)	
Statement of need (Please use separate sheet if required):	
Have you looked into used equipment? yes / no (Please circle) If not, please explain why?	
1.Used equipment site:	Date:
Equipment type:	Price: \$
2.Used equipment site:	Date:
Equipment type:	Price: \$

Completed (office use)

Financial Information:	
CPP: \$	/per month
OAS/GIS Seniors Benefits: \$	/per month
If you receive CPP or OAS have you ever been on MSD benefits? yes / no (Please circle)	
PWD (Persons with Disabilities): \$	/per month
Ministry of Social Development: \$	/per month
Income Assistance (e.g.PPMB) with MSD:	/per month
ICBC settlement:\$	date:
Monthly payments:\$	
ICBC Form 7:	ICBC still pending: yes no (Please circle)
WCB:	
First Nation Status?	NIHB eligibility?
Other:	
TOTAL INCOME: \$	/per month

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

Completed (office use)

Medical Coverage:
PWD MSO (Medical Services Only with MSD): yes / no (Please circle)
Private medical plan: yes / no (Please circle) Insurer/Provider:
Other (please explain):

Have you applied for any of the above (income or medical) and been denied? yes / no (Please circle)
If yes, what and have you appealed? yes / no (Please circle)

Savings and Assets:
Do you own your own home? Equity yes / no (Please circle) Equity? \$
Total Savings: \$ (in bank)
Total Assets (RRSPS, Stocks, Bonds, etc.): \$
Other (please explain): \$

Completed (office use)

Monthly Expenses:
Mortgage/ Rent: \$
Family income: \$
Utilities: \$
Transportation:\$
Food: \$
Other: \$ Details:
RRSP/ Savings contribution: \$
Total Monthly Expenses? \$

Other Funding Sources (Committed & Approached):	
1. Name:	Phone Number:
Committed \$	Approached \$
2. Name:	Phone Number:
Committed \$	Approached \$
Are you willing to contribute your own money towards this need?	
yes no (Please circle) If yes, \$	

Please note, our Allocation Committee prefers applications in which the applicant has explored more than one other funding avenue.

Completed (office use)

Contact (OT, PT, Physiotherapist or Social Worker):		
Name:		
Program/Service:	Title:	
Address:	Phone number:	
City:	Province:	Postal Code:
Email:		
Signature:		
Method of Evaluation:		

Billing Information:		
Name:		
Contact:	Equipment:	
Address:	Phone number:	
City:	Province:	Postal Code:

Agreement:

In partnership with BC Rehab the BC Coalition of People with Disabilities (BCCPD) may help you with your request. An advocate from the BCCPD may contact you for further information. In order to facilitate this process please sign below:

I agree to let the BC Coalition of People with Disabilities to review this application.

I agree to allow BC Rehab to use my name and details of any money or gift they provide to me strictly 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.

Checklist:
<input type="checkbox"/> Two quotes per request
<input type="checkbox"/> Assessment letter
<input type="checkbox"/> You have looked into used equipment
<input type="checkbox"/> You have signed your application form

Please mail your application to:

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

Trynka Gogal, Client Services & Administrative Coordinator – 604-737-6383