

“Fort Nelson Elks Fund”
for children under 19 years of age
Guidelines for Submitting Applications for Assistance

When submitting a request it is essential that all information asked for in the following guidelines are included with your application in order for it to be reviewed

1. Application review:

The applicant should consult with a member of the Northern Rockies Children and Family Action Committee if assistance in completing this application is needed.

2. Confidentiality:

All information collected will be kept confidential and will only be viewed by the review committee of the Northern Rockies Children and Family Action Committee.

3. Required Documentation:

The following documentation **must be attached** to all completed application forms:

- a. Medical confirmation of need
- b. Exact cost quote from service or item provider
- c. Last year’s Income Tax Notice of Assessment Summary for **all** income earners in the family. If you do not have a copy of your NOA, call Revenue Canada 1.800.959.8281.
- d. Proof of child’s age ie. Copy of the child’s birth certificate
- e. Proof of residency ie. Household bill or property tax assessment notice, with applicant’s name and physical address on the document.

4. Financial Information:

If your total family income is below the stated income guidelines, you are eligible to apply to the Fort Nelson Elks Fund for assistance.

Family Size	Family Income
1 Person	\$30,670.00
2 Persons	\$35,830.00
3 Persons	\$44,220.00
4 Persons	\$46,615.00
5 Persons	\$66,835.00
6 Persons	\$69,225.00
7 Persons	\$71,615.00

****Please see other side for more details****

Important definitions:

i. Family:

Those who live at the same address including all extended family members related by blood, common law, adoption or marriage regardless of age.

Address includes separate living areas in one household such as shared accommodation including basement suites and single rooms. Statistics Canada low-income figures are based on combined earnings of family members in the household.

ii. Total Family Income:

Total combined income, before taxes, of all family members living in Canada and abroad, contributing to the Northern Rockies Regional Municipality household.

This includes income from:

- employment of all types (full and part-time, reported and not reported)
- investments, pensions, child support payments, rental revenues, funds in trust, disability benefits (taxable or not), overseas income and all other sources.

iii. Confirmation of Need:

The family must obtain and submit a written medical confirmation of the need of the item/treatment requested.

The exact cost of the item/treatment requested must be on the service provider's quote.

Families are expected to obtain the best price possible before submitting a cost quote.

If funding is approved, the cheque is made payable to the supplier.

ix. Other Sources of Funding:

Families are expected to pursue all sources of funding that are available to them.

Fort Nelson Elks Fund Application

To Be Completed By Child's Parent(s)/Guardian

Step 1 – Review the Guidelines

Step 2 – Complete the application form

Step 3 – Submit application and all required documentation to PO Box 295 and mark as CONFIDENTIAL

Information Re Child's Custodial Parent/Guardian(s):

	Name	Physical Address	Mailing Address
Parent/Guardian			
Parent/Guardian			
Number of persons residing in the family home _____		Number of children under the age of 19 _____	
Telephone number:		Cell number:	
Email:			
Yearly Family Income as defined in the Guidelines:			

Information Re Child With Medical Need:

Name:	Date of Birth:
Physical Address:	Mailing Address:
Diagnosis:	
Current need as per Medical confirmation:	Cost as per price quote:

Other Funding available, pursued and/or received. *Include Government Health Programs, charitable groups, service organizations, local fundraisers, non-insured Health Benefits (Status First Nation & Inuit), foster care, At Home program, Ministry for Children and Family, etc.

Do you have Supplemental Health Insurance? <input type="checkbox"/> yes <input type="checkbox"/> no	Coverage available:
Funding source:	Amount received: Request denied: provide documentation
Funding source:	Amount received: Request denied: provide documentation
Funding source:	Amount received: Request denied: provide documentation
Funding source:	Amount received: Request denied: provide documentation

How much can your household contribute to this equipment/program or treatment?

Financial Report: to be completed by Child's Parent (s)

List of Assets:	List of Liabilities/Debts:
Savings	Mortgage
Real estate	Credit Card(s)
Vehicles	Vehicle Loan(s)
Recreational vehicles/boats etc.....	Student Loan
Personal Property.....	Other Loan (s)
RRSPs / Investments	
Other	
Total Assets:	Total Debts:

It is agreed and understood that:

1. Adequate/appropriate insurance will be arranged and maintained by the parent/guardian while the equipment is in their home.
2. All equipment/orthotics will be returned to the Northern Rockies Children and Family Action Committee when the client no longer needs it.

I certify that all information given on this is current, complete and fully discloses my family income.

Parent's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

IMPORTANT PRIVACY INFORMATION: The Northern Rockies Children and Family Action Committee respect your privacy. We protect your personal information and adhere to the Personal Information Protection and Electronic Documents Act. The information you provide will be used for the purposes of evaluating this application.

For Office Use Only:
Date application received: _____ **Receiver:** _____