

**SPINA BIFIDA & HYDROCEPHALUS ASSOCIATION OF BRITISH COLUMBIA**  
**Suite 228, 102- 15910 Fraser Highway, Surrey BC V4N 0X9**  
**Tel. (604) 878-7000 Fax (604) 677-6608**

**EQUIPMENT FUND - FINANCIAL ASSISTANCE APPLICATION**

Financial assistance is available to active members with spina bifida and/or hydrocephalus to assist with the costs of specialized equipment that will enhance or improve mobility, orthotics (braces) or learning.

Specialized equipment that will enhance or improve mobility - maximum \$1,000 per calendar year (January 1 to December 31). **OR**

Orthotics – maximum \$1,500 per calendar year (January 1 to December 31)

A one time \$500 is available for computers or computer equipment, including printers.

**Approved Funds will only be paid to the equipment supplier following receipt of invoice.**

Applicants are requested to exhaust other possible funding sources (AT HOME, Extended Medical, Service Clubs, etc.) before making a request.

Requests must be accompanied by a supporting letter from the therapist (OT, PT) or appropriate professional and the invoice or estimate of the cost of the equipment.

DATE: \_\_\_\_\_ MEMBERSHIP EXPIRY DATE: \_\_\_\_\_

NAME OF PERSON MAKING REQUEST: \_\_\_\_\_

NAME OF PERSON FOR WHOM THE REQUEST IS BEING MADE (if different from above):

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE - HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

**Equipment Information**

Description of equipment	Equipment Provider	Quotes (Attached)	Additional costs (eg. taxes, S&H)
<b>Totals</b>			

Please state how this piece of equipment will enhance the life of the recipient.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Supporting Health Professional (Therapist, Physician, Teacher, Social Worker, etc.)

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

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Please indicate if you have approached any of the following resources for this equipment:

<b>Government or Personal Funding</b>	<b>Amount Requested</b>	<b>Response: Pending / Approved / Denied</b>
Ministry of Children and Families and/or At Home Program		
Ministry of Social Development & Economic Security		
Ministry of Education/School District/SET BC		
BC Pharmacare		
Extended Health Benefits		

Please indicate if you have applied to any other sources for equipment:

<b>Agency/ Service Club</b>	<b>Amount Requested</b>	<b>Response: Pending / Approved / Denied</b>
CKNW Kids' Fund		
Western Society for Children with Birth Disorders		
BC Rehab Society		
Variety Club		
Shriners in your Community Fund		
Other:		

Please note that SBHABC may share, in confidence, some of your information with other funding bodies to ensure as much funding as possible.

**Have you attached:**

- one or more quotes from established/reputable suppliers
- a supporting letter from a therapist or other appropriate professional

Since the monies for the Equipment Fund are derived in the most part from the volunteer fundraising efforts of the members of the association, it is strongly encouraged that the recipient (and/or their family) of the monies make a commitment of volunteer time to support the Association where possible.

**NOTE:** All submissions are subject to review and funds will be awarded according to monies available within the association's allotted budget. **Members must apply before committing to any purchase.** Please keep a copy of all information for your own files.

SBHABC does not endorse any equipment, and shall not be held liable for any personal or property damage caused by the equipment funded. Neither is the association responsible for any repairs to the equipment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_