

Community Services Fund

Application Form



The Mission of Muscular Dystrophy Canada Chapters is to enhance the lives of those affected with neuromuscular disorders at the local level through the delivery of community based fundraising and/or service activities, the development and maintenance of support networks and the facilitation of connections between stakeholders.

The Funding Program was developed to provide Muscular Dystrophy Canada Chapters with a vehicle to assist registered persons with a neuromuscular disorder within their community, by enhancement of the funding provided through Muscular Dystrophy Canada's equipment program, in addition to broadening funding options not currently available within and/or outside of Muscular Dystrophy Canada. Therefore, the CSF program will allow you as a registered client and member of a local Chapter to apply for funds to supplement what already may be being provided by your local Muscular Dystrophy Canada office or to apply for funding for programs and services outside of what is provided by the Muscular Dystrophy Canada equipment program:

- Respite Services for Caregivers
- Attendant Services
- Fees for formal adapted recreational programs, including summer camp
- Massage therapy, including insurance co-pay
- Physiotherapy, including insurance co-pay
- Life Line Services
- Travel for medical appointments, including participation in clinical trials
- Home renovations related to accessibility
- Vehicle modification
- Payment for road re-testing for PWNMD after vehicle mod takes place
- Adaptive Technologies therapeutic tools (i.e. Specialized cutlery)
- Foot services provided by a podiatrist or nurse
- Environmental Control Units
- Equipment repair & batteries
- Travel and registration support to attend a conference/symposium that will benefit the quality of life of the individual with a neuromuscular disorder
- Service Fee for Vendor to assess equipment installation and/or inspection of equipment

Applicants may apply for up to \$1,000 per request based on the above priorities.

To apply to a Chapter Funding Program, please complete this application form. If you have questions, or to obtain a complete list of items covered under the CSF in your area please contact your local Service Specialist.

Muscular Dystrophy Canada will only provide financial assistance to those clients who have completed the application process and received official approval from our Funding Program Committee.

1. Applications will not be processed until all of the following information is provided:

<input type="checkbox"/>	This completed application form
<input type="checkbox"/>	Quotes from 2 different equipment vendors for the requested item (for equipment requests only)
<input type="checkbox"/>	For equipment requests, a prescription/letter from a professional including Physician/ Occupational Therapist/Physiotherapist outlining medical necessity, or for other funding requests, a letter of need/benefit from a professional working with those with disabilities (including but not limited to employment counselor, vocational rehabilitation counselor, teacher, nurse, recreation therapist and social worker). <small>(Prescription will not be required for equipment repair).</small>
<input type="checkbox"/>	Approval or denial letter from insurance company (if applicable)
<input type="checkbox"/>	Currently registered as a client with Muscular Dystrophy Canada
<input type="checkbox"/>	You must be a member of a Muscular Dystrophy Canada Chapter to be eligible for funding through The Funding Program. Chapter Name:

Submit completed application to:

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4. Additional Funding Sources:

Due to funding restrictions, there is a maximum funding amount of \$1,000 per item. Muscular Dystrophy Canada requires that private or public insurance be accessed prior to seeking support from The Funding Program.

Are you: A recipient of Social assistance Yes No
 Covered by private insurance/group benefits * Yes No

* If you have private insurance we may ask to receive a letter from them stating you were declined or approved and the approval amount.

Have you approached other funders? Yes No
 If yes, please list the name of all the funders/groups that you have asked for support, including private insurance, non-profit agencies, etc. below:

Funder name	Amount requested	Approved
• Muscular Dystrophy Canada	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
•	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
•	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
•	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
•	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Total requested from funding agencies:	\$	
TOTAL COST OF EQUIPMENT/SERVICE:	\$	

5. Waiver (Only required if funding is related to equipment or home renovations)

Upon delivery, the vendor (chosen by the client) is responsible for the inspection and safe working order of the equipment. Muscular Dystrophy Canada has carried out no inspection of this equipment and is not responsible for ensuring that it is free from defects. You acknowledge that Muscular Dystrophy Canada has no responsibility for maintenance of this equipment while it is in your possession, or for loss, damage or expense caused to you or others by improper inspection, repair, condition or use of the equipment. You are responsible for ensuring that the equipment is properly maintained and safely operated.

Regular inspection and maintenance of all equipment is your responsibility and is essential to ensure its safety and efficiency. Please ask the supplier for specific instructions about the maintenance program required for your equipment.

Correct operation of all equipment is an essential safety measure. It is imperative that you ensure you and/or the individuals operating the equipment be fully instructed in its correct operation. It is also essential the equipment be used only for the purpose for which it was prescribed. Please consult your instruction manual, supplier, or therapist's office if you have any questions regarding use of this equipment.

Muscular Dystrophy Canada has relied upon a medical professional's recommendation in agreeing to consider a financial contribution to enable you to acquire the equipment described herein. By signing this Application you acknowledge and agree that Muscular Dystrophy Canada has no liability whatsoever with respect to the medical professionals recommendation, or any loss, damage, or expense sustained by you.

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5. Waiver (continued)

I acknowledge that I have read, understood, and accepted the terms as stated above.

Signature of client (or Parent or Guardian, if under 18)

Date

Print Name

Equipment Requested (Description e.g. manual wheelchair, ceiling track lift)

For Chapter/Office use only:

Client ID: Amount Approved: Signed:

Region: Declined Reasoning:

Project code: GL Account: Unit:

Submit completed application to:

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