

**NOTE: ALL COMMUCICATION BETRWEEN THE APPLICANT AND SWCDS IS CONFIDENTIAL. THE PATIENT MUST E AWARE THE APPLICATION IS BEING MADE**

DATE OF APPLICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PATIENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAIN PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT’S DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IF PATIENT IS A MINOR, NAME OF LEGAL GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS/PHONE OF LEGAL GUARDIAN IF DIFFERENT THAN PATIENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE DEPENDENTS? YES\_\_\_\_\_\_( if yes, note number of dependents under 18) \_\_\_\_\_NO\_\_\_\_\_\_\_

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Applicant’s Annual Gross Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Line 15000 of your Income Tax Return)

Spouse’s Annual Gross Income. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Line 15000 of your Income Tax Return)

Total Family Income. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Medical Appointment(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name/Address of Medical Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATED MEDICAL EXPENSES (FOR EXPENSES NOT COVERED BY OTHER SOURCES: SOCIAL SERIVES, TELEMIRALCE, SASK ABILITIES, ETC.)

|  |  |
| --- | --- |
| ITEM | AMOUNT |
| Ambulance |  |
| Transportation (Fuel) |  |
| Parking |  |
| Accommodation |  |
| Meals |  |
| Driver Costs (if applicable) |  |
| Physio/Massage/Chiropracter |  |
| Mobility Aides |  |
| Other (specify) |  |
|  |  |
| TOTAL COSTS |  |

Two Processes to Access Funds:

1. Reimbursement of funds after the treatment/appointment – the applicant will complete the application form after they have received treatment using the approved application form and submitting pertinent receipts. There is no guarantee that any or all costs will be reimbursed.
2. Advancements of funds prior to attending the treatment/appointment – the applicant will complete an application form estimating the costs they will incur while travelling for treatment. If approved by the application committee the funds will be advanced. Receipts for the amount advanced must be provided before additional applications will be considered.
3. Emergency Funds – this process is to be used ONLY in exceptional circumstances where the need for travel to access medical care is immediate and unforeseen and the applicant does not have fund in hand to make the trip.