

# Shriners in your Community Fund Application Form

Shriners of BC & Yukon • Administrative Assistant, Child Services Society  
 102 – 4238 Lozells Avenue • Burnaby, BC V5A 0C4 • [services@bcshriners.com](mailto:services@bcshriners.com)  
 Phone: 604-291-7707 ext. 2



Child Information (Please PRINT)	
Name:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Date of birth: (MMM/DD/YYYY)	Phone number:
Current address:	
City:	Province: Postal Code:
Email address:	
Legal Guardian:	Relationship to child:
Is the child currently a patient of Shriners Hospitals for Children? <input type="checkbox"/> yes <input type="checkbox"/> no	
Funding Information (Please PRINT)	
Diagnosis:	
Requested medical equipment:	
Requested funding amount: \$	Co-funding available? <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, name of co-funder (1):	
Complete address of co-funder (1):	CRA Status (1):
	CRA Number (1):
	Amount proposed by co-funder (1): \$
If yes, name of co-funder (2):	
Complete address of co-funder (2):	CRA Status (2):
	CRA Number (2):
	Amount proposed by co-funder (2): \$
If yes, name of co-funder (3):	
Complete address of co-funder (3):	CRA Status (3):
	CRA Number (3):
	Amount proposed by co-funder (3): \$
Required Documents (Please PRINT)	
Has a quote from the equipment vendor been issued? <input type="checkbox"/> yes (attached) <input type="checkbox"/> no (to be submitted)	
Name of vendor:	Date on quote:
Complete address of vendor:	
Phone number:	Contact person:

**Required Documents (continued)**

Has a physician's referral for the equipment been issued?     yes (attached)                       no (to be submitted)

Name of physician:

Date on referral:

Address of physician's office:

City:

Province:

Postal Code:

Phone number:

**Additional Notes****Consent**

I hereby grant permission to Shriners of BC & Yukon, Child Services Society to use any materials, including photographs, referral letters and equipment descriptions, relating to this application in any manner.

Signature of Legal Guardian:

Date:

(MMM / DD / YYYY)

**Guide to completing the application form:**

- ✓ All applications must be submitted in writing via mail or email.
- ✓ Applicants can apply once per calendar year.
- ✓ Applicants must be 18 years or younger (or a Shrine patient at time of application).
- ✓ Applicants must be residents of British Columbia or Yukon and be in need of part or all of the funding costs to purchase medical equipment.
- ✓ The requested medical equipment must be prescribed by a physician, qualified practitioner or specialist.
- ✓ A physician means a person authorized under an enactment to practice in North America as a medical practitioner.
- ✓ A qualified practitioner means a person licensed under an enactment to practice in North America as a chiropractor, a dentist, a naturopathic physician, podiatrist or occupational therapist.
- ✓ A specialist means a physician residing and practicing in North America and listed by the applicable College of Physicians and Surgeons as having specialist qualifications.
- ✓ All applications must include the most recent physician's referral and vendor quotation in order to be processed. Incomplete applications will not be processed until all required documents have been received.
- ✓ No orders for equipment are to be placed until a decision has been made by Shriners of BC & Yukon.
- ✓ Financial reimbursement or assistance payments will be made directly to quotation vendors, not to the applicant or their families.
- ✓ The Administrative Assistant, Child Services Society will acknowledge receipt of all applications and will notify the applicant and/or their legal guardian of the decision on their application in writing by letter or email.

**Office Use Only**

Date received:

Application number:

Recommendation:     approve     decline     other: