



**SBHANA SUPPORT FUND
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Purpose of the Fund:

The Support Fund is designed to assist persons with spina bifida and/or hydrocephalus with the cost of specialized leisure and recreational equipment, medical equipment, services such as specialized lessons or camps and emergency personal expenses directly resulting from the fact that the person has spina bifida and/or hydrocephalus.

The Fund Supports Three Types of Expenses:

- 1) Expenses for equipment or services, which are necessities or make life more pleasant and would not be required if the person did not have spina bifida and/or hydrocephalus.
- 2) Emergency personal expenses such as travel expenses from out of town when a person with spina bifida and or hydrocephalus is hospitalized. This would also cover the rental of specialized equipment due to an emergency (e.g. special wheelchair, ramp, etc.)
- 3) Emergency personal expenses for adults with spina bifida that are required to maximize their independence in the areas of self-care, productivity, and leisure.

This fund does not cover expenses which would be covered by Alberta Aids to Daily Living (AADL), Family Supports for Children with Disabilities (FSCD), private/public medical insurance, Assured Income for the Severely Handicapped (AISH), or any other government programs. The support fund only covers expenses which are required because the applicant has spina bifida and/or hydrocephalus and requests outside of this nature will not be considered.

Eligibility:

To be eligible for the Support Fund, you must be:

- 1) A member in good standing of the Spina Bifida and Hydrocephalus Association of Northern Alberta.
- 2) A resident of Northern Alberta or the North West Territories.

Members claiming under this fund are strongly encouraged to make a commitment of volunteer time to support the SBHANA where possible.

Process:

To qualify for equipment or services under #1 above, the member shall submit:

- 1) An application outlining:
 - What the service or equipment is and why it is required
 - The cost
 - What other sources of funding have been applied for (or received)
 - What portion the member will pay
 - What amount the Association is being asked to pay
- 2) Invoice, receipt, or vendor's written quotation.



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Applications will be considered at the meetings of the Board of Directors. Please be advised that there are no meetings in July, August or December.

Funds will be paid out based on receipts or paid directly to the supplier. All funds must be disbursed with six (6) months of approval by the board. Only equipment and services purchased after the member has joined the SBHANA are covered. Members should recognize that the SBHANA may not be able to meet all requests and should apply before committing to any purchase.

In the case of emergency services covered under #2 above, a verbal application to the association telephone number can be made as long as it is followed up within 14 days with a written application. Funds may be advanced for emergency expenses at the discretion of the SBHANA.

General Principles:

- Members should shop around for the best deal just as they would for their own purchases.
- Members who receive equipment that is substantially paid for by the SBHANA are asked to consider recycling used equipment so other members can benefit.
- The fund will NOT pay the AADL annual deductible. Exceptions may be made for adults with spina bifida who demonstrate financial need.
- There is a limit of \$1000.00 paid in support of each individual with spina bifida per annum. Members may apply more than once to the support fund within each fiscal year.
- Cases where the GST brings the total over \$1000.00, the board will determine if GST will be paid on each case individually.
- The overall budget for the support fund is \$15,000.00 each fiscal year, subject to annual review.
- The name on each support fund request will be revealed to the board, but will remain confidential and not be included in the minutes.
- The SBHANA does not endorse products or services, and is not to be held liable for any personal or property damage caused by the product or service funded. Neither is the SBHANA responsible for repairs to the product.

Last Reviewed: June 2009



Spina Bifida and Hydrocephalus Association of Northern Alberta

P.O. Box 35025 - 10818 Jasper Avenue Edmonton Alberta T5J 0B7

Phone: (780) 451-6921

Email: info@sbhana.org

SBHANA Support Fund Application Form

Name: _____

Name of Person with Spina Bifida and/or Hydrocephalus:

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone Number: _____ E-mail Address: _____

Describe the service or item and why it is required:

Would this service or item be required if the individual did not have spina bifida or hydrocephalus? Yes No

Cost of service or item required: _____

Cost you are asking the SBHANA to pay: _____
(maximum of \$1000 per SBHANA fiscal year)

Have you approached any other agency for funding? If yes, give details:

Signature: _____ Date: _____

Please return this completed form along with accompanying paperwork (e.g. quotes, emergency receipts, copies of application for programs or services) to the SBHANA office.

The SBHANA endeavours to equalize opportunities for individuals with spina bifida and/or hydrocephalus by funding costs which are incurred as a result of living with this condition.