



## **SBHANA SUPPORT FUND**

### **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 These 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) Incidental or one-time personal expenses for adults with spina bifida that are required to maximize their independence in the areas of self-care, productivity and leisure.
- 4) Registration fees for Camp Freedom, supporting any individual with spina bifida between the ages of 12-19 years interested in attending this camp hosted by the SBHANA. **Individuals will be strongly encouraged to first approach their local association (where applicable) for financial assistance.**
- 5) Recreational fees and equipment to facilitate healthy active living. \*We cannot reimburse individual members for adapted recreational fees – We will need an invoice from the organization that you are registering for programming with and the cheque will be written out to that organization.

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 (With the exception of those applying for registration fees for Camp Freedom. Any individual with spina bifida between the ages of 12-19 years may apply).

**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 adaptive equipment or services under Types of Expenses 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.

**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. **Invoices from organizations that you are doing adapted recreational programming with MUST be provided as a cheque cannot be written out to reimburse an individual for this type of expense.**

All funds must be disbursed within 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.
- The fund will NOT pay for High Level Sport Programming.
- The fund will NOT pay for non-adaptive sport equipment and or equipment
- There is a limit of \$1000 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, the board will determine if GST will be paid on each case individually.
- The overall budget for the support fund is \$20,000 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.
- Members claiming under this fund are strongly encouraged to make a commitment of volunteer time to support the SBHANA where possible.



### **SBHANA Support Fund Application Form**

Name of Applicant:

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Name of Person with Spina Bifida and/or Hydrocephalus:

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Address:

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City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Describe the service or item and why it is required:

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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:

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Cost you are asking the SBHANA to pay:

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(Maximum of \$1000 per SBHANA fiscal year)

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

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



Please return this completed form along with accompanying paperwork (e.g. quotes, invoices, emergency receipts, copies of application for programs or services. Invoices for adapted recreation programming fees will need to be provided – it cannot be a receipt from a member to get reimbursed) to the SBHANA office.

The SBHANA endeavors 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.

*Last Reviewed: April 2019*