

MS Special Assistance Fund Program 2011 Application

1. **Complete the application** (*please print*): Be sure to fully disclose the reason for the request and how the assistance will benefit you and include an estimate of cost of the service, aid or equipment.
2. **If you are a first time applicant, include a doctor's note to verify your diagnosis.**
3. **When funds are received, you *must* submit your receipt(s)** within 4 weeks – unless special arrangement have been arranged with the Program Manager .

- Yes, I am a person with MS**
- Yes, as a first time applicant, I have attached a physician's note**
- Yes, I am a member of the MS Society**

Name: _____ Phone #: _____

Address: _____

City/Town: _____ Postal Code: _____

or . . .

- I am completing this application on behalf of the above – who is a person with MS

Name: _____ Phone #: _____

Address: _____

City/Town: _____ Postal Code: _____

A file, including complete and accurate documentation will be kept on each applicant. All information will remain confidential and the MS Society of Canada's 'Confidentiality Policy' will be adhered to in all interactions and documentation pertaining to the MS Special Assistance Program. *The Multiple Sclerosis Society of Canada protects clients' privacy. The information collected is used to provide services to clients and to compile anonymous statistical information. If you have any questions about your personal information, please call 1-800-268-7582 or visit our website at www.mssociety.ca*

Reason for Request

Be sure to investigate if there are other funding sources to assist you. Please describe the service, program, aid, or equipment that you are requesting financial assistance to purchase:

Identify how assistance will be of benefit to you (up to \$300):

What is the cost of the service, aid, or equipment required? You *must* provide an estimate. *(Please note that the maximum yearly amount for any individual is \$300, so in many cases the MS Society is only partially assisting in a purchase and the applicant is responsible for any remaining cost).*

Alternative Funding Sources

The intention of this funding program is not to duplicate other community services. **Please identify alternative funding sources that you explored** *(examples: Kinsmen, Sask Aids to Independent Living (SAIL), private insurance plans, Blue Cross, Group Medical Services, etc.):*

If you require further assistance, please contact the Program Manager – Laurie Murphy at 522-5600, or outside Regina call toll-free 1-800-268-7582.

Please read and sign the following declaration:

I understand that I am responsible for ensuring that the service, aid or equipment that I am purchasing will be appropriate for my needs. The MS Society is not responsible for the purchase of the service, program, aid or equipment and is not liable for difficulties with suitability, safety, workmanship and/or maintenance related to services, programs, aids or equipment purchased with funds provided through the MS Special Assistance Funds.

I *will* provide official receipts for all authorized purchases, within the designated timeframe.

I certify that the statements made by me in this application are true and complete to the best of my knowledge.

Signature of Applicant

Date application completed

NOTE

If you have been approved for funding, a cheque will be forwarded with a confirmation letter. **On average the review and processing period is 4-6 weeks, once paperwork is received at our office.*

If an individual's application is *not* approved, or is incomplete, they will receive a letter and/or telephone call to outline the reason the request was denied or is pending.

*** Your receipts *must* be submitted in a timely manner.**

Return completed application, by mail or fax, to:

Laurie Murphy, Program Manager
MS Special Assistance Program
MS Society – Saskatchewan Division
150 Albert Street; Regina, SK S4R 2N2
Facsimile: (306)565-0477