GUIDELINES FOR FINANCIAL ASSISTANCE

The Mission of the Kate Sharl Foundation is to provide Cree children with special needs 0 to 18 years old of age opportunities to access high-quality, culturally appropriate resources that recognize their unique physical and developmental challenges and that will improve their quality of life and enable them to reach their full potential.

ELIGIBILITY REQUIREMENTS

- The child must be diagnosed by a Medical Practitioner with a serious illness or a permanent disability.
- The child must be 18 years of age, or younger.
- The family must have used up all other financial resources available to them. These include:
  - > Government funding: Assistance to children with Disabilities**.**

POLICIES AND GUIDELINES

* The KSF does not duplicate existing services such as the CHB or CSB and community support programs.
* Families should look into other community resources before contacting the KSF.
* Your Cree Health Care Services must apply to their own internal funds before applying to the KSF.
* The Application for Financial Assistance must be submitted and approved before the item or service is purchased. Also, it is to be submitted before the given Deadline.
* The KSF pays organizations, respite care and distributers directly. We do not reimburse parents.
* All bills or receipts submitted must be in the KSF name.
* The KSF 's ability to fund eligible applications depends on the availability of funds. If the KSF does not have sufficient funds at the time of the application; the application may be held for a later date.
* The amount of funding assistance may vary, based on the cost of the item or service, and the availability of funds at the time the application is received.
* If any information is missing or the application is incomplete, it will be returned, resulting in a delay in processing.
* Funding approval is valid for the timeframe indicated in our approval letter. If the funds are not accessed and paid out within this period, the request is not eligible for payment and any further costs will be the responsibility of the family.
* The guidelines and policies regarding the KSF may be changed at any time without notice.

CHECKLIST FOR APPLYING FOR FINANCIAL ASSISTANCE

- ☐ Complete the Application for Financial Assistance form. All sections of the Application must be Completed or marked as N/A.
  - > The parents or the Legal Guardian of the child may apply.
  - > A Social Worker, Health care professional, medical practitioner or a teacher may apply.
- ☐ Sign and Date the application. If you are applying on behalf of a family, ensure that you have a parent or legal guardian sign the application.
- ☐ Complete and sign the Authorisation Form attached
- ☐ Provide a letter of confirmation of the diagnosis signed by someone of a professional order.
- ☐ If requested by the KSF, provide 1 letter of support.
- ☐ Provide a quote from the vendor / supplier for the services or items being requested if applicable.
- ☐ Provide information on any funds that you are able to receive other than the KSF.

If any information is missing or the application in incomplete it may result in a delay in processing.

Mail, e-mail or Fax your application with all required documents to:

The Kate Sharl Foundation

C/O Judy Nakogee (President)

P.O 1050, Mistissini. QC.

G0W 1C0

Phone: **418.923.4020 ext. 226**

Fax: **418.923.4022**

Email: **katesharlfoundation@gmail.com**

IMPORTANT NOTES

* Requests that the KSF considers to be emergency situations will be given the highest priority and processed promptly. All other requests will be processed as soon as possible.
* Once the KSF receives the completed application and all documentation, the KSF may contact the applicant to verify the information provided.
* Please allow sufficient time for your request to be processed prior to enrolling in a program. The average application processing time is somewhere between 1 and 2 months unless it is an emergency.
* You will be notified by letter when a decision has been made.

THE KATE SHARL FOUNDATION WILL FUND THE FOLLOWING:

1. Physical & Sensory Disorders

2. Behavioural, Emotional and Social Developmental Disorders

3. Communication & Interaction Disorders

4. Autism Spectrum Disorders

5. Cognition & Learning – Intellectual Disabilities

6. Respite Care

Date of Request: _____/_____/_____

Month Day Year

APPLICATION FOR FINANCIAL ASSISTANCE

Submitting this request gives the KSF permission to contact the organizations and individuals, which you provide on the application. Please read the GUIDELINES FOR FINANCIAL ASSISTANCE and review the application before filling out this form.

CHILD AND FAMILY INFORMATION

Child _____

Last Name First Name Middle Initial

Birth date _____/_____/_____ Male_____ Female_____

month / day / year

Medical Diagnosis _____

Mother _____

Last Name First Name

Father _____

Last Name First Name

OR Legal Guardian _____

Last Name First Name

Relation to Child: _____

Marital Status: Married _____ Divorced _____ Separated _____ Common-law _____ Single _____ Widowed _____

Street Address _____ Apt./Unit #: _____

City _____ Province _____ Postal Code _____

Home Telephone (_____) _____ - _____ Cell Number (_____) _____ - _____

Email _____

Does this child live with you? Yes _____ No _____

If you are applying on behalf of the family, please complete (Community or Healthcare Professional)

Name _____ Relationship to Child _____

Organization/Agency Name _____

Telephone (_____) _____-_____ Ext: _____ Fax: (_____) _____-_____

Email _____

Signature _____

Purpose of Funds

What are you Requesting For? Describe. Why?

_____

_____

_____

_____

_____

_____

Have you contacted or applied to any other organizations for this request? Yes _____ No _____ *If yes, provide details below.*

_____

_____

Is this item covered in part by and other source? Yes _____ No _____ Amount $_____

If yes provide copy of Assistive Details.

Government Funding and Services

Assistance to Children with Severe Disabilities (ACSD)_____

If you do not receive ACSD have you applied? Yes _____ No _____ Not eligible_____

I certify that the information provided on this application is true, correct, and complete to the best of my ability.

_____ _____ _____

Name of Parent/Legal Guardian (please print) Signature Date

How did you hear about the KSF?

_____

If it was from a health care professional, please provide the organization name _____

Have you applied to the Kate Sharl Foundation before? Yes _____ No _____ If yes, when _____

For who? (Please Describe)

_____

_____

_____

AUTHORIZATION / RELEASE FOR THANK YOU LETTERS AND PHOTOS

We love to receive photos, drawings, and notes from the families that we assist. It is important for KSF to be able to communicate with our supporters and donors, what life is like for your child and for you as a family. We will feature stories of children in our promotion and presentations, Newsletters...etc.

Please let us know if the KSF may use your photos, artwork, notes, child's first name, age, and nature of their illness for awareness and promotional purposes.

Please indicate where KSF may or may not use any thank you letters and/or photos you send to us.

Yes _____ No _____ The Nation Articles, Destination Magazine

Yes _____ No _____ Newsletters , Promotion and/or Reports

Yes _____ No _____ Letters to our donors

Yes _____ No _____ Social Media sites (Facebook, Twitter, Website)

Yes _____ No _____ Corporate Plaques/Sponsorships

Yes _____ No _____ Would you or your child be interested in speaking occasionally about your KSF experience at fundraising events or with media to benefit KSF?

Yes _____ No _____ Do you give us permission to use your child's name and Community?

Please note that your consent is not mandatory. We respect the privacy of each person in our program. This form makes it easier for us to know which photos and stories we are able to use. Thank you for your participation.

_____ _____

Child's Name Date

_____ _____

Name of Parent/Legal Guardian (please print) Signature

Privacy Policy

The Kate Sharl Foundation Policy makes every effort to ensure that any individual's personal information is protected and properly handled. The information you provide on this application is only used for the purpose of determining eligibility. It is reviewed and handled by only those designated and authorized to do so within the Kate Sharl Foundation office.

If your application is granted and a file is created, your secure file will be stored at our office location for seven years (for audit purposes) before being shredded. Minimal information is also kept indefinitely on our secure database.

If you have a concern or inquiry regarding our Privacy Policy Please contact the Kate Sharl Foundation.