In keeping with our dedication to helping people living with Cerebral Palsy enjoy Life without Limits, we are pleased to offer assistance with the purchase of assistive devices.

Please review all 5 pages before filling out the application. The criteria and eligibility can be found on page 5.

 **Please type, handwritten applications are not accepted**

**2024 Application for Equipment/Assistive Devices:**

Name: Date of Birth:

Parent/Guardian Name (if applicable):

Address:

Email:

Phone Number:

**Required Assistance:**

1. Please describe the assistive device/equipment (please specify model, size, design etc.)
2. How much are you requesting from CPABC? (Note that maximum requested amount is $750,00 per individual)
3. What is the purpose of the device/equipment that you are requesting? How do you intend to use it? Please use separate page to explain completely**.**
4. Where will you be purchasing this equipment?
	1. Address:
	2. Contact:
	3. Please provide:

A quote from the vendor who will supply the necessary equipment.

*or*

A picture and price of the equipment from a therapeutic website/catalog

 Have you applied for funding from other sources?

* 1. If yes, where?
	2. What was the result?
	3. If the cost of the equipment is more than funds requested, what additional funding is in place to secure the assistive technology?

**Professional Referral**

1. Name of professional (Occupational Therapist, Physiotherapist, Physician):

Contact:

Organization (if applicable)

1. Please provide:
2. A signed letter from your PT/OT/physician explaining how your/your child’s mobility and/or functional mobility would be improved by this particular piece of equipment and how this assistive technology will increase the individual’s independence and quality of life?

3. We would like you or your child to share your experience with us. They are used for our website and promotional materials and to thank donors for their support.

* 1. Please tell us about yourself and how this equipment will benefit you/your child
	2. *Photo*

**Waiver**

I acknowledge and agree that:

* The above is true to the best of my knowledge
* CPABC shall not incur any liability for any damages arising directly, or indirectly, to the applicant as a result of any equipment/assistive device for which funding approval is given.
* The CPABC has not had any part in selecting the chosen equipment/assistive device listed above and is not responsible for any damage or defect of equipment.
* All arrangements in acquiring the equipment/assistive device are my responsibility.
* I permit CPABC to contact the professional(s)/agencies listed above to confirm the information I have provided.

If approved, a cheque will be mailed, please provide **name** and **mailing address** where the cheque should be sent (i.e. your name/ equipment company/ etc.)

Your name/ company’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name/ company’s complete mailing address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date:

Print Name:

Parent/Guardian if applicable:

Primary contact person for this application:

Primary email address for this application:

Primary phone number for this application:

NOTE: Guidelines and criteria set out herein are for general reference only. Final decision and criteria are within the sole discretion of the CPABC and are not appealable.

**Photo Release**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**,** hereby give The Cerebral Palsy Association of BC permission to use my photo/ video or the photo/video

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

name relationship

for public relations purposes in the community.

 This may include using the photo:

* in the Association’s quarterly publication, or other publications
* in newspapers
* in the Association’s brochures
* on the Association’s portable display board, which may be used at resource fairs etc., in the community
* in the Association’s videos
* on the Association’s website
* for fund raising

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Date

This release form is to be signed by all people whose stories/images CPABC proposes to use on any printed materials/website for fundraising and advertising purposes.

**Eligibility Criteria**

Criteria and requirements for applicant:

* Applicant must have cerebral palsy. **Documentation needed**. This can be from a private physiotherapist, occupational therapist or a school file. It does not have to be from a physician.
* Applicant must be a **current member of the Cerebral Palsy Association of BC**.
* Funds from CPABC must go directly to the purchase of Equipment/Assistive Device.
* You are required to include a signed letter from medical professional explaining the need for this equipment.
* You are required to include a quote for the equipment from the vendor or a picture with the price of the equipment.
* You are required to sign the waiver on page 3, as well as the photo release on page 4, and send it back to us.

If you have questions regarding this application, please feel free to contact info@bccerebralpalsy.com. **Once your application is completed, please email the application and necessary documents to info@bccerebralpalsy.com.**