Information for Families

The Bear Essentials program allows families to cover unexpected or extraordinary expenses related to their child’s health and special needs until other community resources can be mobilized.

Applications to this fund must be for:

- Children or youth aged 0-19 and their families; who are
- Residents of Vancouver Island or the Gulf Islands for at least three months; whose
- family resources are insufficient to cover the items in this application
- up to a maximum of $1,000 per child per lifetime.

Bear Essentials especially assists families whose needs fall between the cracks of other available programs and/or are of an urgent need. It serves as an educational tool providing information on other sources of funding that may also be appropriate as follows:

Please check all other resources that have been requested to fund this application and indicate the amounts contributed:

**Government**
- Ministry of Health
  - Medical Services Plan
  - Pharmacare
  - Travel Assistance Program (TAP)
  - BC Family Residence Program
- Ministry of Children and Family Development
  - Autism Funding
  - AT HOME Program
- Ministry of Social Development
  - Healthy Kids Program
- Inter Tribal Health Authority
- Canadian Forces Personnel Assistance Fund
- Canadian Union of Postal Workers

**Charitable/Foundations**
- Family Independence Fund
- Children and Youth with Special Needs Fund
- Variety Funds
- BC Children’s Hospital
- Help Fill a Dream
- Any other funders i.e. Service Clubs, President’s Choice, Kiwanis, Rotary, C-FAX Santas Anonymous. Please specify names here:

Comments:

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Personal Information
We respect your privacy and will not publish your personal contact information. Any personal information you provide is protected under the BC Freedom of Information and Protection of Privacy Act, and all applications to the fund are kept confidential.

“For the purposes of accessing this fund, I give consent to share this information between the referring professional and the Children’s Health Foundation of Vancouver Island.”

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Sharing your Story
Fundraising campaigns ensure that the Bear Essentials program continues to help children, youth and families. You can help by sharing your story with our Foundation about how the fund has helped your child/youth or family.

“We (I) agree to help the Children’s Health Foundation of Vancouver Island raise money for the Bear Essentials program by sharing our story.” THANK YOU!

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Circle: Yes  No

Name of parent or guardian

Signature of parent or guardian

Email address

Date
**Applicant Information**

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<thead>
<tr>
<th>Name of child/youth</th>
<th>Age</th>
<th>Name(s) of parent(s) or guardian(s)</th>
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<tr>
<th>Address</th>
<th>City</th>
<th>Province</th>
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This is a request for in the amount of

- Emergency food $ __________
- Travel to care appointments $ __________
- Clothing and toiletries $ __________
- Accommodations (short-term shelter costs) $ __________
- Therapeutic resources $ __________
- Personal items (car seats, eyeglasses, educational DVDs, Braille or hearing resources) $ __________
- Medical or therapeutic equipment to address special needs $ __________
- Other expenses vital to well-being $ __________

**TOTAL REQUEST** $ __________

**Rationale – Please provide details and supporting comments below**

- Attachments (appointment schedule, quotes, etc. to support request ______________________

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Children’s Health Foundation of Vancouver Island works with registered charities that serve children and youth in need and their families on Vancouver Island and the Gulf Islands to administer this fund, including the Vancouver Island Health Authority (VIHA) and Child Development Centres. Payment is made on the recommendation of qualified professionals within these organizations.

**Information to support this request is provided by:** (please print)

Referring Professional: ___________________________ Position: ___________________________

Contact Information: Phone ___________________________ Email: ___________________________

Signature: (verifies support of application) ___________________________

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**Funding Approval – office use only**

Total amount approved: $ __________

To be paid to: ___________________________

Name of payee Charitable status # of payee, where applicable

Address of payee

Authorized by: ___________________________

Executive Director/Manager Signature Date