



APPLICATION FORM

The applicant is the parent/guardian who is applying for funding on behalf of and for the benefit of a child. All Information is strictly confidential and Variety collects this information only for the purpose of determining the need for assistance. By filling out this application Variety retains the right to contact and verify the information on the application. All fields must be filled out in order to process.

(PLEASE PRINT)

Applicant Name:	Spouse Name:
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Address:	Address:
City: Prov: Postal Code:	City: Prov: Postal Code:

Telephone:	Work Phone:	Telephone:	Work Phone:
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(Applicant)

(Spouse)

Canadian Citizen: YES ___ No ___
(if No, how long have you been in Canada)

Canadian Citizen: YES ___ No ___
(if No, how long have you been in Canada)

Arrival Date: dd/mm/yy_____

Arrival Date: dd/mm/yy_____

How long have you been an Alberta Resident? _____

Applicants Language Spoken/ Written: _____

Name of Child:	D.O.B: (dd/mm/yy)	Gender: Female or Male
Address:		
City:	Prov:	Postal Code:

Are there other dependant's in the home? If yes, please list name and age.

Applicant's Relationship to Child: _____

Is the child receiving care or treatment from a health practitioner(s)?

Please list Name & phone numbers.

What Funding assistance is required? Please explain. (Example: Treatment, equipment, service)

Explain how your child will benefit from this funding?

Total Requested Amount: \$ _____

Are you and (spouse) employed? Please indicate employer & length of employment

Are you receiving social assistance? If yes, please indicate your workers name, phone number and your SFB case number.

Do you receive any funds from any other subsidized programs? Please list.

Total household gross income: _____

Do you have savings or assets available to contribute to your costs? If yes, what dollar value?

Do you have extended family member(s) who can contribute toward the costs? Yes ___ No ___

If we cannot fund this entire request, is partial funding an option? Yes ___ No ___

Have you requested funding from any other organizations? Yes ___ No ___

If yes, please give the name of organization or agency, contact name and phone number.

Please provide the outcome of these requests.

Do you have Alberta Health Care? Yes ___ No ___

Do you have extended health benefits? If yes, which portion is not covered and why?

Supporting documents required; financial information, quotations for equipment, doctor referrals, social worker or agency referral letter are applicable to your application.

Please attached the following required documents to support your application. Financial information is required by both applicants.

- The last tax years Notice of Assessment from the Government of Canada
- Copies of the last 2 pay stubs or SFB slips/Employment Insurance Slips
- Copy of Childs Birth Certificate
- Two pieces of Applicant's ID (Example: passport, driver's license, picture ID)

I certify that the statements made in this application are true and complete to the best of my knowledge. I understand that if any of these statements are found to be false and/or misleading this application will be rejected.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

RELEASE FORM

This form must be filled out completely to process your request. Variety reserves the right to reject your application if you fail to complete this form.

Variety, The Children's Charity of Alberta supplies funding for the purchase of services and / or equipment for approved clients.

I, _____ understand that Variety, The Children's Charity is not responsible for any loss or damages with respect to the services and/ or equipment purchased. Any problems or concerns with regards to this services and/ or equipment should be directed to the company supplying to the applicant.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____