CHSQ Financial Assistance Program

Goal
The goal of the Canadian Hemophilia Society - Quebec Chapter (CHSQ) Financial Assistance Program is to help improve the quality of life for people living with an inherited bleeding disorder by providing financial assistance under specific circumstances. The purpose of this policy is to provide guidelines under which the CHSQ will provide financial assistance. Those who benefit from this program are expected to be members of the CHSQ and volunteer their time and/or provide resources when possible to the programs and activities offered by the CHSQ.

Funding and Eligibility Criteria

To qualify for financial assistance, the applicant must meet the following eligibility criteria:

- Reside in the province of Quebec and be or become a member of the CHSQ
- Complete the Financial Assistance Application Form and provide original receipts for items or services for which the application is being made
- Satisfy the eligibility criteria or be found to be eligible by the Financial Assistance Approval Committee
- Where applicable, provide two competitive quotes for the items or services for which assistance is being requested
- Where applicable, provide proof that government, group or private insurance funding is not available to cover all or part of the cost of the items or services for which assistance is being requested
- Where applicable, provide proof of having explored all other sources of available financial assistance.
- Being recognized eligible for the program by the financial Assistance Approval Committee.

The CHSQ Financial Assistance Program will be considered a last resort for financial aid. Consequence, all other sources of financial assistance must be eliminated before an application is accepted. In the event that CHSQ funds are limited, priority will be given to the most pressing needs and to those in the precarious situation. The CHSQ reserves the right to demand proof of a precarious situation.

This program is subject to the availability of funds and the viability of the program itself. It can be suspended or terminated at any time by the CHSQ Board of Directors.

Although not all circumstances can be predicted and will qualify for financial support by the CHSQ, the Financial Assistance Approval Committee will use discretion when reviewing applications. The following are examples of items, services and/or expenses that fall within funding criteria:

- Assistive mobility devices (please note that a medical prescription is obligatory and must accompany the request or it will be refused.)
  - Active mobility assistive devices (canes, crutches, wheelchairs, walkers, scooters, ramps and lifting devices, etc.)
    - 80% of costs encountered up to an annual maximum of 200 $ (purchase or rental)
  - Prescription for passive mobility devices (specialized footwear or orthotics, braces or orthoses)
    - 80% of costs encountered up to an annual maximum of 200 $ (purchase or rental)
- Medical identification such as Medical alert (bracelets, necklaces or anklets, etc.)
  - 100% of the basic model or a maximum of 75 $.
- Protective gear (helmets, knee and elbow pads, etc.)
100% of costs encountered to an annual maximum of 100 $

- Hospital related expenses (accommodation, meals, parking)

80% of costs encountered to an annual maximum of 500 $

- Treatment related transportation expenses (gas, taxi, bus, ambulance)

80% of costs encountered to an annual maximum of 200 $*

- Psychological aid (Telephone or personal consultation)

100% of costs encountered to an annual maximum of 300 $

- Financial support for participation in CHSQ activities
  - Registration:
    75% of costs covered with a maximum of 100 $ per family
  - Transportation:
    Travel in excess of 400 km (round trip) will be reimbursed at the rate of 0.30$ per kilometer so that members can attend the activity, but will only be reimbursed only if no other transportation is provided by CHSQ.

* In accordance with the organization's policy on reimbursement of expenses (except for ambulances).

**The following expenses are not eligible for reimbursement under this program:**

- Items or services covered by government programs, collective or private insurance policies, or any other insurance policy
- Protective sports equipment
- Expenses due to illness other than an inherited bleeding disorder.

**Confidentiality of personal information**

The CHSQ will attempt to ensure that personal information gathered by CHSQ through this financial assistance program will remain confidential and will only be disclosed on an as-needed basis to those authorized to approve applications, Legal representatives, for regulatory requirements, or for accounting or tax purposes.

**How to make a request**

To make a request for financial assistance, please complete the attached application form and contact the programs and operations Manager in order to determine whether a meeting is necessary, at 514-848-0666 or via the toll-free line at 1 877-870-0666.
# Financial assistance application form

(In annex to the Financial Assistance Program)

## Applicant’s contact information

<table>
<thead>
<tr>
<th>First name:</th>
<th>Family name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td>Home telephone:</td>
<td>Mobile:</td>
</tr>
<tr>
<td>E-mail:</td>
<td></td>
</tr>
</tbody>
</table>

Name of the person who will benefit for the request (if different from the applicant):

Type of bleeding disorder:

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Indicate the nature of your request. Please include the reasons and the amount requested. Use supplementary pages if needed.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
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Please check the reason or reasons for this request for financial assistance*:

- [ ] Purchase of Assistive mobility devices
- [ ] Purchase of medical identification material
- [ ] Purchase of protective gear
- [ ] Hospital expenses
- [ ] Transportation costs for medical treatment
- [ ] Psychosocial aid
- [ ] Participation in a CHSQ activity
- [ ] Other: ____________________________

*Please refer to the CHSQ Financial Assistance policy

Please send this application form to the Programs and Operations Manager or directly to the CHSQ offices by mail, E-mail or fax (see coordinates at the bottom of the form).

Signature of member applying: ____________________________  Amount requested: ______________

Signature of CHSQ staff who received the request: ____________________________

Date: ____________________________