Support program for people with familial ataxia

ATAXIE ATAXIA CANADA

This program, in line with our mission, aims to improve the general well-being of people suffering from a form of ataxia by partially financing projects of various sizes for certain technical aids, adaptations, services or equipment
Program details: https://lacaf.org/en/about-us-2/service/

1. Applications will not be processed until all of the following information is provided:	
☐	Completed application form
☐	Quote
☐	Picture

2. Autre financement:

Project cost: _____

Insurance funding: Yes ◯ No ◯ If yes, amount given: _____

Government funding: Yes ◯ No ◯ If yes, amount given: _____

Other funding: Yes ◯ No ◯ If yes, amount given: _____

Remaining project cost: _____

Please note that Ataxia Canada has staff available to assist you at any point, answer questions and give you support. To ask questions, gather support or simply get nformation please call 514-321-8684 or toll free at 1-855-321-8684.

3. Représentant du demandeur (si le formulaire n'a pas été rempli par le demandeur):

Last name: _____ First name: _____

Relation to applicant: _____

Phone: _____ Ext: _____

Email:_____

4. Applicant information:

Last name: _____ First name: _____

Birthday: (YYYY-MM-DD)_____

Address: _____ App.: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Ext: _____

Email: _____

Cover letter (or attach a copy):

_____ _

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

5. Health care professional:

Last name: _____ First name: _____

Phone: _____ Ext: _____

Fax: _____

Occupation: _____ Place of work: _____

Work address: _____

Email: _____

Letter of recommendation (or attach a copy):

_____

_____

_____

_____

_____

_____

_____

_____

_____

I certify that this equipment or service cannot be provided by a public service ☐

6. Questions:

1. How often will this equipment or service be used?

Rarely ◉ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 All the time

2. What will be the impact on your quality of life?

Minimal ◉ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 Important

3. What will be the impact on your quality of life?

Minimal ◉ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 Important

4.What will be the impact on your physical quality of life?

Minimal ◉ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 Important

5.Is this your first request? Date of last request:

○ Yes

○ No Number of requests made before:

6- In your opinion, how urgent is the need for this equipment or service?

Non urgent ◉ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 Urgent

7. Terms and conditions:

By signing this form you allow Ataxia Canada to use your information (picture, name and story only) on its fundraising platform.

By signing this form you understand that Ataxia Canada has no responsibilities towards the equipment or service and is not a health care specialist.

You understand that Ataxia Canada cannot take on every project, but all projects will be evaluated and considered fairly.

Name: _____

Signature: _____ Date: (AAAA-JJ-MM)_____

Applicants representative name: _____

Signature: _____ Date: (AAAA-JJ-MM)_____