

FUNDING GUIDELINES AND INFORMATION



Please read and follow all the guidelines to ensure your request is processed as quickly as possible.

Please ensure you completed the entire form. Any omissions will delay the processing of your request.

For equipment requests please provide 2 quotes from suppliers and include them with the request form.

Check with your insurance company to see if they will cover some or all of the costs.

We encourage you to seek funding from other agencies. If you have applied and have been approved from other agencies please provide their contact information.

Once completed send the request form and the quotes via email to: info@edmontoncp.com.

****Do not mail your request forms.**

We provide funding towards the purchase of equipment or home modifications that enhance or aid in daily living only. We do not provide funding for programs or therapies.

Home modifications requests are only for improvements that will enhance the quality of life for the person with cerebral palsy. No general improvement will be covered. Home modifications must be pre-approved. We will not cover any modification that has started or have been completed.

Funding **may** be approved for previously purchased equipment provided that we receive your request within 30 days of the original purchase date. Copies of receipts for the equipment must be included with this request form. Please keep the originals.

Your request will be reviewed at the first Request Committee meeting after the request is received. You will be contacted with our decision by phone or email.

If approved we will deal directly with suppliers whenever possible.

If funding is paid directly to you, the receipts from equipment purchases must be sent to the ECPA office within 5 days after purchasing requested equipment. Please keep a copy of receipt(s) for your records. Faxing or emailing receipts is acceptable.

DISCLAIMER: ECPA does not provide funding for therapies or programs. Funding is limited and not guaranteed. The ECPA is not obligated to fund the entire cost of an approved funding request. In addition, funding is contingent and dependent at all times on the availability of funds within the Funding Request Program. The Request Committee reserves the right to require additional information relating to the funding request. Funding will not cover portions of supplies that are eligible for insurance or group benefits.

SUBMIT FORM VIA EMAIL TO: | info@edmontoncp.com

APPLICANT INFORMATION (PERSON WITH CEREBRAL PALSY)

Name:

Address:

City:

Postal Code:

Phone:

Email:

Cell:

WERE YOU ASSISTED IN COMPLETING THIS APPLICATION? MAY WE CONTACT THEM ON YOUR BEHALF?

No Yes Name:

Address:

City:

Postal Code:

Phone:

Email:

Cell:

ALTERNATIVE FUNDING SOURCES | Have you applied to any of the following? *

You are encourage to the following organizations for funding.

Easter Seals

No Yes Amount approved \$

Child Ability Fund

No Yes Amount approved \$

Presidents Choice Children Charity

No Yes Amount approved \$

Dawn Land Foundation

No Yes Amount approved \$

Make A Wish

No Yes Amount approved \$

Cerebral Palsy Association in Alberta

No Yes Amount approved \$

Insurance Companies cover a wide range of equipment *

Have you contacted your insurance company? No Yes

If yes, how much will they provide? \$

* Required information | ** Requests will only be accepted by email.

SUBMIT FORM VIA EMAIL TO: | info@edmontoncp.com

FUNDING REQUEST DETAILS | What is the request for?

Equipment description:

Brand Name:

Model:

Cost: \$

Shipping (if applicable): \$

Total Cost: \$

Amount requested: \$

PLEASE PROVIDE A BRIEF DESCRIPTION HOW THIS FUNDING WILL ASSIST YOU

EQUIPMENT SUPPLIER INFORMATION | QUOTE #1

Company:

Address:

City:

Phone:

Sales Agent:

Quote: \$

Web site:

EQUIPMENT SUPPLIER INFORMATION | QUOTE #2

Company:

Address:

City:

Phone:

Sales Agent:

Quote: \$

Web site:

* Required information | ** Requests will only be accepted by email.