



Sunshine Fund

Application for Financial Assistance

Family Information:

Child's Name: _____ Date of Birth: _____
Last Name First Name year/month/day

Mother/Guardian: _____ Father/Guardian: _____
Last Name First Name Last Name First Name

Marital Status: Married Divorced/Separated Common-law Single Widow

Address: _____

Telephone: _____ Email Address: _____
Work Home

Diagnosis: _____

Have you previously received funding from us? Yes No Year: _____

Household Members: (List the name, age, relationship of all persons who permanently reside in your home.)

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Purpose of Funds: _____

Estimated Cost: _____

Other funding sources you have accessed:

Employer Extended Health Care Benefits	Yes	No	Amount of Funding \$ _____
Private Insurance	Yes	No	Amount of Funding \$ _____
Healthy Kids	Yes	No	Amount of Funding \$ _____
Variety Club	Yes	No	Amount of Funding \$ _____
Lions Club	Yes	No	Amount of Funding \$ _____

Other Funding: _____

Calculation of Request for Financial Assistance

A) Estimated Cost of Equipment/Service	\$ _____
B) Other Funding	\$ _____
C) Applicant Contribution	\$ _____
D) Total Remaining	\$ _____

Line A-B-C=D

RELEASE OF INFORMATION

I agree that South Okanagan Children's Charity may:

- Carry out inquiries for the purposes of confirming or clarifying the information submitted, processing the application or addressing an application
- Contact vendors, once funding has been approved for the equipment/service being requested in this application, for the purpose of facilitating payments
- Contact me for the following purposes:
 - To obtain feedback on the services I received from SOCC Sunshine Fund
 - To provide me with an opportunity to contribute to the SOCC Sunshine Fund
- Disclose any/all of the information in my application to such parties for the purposes set out above

I authorize South Okanagan Children's Charity to provide and release any pertinent information to _____ for the purpose of assisting with funding as per requested in this application.

RELEASE AND WAIVER

I hereby release and indemnify and save harmless South Okanagan Children's Charity and its board members from and against any and all expenses related to all claims, demands, liabilities, losses, costs, damages, actions, suits or other proceedings of any nature of kind whomsoever sustained, brought or prosecuted in any manner whatsoever related to this Application or any funding resulting here from, including without limitation based upon occasioned by or attributed to the negligent act or missions or the willful or reckless misconduct of the vendor/contractor in the fulfillment of utilizing the funds provided by South Okanagan Children's Charity. South Okanagan Children's charity acts solely as a third party funder and as such has no role in prescribing, recommending equipment, selecting a vendor/contractor and in the relationship between the parent and the vendor. Payment from South Okanagan Children's Charity is not an acknowledgement that the work or equipment was acceptable.

CERTIFICATION

I acknowledge and certify that the information provided in this application is true, correct and complete to the best of my ability and the equipment/service has not been received.

Applicant Signature: _____ Date: _____

- Please review the application form to ensure all information and supporting letters/documentation is provided.
- If any information is missing, the application will be returned for competition, resulting in a delay in processing your request.
- Ensure to keep a copy for yourself.

If you have any questions about the application or whether South Okanagan Children's Charity funds certain equipment/service, you can contact us at 250-492-2800.

Fax completed application form to 250-770-3410 or email it to pam.mccluskey@interiorhealth.ca.



Sunshine Fund

Financial Information

All applicants must complete the following budget summary of their monthly income and expenses to support their application for financial assistance from the Sunshine Fund.

	Self	Spouse/Other
Employment Income		
EI Benefits		
Social Assistance Income		
Child/Spousal Support		
Disability Income		
Child Tax Benefits		
Other: Savings Family Support		
	Total Monthly Income:	

Monthly Expenses	Amount
Basic Living:	
Rent/Mortgage	
Food	
Utilities	
Telephone	
Other Expenses	
Medical/Dental Premiums	
Vehicle Loan/Lease	
Vehicle Insurance	
Property Taxes	
Life/Home Insurance	
Credit Card Debt & Monthly Payments	
RRSP/RESP Contributions	
TV/Internet	
Entertainment/Recreation	
Clothing	
Child Care	
Prescriptions	
Other	
Total Monthly Expenses:	

Please provide detailed information on other extra ordinary expenses you and your family have:

All information provided is maintained as confidential and shall only be shared with the assessment committee members.

Signature

Date