

## CP Cares Program Application Package

*Introduction: Cerebral Palsy Alberta (CPAA) is a registered non-profit organization that makes a difference in the community by enriching the lives of people with disabilities. Through our therapeutic & recreational programs and support services, we promote awareness, acceptance and understanding for individuals with disabilities to live a Life Without Limits.*

*The CP Cares Program assists Albertans with disabilities to achieve a better quality of life by providing support with different levels of need. The Program is funded by CPAA's fundraising efforts and by generous donations from members of our community. Through this Program, we provide funding for items such as basic daily needs supplies, adaptive equipment (e.g. lifts, chairs, scooters, bicycles), technology, programs, educational courses, treatments and therapies and items that would improve quality of everyday life.*

Contact Information:

CP Cares Program

Cerebral Palsy Alberta

12001 44 Street SE, Calgary, AB, T2Z 4G9

Toll Free: 1800 363 2807

Email: [fundingrequest@cpalberta.com](mailto:fundingrequest@cpalberta.com)

### CP Cares Program Application Process

1. Applications are processed to ensure that all pertinent documentation has been included and submitted to the CP Cares Program Committee.
2. Incomplete applications will be returned to the applicant. It is the **responsibility** of the **applicant** to ensure that the application is **complete** with **all questions answered** and **all supporting documents submitted** together with the application.
3. Once approved, funds will be transferred electronically (EFT) to the vendor or to the applicant/designate. CPAA staff will connect with the receiving party to obtain the EFT information and consents.
4. Applicants will be notified via email of the committee decision.
5. Approvals are valid for 6 months from the approval date or until the end of the CPAA's fiscal year (January 31), whichever comes first.

### CP Cares Program Guidelines

Funding is not guaranteed.

The CP Cares Program reserves the right to:

1. Request the applicant to seek alternative funding
2. Request the applicant to provide additional information or documentation about any agency or government department that pertains to the request.
3. Decline the application based on the CPAA's priorities, requirements, or other considerations.
4. Fund only portion of the requested amount.
5. Applications for funding for an item(s) that has already been purchased may not be approved if the item does not meet the funding request criteria as listed on the CPAA's website. Items purchased longer than in the previous 6 months or in the previous CPAA's fiscal year, will not be approved for funding.
6. Request the applicant to apply for Government of Alberta funding through programs such as Alberta Aids to Daily Living (AADL) if the applicant qualifies, before applying to the CPAA's CP Cares Program.
7. Request the applicant to present copies of correspondence with other organizations/agencies to which they have applied for funding. This is to provide information for reasons of denial from other funding opportunities.

#### CPAA's Member Confidentiality Agreement

All information provided as part of the application will be kept confidential. CP Cares Committee will be reviewing the applications anonymously – all personal information of the applicant will be removed from the application before submitted to the CP Cares Committee.

#### Application Requirements:

1. Person applying for funding must be a CPAA Participant Member for at least 3 months prior to applying.
2. The applicant must provide proof of disability diagnosis – issued by medical professional.
3. If the purchase has already been completed, receipts in full must be provided to the CPAA for all equipment, service(s), program(s), and/or item(s). If approved, payments will be made to the applicant or their designate upon providing proof of purchase.

4. Three (3) written quotations per item/service/equipment/therapy, etc. must be submitted with the application, if applying for item/service/therapy/equipment, etc. that hasn't been purchased yet. If approved, payments will be made directly to the
5. vendor upon receiving an invoice. In case the three quotations cannot be provided, applicant needs to provide an explanation for the reason.
6. Applications must be accompanied by a letter of support written and signed by a professional (Doctor, Psychologist, Social Worker, etc.). The letter must clearly state the applicant's need for the equipment/service/program/therapy, etc., and explain how it will improve the applicant's quality of life. Letters of support cannot be issued by a professional who is a party in the application (e.g. Therapist providing the service).

### Application Checklist

Please check all before submitting your application. Incomplete applications will be returned to the applicant.

The applicant has been a Participant Member of the CPAA for at least 3 months.

Letter of disability diagnosis from a physician or attending therapist

Letter of support from a neutral professional

Three (3) quotes for the requested funding or proof of purchase.

**CP Cares Program Application Form**

Instructions: please fill out all information below with one of the following options:

1. Typing your responses in the application form online and submitting them electronically (via email). \*Please note that if you close the form window before saving it onto your device or printing, your responses will be lost.
2. Print out the blank form and fill in your information: Please print clearly.
3. Please ensure that all information is complete, and all questions are answered to the best of your ability.

**Section 1: Applicants Personal Information**

Member's Name \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

CPAA Membership Number: \_\_\_\_\_

If the applicant is not the person communicating with CPAA, please provide the following information about the applicant's designate:

Designate's Name: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Name of the vendor or an individual the funds should be sent to: \_\_\_\_\_

Email address of the vendor or individual the funds should be sent to: \_\_\_\_\_

## Section 2: Funding Request Information

1. Amount of funding request (CAD – Exact Dollars):
2. Describe the need this request is for:
  
3. Have you applied to other funders for this request?
  - Yes
  - No
    - a. If yes, please provide proof of communication, including denial or amount approved (attach copies to this application)
    - b. If no – please provide explanation of the reasons:
  
4. Has the equipment/service(s)/Item(s)/treatment(s)/program(s) has already been purchased?
  - Yes
  - No
    - a. If yes – provide a copy of receipts (attach to this application)
    - b. If no:
      - i. provide confirmation from the vendor that they can accept funds from CPAA (we do not send the funds to the applicant)
      - ii. provide confirmation of plans to cover for any amounts that might not be funded through CP Cares Program
  
5. Do you have private insurance that will cover some or all of the amount applied for?
  - Yes
  - No
  
6. CPAA is continuously looking for sponsors and funds to support the CP Cares Program. Often, testimonials from our applicants approved provide valuable information that can

support our efforts. Would you be willing to provide a testimonial together with a picture of how the approved funding supported your needs? (Testimonials and pictures could be used also for a social media campaign for awareness, promotional and appreciation purposes).

Yes – initial here: \_\_\_\_\_

No – please let us know more about your decision:

Have you attached three (3) price quotations?

Yes

No – please explain:

7. Please let us know how this funding, if approved, will impact your everyday life. We appreciate anything more that you would wish to share with us, including reasons why you decided to apply to this program. (we do not require proof of income; however, any additional information might be helpful for the CP Cares Committee when reviewing your application):

### **Section 3: Declaration of Applicant/Designate**

#### **Declaration:**

*I agree to abide by the requirement set out by the CPAA. I declare that the information provided in the attached application is true and accurate. I certify that the funds will be used as set forth in this application.*

Applicant/Designate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Completed Forms with all supporting documents should be submitted:**

Via Email (preferred) : [fundingrequest@cpalberta.com](mailto:fundingrequest@cpalberta.com)

Via Mail:

CP Cares Program

Cerebral Palsy Alberta

12001 44 Street SE, Calgary, AB, T2Z 4G9

Questions or concerns:

Toll Free: 1800 363 2807 or email: [fundingrequest@cpalberta.com](mailto:fundingrequest@cpalberta.com) or  
[supportservices@cpalberta.com](mailto:supportservices@cpalberta.com)

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CPAA OFFICE USE ONLY:

Date Application received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date Application Forwarded to the CP Cares Committee: \_\_\_\_\_