

# APPLICATION FORM

## I. APPLICANT INFORMATION

TODAY'S DATE: (DD/MM/YY) \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Person or Agency Assisting in the completion of application (If Applicable)					
Name			Telephone Number (Include Area Code) (     )		
Agency or Organization (if applicable)			Position		
Address: Street Number and Name					
City/Post Office		Province		Postal Code	
Individual Requiring Support					
Is the applicant legally entitled to live in Canada and a resident of Ontario? (examples: citizen, landed immigrant, holder of a Minister's Permit, refugee entitled to live in Canada). <b>A copy of supporting documentation may be requested.</b>				<input type="checkbox"/> Yes	Date of Injury/Loss
				<input type="checkbox"/> No	dd    mm    yyyy
Last Name		First Name		Initial	Gender
Date of Birth				dd    mm    yyyy	
Address: Street No. and Name				City/Post Office	
Province		Postal Code		Primary Telephone No. (Include Area Code) (     )	
Mailing Address (if different from above)					
Family Caregiver					
Last Name		First Name		Initial	Relationship to Applicant
Address (if different from that of the applicant/individual requiring support)				Home Telephone No. (Include Area Code) (     )	
				Cell/Work Telephone No. (Include Area Code) (     )	
Emergency Contact					
Last Name		First Name		Initial	Telephone No. (Include Area Code) (     )
Does the individual require 24 hour care?					
Who is the applicant currently living with, and what is the family situation?					
Are there any significant additional medical issues or secondary diagnoses? (e.g. regular medications, medical or assistant devices)?					
Are there any preferences with regard to a service provider? (for example, gender, languages spoken etc)					

**Instructions to Complete the Following Sections:**

- Please complete all sections of the Application Form.
- All sections of the form are considered as a whole and are not listed in order of priority.
- If a section does not apply to your situation, please write “n/a” or draw a line through it.
- The application is an information gathering tool which collects information related to the seven decision-making factors for Caregiver Relief. It gives the individual/family an opportunity to state their needs and make a request.
- The personal information that is collected is confidential and is used for the purpose of providing you with services and support under the BIAPH Caregiver Relief program.

**Supporting Documentation to Determine Caregiver Relief Eligibility:**

- A **Medical Status Form** must be submitted with this application and must be completed by a registered health professional (e.g., family physician, neuropsychologist, occupational therapist, etc.) who confirms the presence of an acquired brain injury. The **Medical Status Form** is (check one):
  - Attached
  - Previously sent
  - Will be sent separately
- A signed **Consent for Release of Information Form**
  - Attached
  - Previously sent
  - Will be sent separately

**Please note:**

- Preference will be given to clients and families whose financial limitations would typically prevent them from accessing such services on their own. **Successful applicants might be asked to submit proof of income by providing a copy of their notice of assessment issued by Revenue Canada for the most recent taxation year.**