

About the Bear Essentials Program

The Bear Essentials Program helps families cover unexpected or extraordinary expenses related to their child's health and special needs, especially families whose needs fall between the cracks of other available programs and/or are of an urgent need. Payment is made on the recommendation of professionals working with Island Health or one of the Foundation's qualified community partners. **Please attempt to access other applicable resources** before requesting funds from the Bear Essentials Program. These resources are included in the Guidelines for Applying to Bear Essentials.

Apply for Bear Essentials

1. Eligibility requirements (please check)

- Application is for a child or youth aged 0-19 and his/her family.
- Child/youth is a resident of Vancouver Island or the Gulf Islands (for at least three months).
- Family resources are insufficient to cover the items in this application.
- The maximum funding of \$1,000 per child per lifetime has not been exceeded.

2. Applicant information

Name of child/youth	Age	Name(s) of parent(s)/guardian(s)	
Address	City	Province	Postal code
Phone	Email	Date	

- Yes, I agree to be added to Children's Health Foundation of Vancouver Island's email list. I understand I will receive the email newsletter every month in addition to other promotional emails. I understand I may unsubscribe from this list at any time.

3. Have you received funding through the Bear Essentials Program before? Yes No

4. Details of request

Detail of item/service	\$ Value
Expenses related to out of town travel for medical appointments — gas, parking, food, accommodation	
Personal health or support items such as car seats, eyeglasses, Braille materials, hearing resources, dental care	
Therapeutic resources such as music therapy, art therapy, therapeutic riding, transportation to therapy sessions	
Medical or therapeutic equipment or supplies to address special needs	
Total funds requested	\$

Please note that Bear Essentials funding does not cover shelter, rent, hydro, or telephone/internet.

5. Please provide details and supporting documentation for your request (medical or therapy appointment schedule, quotes for equipment, supplies, or personal items).

6. Personal information

Privacy—We respect your privacy and will not publish your personal information. Any personal information you provide is protected under the BC Freedom of Information and Protection of Privacy Act, and all applications to the fund are kept confidential. “For the purpose of accessing this fund, I give consent to share this information between the referring organizations and Children’s Health Foundation of Vancouver Island.”

Signature of parent or guardian

Share your Story—Fundraising campaigns ensure that the Bear Essentials Program continues to help children, youth, and families. You can help by sharing the story of how the funds have helped your child/youth or family. “We (I) agree to allow Children’s Health Foundation of Vancouver Island to get in touch with me about sharing our story.” THANK YOU!

Signature of parent or guardian

7. Signatures

Application completed by referring professional:

Application approved by Director/Manager:

Name & title

Name & title

Email/Phone number

Email

Signature (verifies support of application)

Signature

Date

Date

PLEASE RETURN COMPLETED FORMS TO:

Greater Heather Smith
Victoria: Queen Alexandra Centre for Children’s Health
2400 Arbutus Road
Victoria BC V8N 1P8
Tel: 250-519-6992 | Fax: 250-519-6932
Email: heather.d.smith@viha.ca

Up Island: Anita Brassard
c/o CV Community Health Centre
961 England Avenue
Courtenay BC V9N 2N7
Tel: 250-702-6131
Email: anita.brassard@viha.ca

FOUNDATION INTERNAL USE ONLY

Name of payee	\$
Authorization signature	Amount approved
Print name	Date