

# Bear Essentials Program

Powered by:

HELP fill a DREAM

children's  
HEALTH FOUNDATION  
OF VANCOUVER ISLAND

The Bear Essentials Program helps to cover expenses for Vancouver Island kids who have medical conditions, health challenges or disabilities. Applications must be for:

- Children/youth aged 0 to 19
- Children/youth who are residents of Vancouver Island or surrounding Islands
- Families who require financial support to cover the cost of the items in the application

## Apply for Bear Essentials

### 1. Applicant information

<input type="text"/>	<input type="text"/>	<input type="text"/>	
First and last name of child/youth	Birthdate M/D/YYYY	First and last name(s) of parent(s)/guardian(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	Province	Postal code
<input type="text"/>	<input type="text"/>		
Phone	Email		

Please list the child's medical condition, disability or health challenge

Is condition life threatening? Yes No Don't Know

### 2. Details of request

	Value (\$)
Travel expenses related to health care not available in child/youth's home community e.g. transportation costs, parking, food, accommodation	<input type="text"/>
Medical or therapeutic equipment to address special needs e.g. Orthotics, insulin pump, specialized seating	<input type="text"/>
Therapeutic resources to support a child/youth e.g. Specialized formula, non-insured medications, therapies not publicly offered	<input type="text"/>
<b>Total funds request</b>	<input type="text"/>

**3. Please attach any relevant documentation that supports your request.** For example – confirmation of medical/therapy appointment or estimate for equipment/supplies

**4. Please provide some information to help us understand your request.**

**5. Consent**

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 professional, Help Fill A Dream and Children’s Health Foundation of Vancouver Island.

---

Signature of parent/guardian Date

**6. Sharing Your Story**

We are able to provide this important program thanks to generous donors. Our fundraising campaign ensures that the Bear Essentials Program continues to help families. If you are interested in sharing your story please sign below. “We (I) agree to allow Help Fill A Dream and Children’s Health Foundation of Vancouver Island to get in touch with me about sharing our story.”

---

Signature of parent/guardian

**7. Signature**

Application completed by referring professional

Name

Title

Organization

Email

Phone number

Signature (verified support of application)

Date

**PLEASE RETURN COMPLETED APPLICATION FORMS TO:**

Email: [beare@helpfilladream.com](mailto:beare@helpfilladream.com)

Fax: 250-382-2711

---