



# immunity canada

## Financial Assistance Program Application Form

Thank you for applying to **Immunity Canada's Financial Assistance Program**. Immunity Canada is proud to be able to offer this resource for individuals and families, based on their eligibility and financial need.

This fund is not intended to be the first step for support, it is intended for families and patients who demonstrate need for assistance. Applications are reviewed on an ongoing basis and will consider applications from individuals and families once per year. Maximum assistance grants will be awarded in the amount of \$500 per individual per year.

The committee will consider the following applications:

- Travel to medical appointments (including taxi, parking, train, etc.)
- Mental health care
- Ancillary medical care costs
- Medical care related to primary immunodeficiency not covered by provincial health care
- Travel to specialist appointments related to primary immunodeficiency diagnosis
- Diagnostics and medical testing related to primary immunodeficiency not covered by provincial health care

**If you are requesting reimbursement for specific costs (travel, medical costs, etc.) any receipts to be considered for reimbursement must accompany the application in order to be considered. You may also attach any supporting documents you feel may assist your application.**

Please fill out the following to the best of your ability:

Amount requested: \_\_\_\_\_

Are you applying for medical supply coverage? YES NO

Please describe the reason for request:

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Have you applied for financial assistance elsewhere? YES NO  
If yes, please supply a list of where you have applied

and whether you have been successful, including amounts.

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What is your annual family income from all sources? (please note that notice of assessment or income verification is not required) \_\_\_\_\_

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

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Name: \_\_\_\_\_

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

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

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

PID diagnosis: \_\_\_\_\_

Treating physician: \_\_\_\_\_

Please fill out the the application, sign and return it along with any supporting documentation to:  
[info@immunitycanada.org](mailto:info@immunitycanada.org) or mail to:

Immunity Canada  
206-645 Fort Street  
Victoria, BC  
V8W 1G2

Due to limited funds available, not all requests are granted.

*Disclaimer: The information provided on this application will be used only by Immunity Canada for the purposes outlined, and will remain confidential.*

Signature: \_\_\_\_\_

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