

"Harnessing the spirit of generosity to help Campbell River families and their children when they need it most."

## Application for Assistance

Please complete and fax or email our office.

Child's Name: _	Last Name	First Name		Middle
Gender:	_ Age: Date of Birth:	·	Year	Month
Address:			Postal Code	:
Home Phone:		Cell Phone:		
Email:				
Parent or Guardia	ns:			
ast Name	First Name	Last Name		First Name
Siblings:				
irst Name	First Name	First Name		First Name
s the family in re	eceipt of additional funding?  BC Family Residency	Bear Es	sentials	
Other:	Pleas	se Specify		
_		se Specify		
Which accommod	Pleas dations are the family utilizin ce (Victoria)			
Which accommod	dations are the family utilizin			

Please specify

Cameryn's Cause for Kids is a registered, non-profit society (S-51724) within the province of British Columbia. We provide financial assistance to Campbell River and area families who have a child, 18 years or younger with a life-threatening illness, injury, or mental health crisis.

Additional avenues for funding:

TAP BC: The Travel Assistance Program (TAP) helps alleviate some of the transportation costs for eligible B.C. residents who must travel within the province for non-emergency medical specialist services not available in their own community. Tap application forms are available from your physician's office.

BC Residency Program: The BC Family Residence Program provides accommodation assistance to enable families to stay together when their child requires medical care at BC Children's Hospital or Sunny Hill Health Centre for Children, including premature babies and newborns with other health concerns. Enhanced travel assistance is also provided through air transportation for patients of all ages. For more information visit: https://www.variety.bc.ca/support/bc-family-residence-program/

Bear Essentials: Bear Essentials is a family support program that assists with the costs of **health-related travel** and **equipment** for Vancouver Island kids. The program is designed for families that struggle to afford the associated costs or that have barriers limiting their ability to access health care or equipment for their child. For more information visit:

https://islandkidsfirst.com/bearessentials/

Health Information: To be completed by a healthcare professional or attach a	Personal Information
letter from your healthcare professional.  Diagnosis/Medical Condition:	Cameryn's Cause for Kids Society takes your family's right to privacy very seriously. Personal information will not be disclosed to anyone for business or commercial purposes.
Estimated length of stay:	Testimonials
Treatment Location: Victoria Vancouver Other	Cameryn's Cause for Kids Society is a non-profit organization that relies on the donations of the community to be able to help families such as yours.
Physician Nurse Social Worker  Other:  Please Specify  Contact Number:	To help raise funds admake sure that families in need know of the society's ability to help, from time-to-time Cameryn's Cause for Kids Society is grateful to have testimonials from families that the society has helped.
Signature: Date:	These testimonials would be used for promotional items such <b>8</b> media stories, brochures, and the society's website.
Additional Notes:	Yes, we would be willing to share our family's experience for purposes consistent with the above.  No, we are not willing to share our family's experience for purposes consistent with the above.
	Signature:  Parent/Guardian  Name:  Please Print  Date Signed:  All applications must be signed by legal parent/guardian.

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