

CTMA TRUE NORTH STRONG WHEELCHAIR PROGRAM APPLICATION FORM

Part A: Contact Information

First name Last name

Address

No.	Street	Apt.	City	Province	Postal Code

Email

Home phone #

Mobile phone #

Work phone #

*If you are applying for yourself, please go to Part B.
If you are applying for someone else, please indicate who you are applying for. Mark "X" where applicable.*

Child
 Relative
 Friend
 Other, please specify

Nominee's Contact Information

First name Last name

Address

No.	Street	Apt.	City	Province	Postal Code

Email

Home phone #

Mobile phone #

Work phone #

Part B: Background Information

Date of birth

D	D	M	M	Y	Y	Y	Y

Year of diagnosis

Final Diagnosis

Please indicate what type of mobility equipment you are applying for.

Braces

Other (short description)

Orthotics

Wheelchair

Your medical diagnosis and any physical limitations (please ensure to attach your last medical visit report to confirm limitations and diagnosis).

Do you have private insurance? Yes No (Circle one)

If yes:

Name of insurance company _____

Is any portion of this expense covered by your insurance? Yes No (Check one)

Amount covered \$_____ or % of expense covered _____

Part C: Release Form

Do you authorize the CTMA to contact your doctor? Yes No (Check one)

Do you authorize the CTMA to release your name and description of aid provided to you on the CTMA website or to donors? Yes No (Check one)

Part D: Document Checklist

- 2020 income tax report line 150: total reported household income
- Medical visit report with confirmed diagnosis

Please send your completed application form and required documents to:

By Mail : The Canadian Transverse Myelitis Association
263 Malcolm Circle, Dorval, QC, H9S 1T6

By email: info@mytm.ca

****Please note that it may take up to **seven business days** to process all applications.**

Be sure to make copies of any documents you require as we will not be returning documents to applicants.

The Soaring Beyond Grant does not cover renovations to living spaces or post-secondary education costs