

## CTMA TRUE NORTH STRONG WHEELCHAIR PROGRAM APPLICATION FORM

## **Part A: Contact Information**

First name		Las	st name		
Address No. S	itreet	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 Other, please specify					
Nominee's Contac	t Information				
Nominee's Contac	t Information	Las	st name		
First name				Province	Postal Code
First name	t Information	Las	st name	Province	Postal Code
First name Address No. S				Province	Postal Code
First name  Address  No. S  Email				Province	Postal Code
First name  Address  No. S  Email  Home phone #				Province	Postal Code
First name  Address  No. S  Email  Home phone #  Mobile phone #	Street			Province	Postal Code

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 \( \Bar\) No \( \Bar\) (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 \( \text{\backslash} \) No \( \text{\backslash} \) (Check one)

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Part	D:	Document	Cneckiisi

Last year's 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

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

<sup>\*\*</sup>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.