



Canadian Paraplegic Association (N.B.) Inc. Association canadienne des paraplégiques (N.-B.) Inc.

Moncton Area Solutions Fund Application for Assistance

Please fill out all the sections in the following form. The Moncton Area Rehabilitation Counsellor can help you complete this form.

Name:

Address:

Postal code: _____ Telephone: _____

Are you a CPA (N.B) Inc. client? Check one. Yes No

Your CPA (N.B) Inc. Counsellor is: _____

Item (s) required: _____

Amount requested: _____

Please describe the item(s) and how it/they will help you:

*Please provide two written estimates for the cost of the requested assistive device, equipment or supplies.

Canadian Paraplegic Association (N.B) Inc. Moncton Regional Office
 236 St. George Street, Unit 20, Moncton, N.B, E1C 1W1
 Tel. (506) 858-0311, Fax. (506) 858-8290
cpanb@cpanb.ca

Financial Details

Please note: The Canadian Paraplegic Association (N.B) Inc. is able to provide minimal funding assistance to clients of the association. In order for CPA (N.B) Inc. to cover even a portion of that cost, the applicant must have no other sources of potential or existing financial help available for the purchase of the requested items.

Please list all the funding sources that were explored for the purchase of the requested item(s) and what the result(s) was/were:

This question is to be completed by the Rehabilitation Counsellor. Please provide information about the client's financial status and explain why the individual cannot meet the expense within their own budget.

I declare the above information is correct and I understand that any false information given may result in my application being denied.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Review Committee comments: _____

Recommendation: Approved Denied

Amount: \$ _____

Authorization Signature: _____ Date: _____

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