



**Atlantic Division**

71 Ilesley Avenue, Unit 12  
Dartmouth, Nova Scotia B3B 1L5  
Telephone: (902) 468-8230  
Fax: (902) 468-5328  
Toll Free: 1-800-268-7582  
[www.mssociety.ca](http://www.mssociety.ca)

Dear Client:

Thank you for contacting the Multiple Sclerosis Society of Canada, Atlantic Division, in regards to the **Special Assistance Program**. As you begin the application process please note the following:

- **The maximum funding allowable under the Special Assistance Program is \$600.00 for the 2010 fiscal year.** Expenses covered under our Special Assistance Program include *incontinence supplies and emergency response system rental*.
- **Our fiscal year will end December 31<sup>st</sup>, 2010. When all available funds are spent the Funding Program will close for the remainder of the fiscal year.**
- **All clients receiving Special Assistance Program funding are required to go through an annual re-application process.** *This process ensures that your file remains up to date.*
- **Please allow 3 weeks for the process of a complete application. Incomplete applications will cause delays in the approval process.**

The **Special Assistance Program** and **Equipment Provision Program** address the most basic needs of persons living with MS and are intended to enhance their quality of life. **Both programs can now be accessed by an individual living with MS in the same fiscal year. The combined maximum funding is \$600 with a maximum of \$450 for equipment funding.**

Should you have any questions or concerns regarding the Special Assistance Program or any other program or service offered by the MS Society, Atlantic Division, please do not hesitate to contact us.

Sincerely,

Elizabeth MacRae

Coordinator, Client Services



Multiple  
Sclerosis  
Society of  
Canada

Société  
canadienne  
de la sclérose  
en plaques



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**Special Assistance Program Application**

If you are currently receiving money from any government programs please check with that program to determine if funds are available for the service being requested.

**I. PERSONAL INFORMATION**

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

**2. EQUIPMENT INFORMATION**

What are you requiring financial assistance for?

Lifeline

Incontinence Supplies

**3. FINANCIAL INFORMATION**

Do you have extended medical insurance?  Yes  No

Does your plan cover the required item(s)?  Yes  No

If yes please indicate the amount covered: \$\_\_\_\_\_

Have you obtained/requested funding from any other source?  Yes  No

If yes please indicate the source: \_\_\_\_\_

**4. SUPPORTING DOCUMENTS**

**Incontinence supplies**

Submit a recommendation for the supplies from your **Family Doctor or Neurologist**.

**Lifeline**

Submit a recommendation for the service from your **Family Doctor or Neurologist**.

SEE OVER →

## 5. APPOINTING AN ADVOCATE (OPTIONAL)

If you would like to have someone else act on your behalf during the funding application process you can appoint an advocate:

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Signature of advocate: \_\_\_\_\_

## 6. CONSENT AND SIGNATURE

**This form has been completed to the best of my knowledge. I agree that information related to this application may be discussed with my health care professional or equipment supplier as necessary. I agree that the MS Society of Canada (Atlantic Division), its employees, agents, directors and volunteers are not responsible for loss or damage incurred by any party through the use of funded equipment or services and that all funded equipment is the sole property of me, the client.**

\_\_\_\_\_  
**Signature or Mark**

\_\_\_\_\_  
**Date**

Please return completed form to:  
**Client Services Coordinator**  
Multiple Sclerosis Society of Canada, Atlantic Division  
71 Ilsley Avenue, Unit 12  
Dartmouth, NS B3B 1L5

The Multiple Sclerosis Society of Canada, Atlantic Division protects client's privacy. The information collected is used to provide services to clients and to compile anonymous statistical information. It is shared with authorized individuals and companies outside the MS Society of Canada only if this application form is signed by the client. By completing this form, you hereby consent to the collection, use and disclosure by the MS Society of your personal information in accordance with the MS Society privacy policy.