



VOLUNTEER
LEGAL
ADVOCACY
PROGRAM

MS Society's VLAP Application

Part A

Personal Information

Application date: _____ Name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Fax: _____ Email: _____

When were you diagnosed with MS? _____

What form of MS are you diagnosed with? _____

Who is your neurologist? _____

Who is your general practitioner? _____

Are you a member of the MS Society? _____

What chapter do you belong to? _____

How did you hear about VLAP? _____

Part B

Legal Issues and Information

Please summarize your legal issue/concern: _____

Please answer the following questions if they apply to your legal situation. If not, continue to Part C:

Name of opposing party: _____

Name of opposing party lawyer: _____

Have court proceedings commenced? Yes No

If yes, what are the scheduled court dates? _____

Are there prior agreements or settlements? Yes No

If yes, please provide basic details. _____

Are there existing court orders? Yes No

When you meet with your lawyer, please bring related court documents.

Part C

Financial Information

Please fill out the information below accurately and completely. Please provide a copy of the **latest** income tax notice of assessment sent by Canada Revenue Agency for each adult family member living in your household.

<u>NET MONTHLY INCOME</u>	<u>MONTHLY EXPENSES</u>
1. Applicant's Net Income \$_____	1. Rent/Mortgage \$_____
(Line 236 on your last Tax Assessment)	2. Daycare/Babysitting \$_____
2. Spouse's Net Income \$_____	3. Medical Expenses \$_____
(Line 236 on your last Tax Assessment)	4. Child/Spousal Maintenance \$_____
	5. Disability Support Costs \$_____
	TOTAL MONTHLY EXPENSES \$_____
	(Add the 5 lines above)
TOTAL NET INCOME \$_____	
(Add the two lines above)	
	<u>ALL ADULT HOUSEHOLD ASSETS</u>
	1. Cash or savings \$_____
	2. Bank Accounts \$_____
	3. Family Home (value) \$_____
	4. Car (value) \$_____
	5. CSB/RRSP \$_____
	6. Recreation/Rental Property \$_____
	7. Other \$_____
	TOTAL ASSETS \$_____
	(Add the 7 lines above)

How many dependent children and/or adults are living in your household? Children_____ Adults_____

What are the ages of the dependent children? _____

Once all the information has been gathered, the VLAP Coordinator will review the documentation to determine program eligibility. The individual is then notified regarding their eligibility and approximate waiting period.

* Please note that it is at the discretion of the volunteer lawyer, notary public or advocate to accept or decline an application once all available information has been reviewed.

Part D

I, _____,
acknowledge that I must sign a release of information form before I receive legal assistance or advice.

I, _____,
consent to having this application form and my financial information forwarded to a lawyer or advocate from the Multiple Sclerosis Society of Canada, British Columbia Division VLAP.

I, _____,
accept that I am responsible for the cost of disbursement fees such as court filing fees and medical forms. I acknowledge that the Multiple Sclerosis Society of Canada, British Columbia Division VLAP, a law firm or volunteer lawyer, will not cover these costs.

I, _____,
consent to having a VLAP lawyer update the VLAP coordinator with the details of my case.

Signature

Date



MS Society's VLAP Release of Information

Release

TO WHOM IT MAY CONCERN;

I, _____ hereby give my
(Print name)

permission to; _____
(name of authorized individual, organization or company)

to obtain pertinent Personal Information including Personal Health Information.

I wish to place the following restrictions on the release of this information:

DATED AT _____, in the Province of _____

this _____ day of _____, 20____.

(Signature or mark)

Address _____

I, _____ have witnessed
(Name of witness)

_____ place her/his signature or mark
(Name of individual)

on this document. I am satisfied that s/he understands the contents herein.

(Signature of witness)