



Saskatchewan Division
 150 Albert Street; Regina, SK S4R 2N2
 Phone: (306) 522-5600
 Toll-free: 1-800-268-7582

Up to \$200 per person
(January-December 2011)

MS CAREGIVER Special Assistance Fund Program 2011 Application

1. Complete the application *(please print)*:
2. Be sure to fully **disclose the reason for the request** and how the assistance will benefit you and **include an estimate of products, activities and/or services**.
3. When funds are received, you *must* **submit your receipt(s)** within 4 weeks – unless special arrangements have been confirmed with the Program Manager.

Yes, I am the primary caregiver to a person with MS *(see below)*

Name: _____ Phone #: _____

Address: _____

City/Town: _____ Postal Code: _____

I am a caregiver for the following person with MS:

Name: _____ Phone #: _____

Address: _____

City/Town: _____ Postal Code: _____

A file, including complete and accurate documentation will be kept on each applicant. All information will remain confidential and the MS Society of Canada’s ‘Confidentiality Policy’ will be adhered to in all interactions and documentation pertaining to the MS Special Assistance Program. The Multiple Sclerosis Society of Canada protects clients’ privacy. The information collected is used to provide services to clients and to compile anonymous statistical information. If you have any questions about your personal information, please call 1-800-691-0890 or visit our website at www.mssociety.ca

Reason for Request

Please describe the products, activities and/or services you will be using the program funds to purchase:

Identify how assistance will be of benefit to you:

What is the cost of the products, activities and/or services?

\$ _____

Please read and sign the following declaration:

I declare that I am the primary caregiver to a person with multiple sclerosis and require financial assistance to purchase the products, activities and/or services identified in this application, which will enhance my quality of life through respite.

I *will* provide official receipts for all authorized purchases, within the designated timeframe.

I certify that the statements made by me in this application are true and complete to the best of my knowledge.

Signature of Applicant

Date

NOTE

If you have been approved for funding, a cheque will be forwarded with a confirmation letter -on average the review and processing period is 4-6 weeks. If an individual's application is *not* approved, or is incomplete, they will receive a letter and/or telephone call to outline the reason the request was denied or is pending, or discuss alternate uses for program funds.

Return completed application, by mail or fax to:

Cassie Nesbitt, Program Manager

MS Society of Canada – Saskatchewan Division

#22, 1738 Quebec Avenue; Saskatoon, SK S7K 1V9

Facsimile: (306) 665-3376