

## SUPPORT PROGRAM APPLICATION FORM Spinal Cord Injured Member Support Program

For eligibility criteria, amounts available, terms and conditions or any other information regarding this program, please refer to the "Program Eligibility Criteria" document on our website at [https://www.moelleepiniere.com / client-support-program](https://www.moelleepiniere.com/client-support-program) or request a copy from our MÉMO-Qc office in Montreal by calling toll-free 1 877 341-7272.

Please note that the information requested will be used strictly for review of the application and any information contained therein is confidential.

Please complete the questionnaire and return it by e-mail to ([fondation@moelleepiniere.com](mailto:fondation@moelleepiniere.com)), by fax (514 341-8884) or by mail: 6020 Jean-Talon Street East, Suite 400, Montreal, QC H1S 3B1.

### Part A:

Name and surname of the applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

If the request is made for someone other than the person directly concerned, please complete Part B. If not, please go to Part C.

### Part B:

Name and surname of the beneficiary \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

### Part C:

Male \_\_\_\_\_ Female \_\_\_\_\_ MEMO-Qc membership number \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

If you were born outside Quebec, since when have you resided in Quebec? \_\_\_\_\_

Date of accident or diagnosis of spinal cord injury \_\_\_\_\_

Do you have a support provider? YES \_\_\_ NO \_\_\_ If yes, which one? (SAAQ, CSST, IVAC, OTHER) \_\_\_\_\_

**Part D:**

Please tell us in a few lines the issues you and / or the person you are requesting assistance for are facing and why you (or the person you are applying for) need support from a program such as this?

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**Part E:**

Amount requested: \_\_\_\_\_

What will the money be used for?

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**Part F:**

Please enter any additional relevant information and attach any supporting document (s) to this application indicating the type of document(s)

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\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of application