Fondation Moelle épinière et motricité Québec

Soutenir l'autonomie

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 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, 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_____

Lesion Level: Paraplegic (Complete or Incomplete) ☐ Quadriplegic (Complete or Incomplete) ☐

Moblity aid

Motorized wheelchair ☐ Manual wheelchair ☐

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?

_____
_____
_____
_____
_____

Part E:

Amount requested: _____

What will the money be used for?

_____
_____
_____
_____
_____

Part F:

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

_____
_____
_____
_____
_____

I hereby declare that I do not have the financial means necessary to assume the expenses related to my request. I certify that the information provided is true.

_____ _____

Signature of applicant Date of application