

The Street Family Vacation Subsidy Program

The CPAA provides financial support, using a case-based approach, for members with cerebral palsy for vacations at our custom-built home in the Raymond Shores Resort on Gull Lake, Alberta.

WHAT's in this package:

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**ALL INFORMATION PROVIDED AS PART OF YOUR APPLICATION FOR FUNDING
WILL BE KEPT CONFIDENTIAL**

If you have questions or would like assistance with this application, please call 780-477-8030 or call our toll-free line at 1-888-477-8030.

APPLICATION CHECKLIST

Please circle the appropriate response.

- Yes or No The applicant has been a member of CPAA for at least three months.
- Yes or No All questions on the Application Form are filled out.
- Yes or No An exact amount of funding has been requested.
- Yes or No A letter from a physician is attached or on file with CPAA verifying that the applicant has been diagnosed with cerebral palsy.
Please specify: _____
- Yes or No Any additional supporting documentation is attached.

APPLICATION GUIDELINES

- (1) Our Program assistant reviews your application to ensure that all questions have been answered and that all supporting documentation has been included in your application.
- (2) If information or documentation is missing, your request is not forwarded to the Subsidy Committee. You will, instead, receive a letter or phone call requesting the necessary information and /or documentation.
- (3) Complete applications are submitted to the Subsidy committee one week prior to their next scheduled meeting.
- (4) You will be notified in writing of the Committee's decision of your request.
- (5) Decisions are as follows:

Approved: Your application was approved. Your subsidy will be applied to the cost of your booking.

More information required:

The Committee requests further documentation and/or information in support of your request. Your application is put on hold status until the Program assistant receives the necessary information/documentation. Once the information has been received, your application is resubmitted to the next scheduled committee meeting.

Pending:

An explanation as to why your application is pending is provided in your letter (e.g. your request may be assessed favorably by the committee, but our budget may not accommodate your request at that time).

Denied:

An explanation of the Committee's decision is included in your letter.

The Subsidy Committee reserves the right to:

- (1) Ask you to provide additional information or documentation with regard to your request.
- (2) Ask you to cooperate with the CPAA and another agency about the possibility of joint funding
- (3) Decline your application based on the CPAA's priorities, requirements, and/or other considerations.
- (4) Not fund the entire amount requested

Subsidy Requirements

- (1) Persons applying for subsidy must have been a CPAA member for at least three months prior to submitting an application
- (2) The requested funds must be of direct support to a person(s) who has been diagnosed with cerebral palsy.
- (3) The person applying for subsidy must demonstrate financial need for subsidy.

Application Process

- (1) Remember that it takes time to process applications.
- (2) A letter from a physician is attached or on file with CPAA verifying that the applicant has been diagnosed with cerebral palsy.
- (3) Include any other documentation that supports your application.
- (4) Answer all questions on the application form in full.
- (5) Indicate the exact amount of subsidy that you are requesting on your application.
- (6) Complete the application checklist and include it in your application.
- (7) Submit one full copy of your entire application package to the CPAA office.

The Vacation without Limits Subsidy program is funded entirely through the CPAA's own fundraising efforts and from generous donations from members of our community. Our Subsidy Committee is comprised of dedicated volunteers. The Cerebral Palsy Association in Alberta sincerely appreciates their time and effort.

APPLICATION FORM:
This application must be completed in full.
All information provided will be kept confidential.

Personal Information

- (1) Applicant's name (who is the funding for?): _____
- (2) Date of birth: _____
- (3) Mailing address: _____
City: _____ Postal Code: _____
- (4) Phone number: _____
- (5) CPAA membership number: _____ Expiry date: _____

If the applicant is not the person communicating with CPAA, please provide the following information about the applicant's designate:

- (6) Designate's name: _____
- (7) Relationship to the applicant: _____
- (8) Phone number: _____

Subsidy Information:

- (1) Exact dollar amount of subsidy requested: _____
- (2) Vacation booking time & number of people: _____
- (3) Please explain the reason why you need a subsidy:

Declaration

I agree to abide by the requirements set-out by CPAA. I declare that the information included in the attached application is true and accurate and does not omit any material facts. I certify that the funds will only be used as set forth in this application. Recipients found to not comply with guidelines may be asked to repay funds.

Signature of Applicant/Designate: _____

Date: _____

Mail completed applications to:

Vacation without Limits Subsidy Program

Cerebral Palsy Association in Alberta

Jim and Pearl Burns Centre

3688 - 48 Ave. N.E. Calgary, Alberta T3J 5C8

Or fax them to: (403) 543-1168