



LIMBS4LIFE MANITOBA
Application for Funding

***FOR MANITOBA RESIDENTS ONLY**

Personal Information

First Name: _____

Last Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Alternate Number: _____

Email: _____

Marital Status: Married Common Law Single Other _____

Dependents: Yes No

If yes, how many dependents do you have? _____

What are their ages? _____

Do you require a caregiver? Yes No

If yes, who is your primary caregiver? _____

Impairment/Disability

Date of Amputation: _____

Cause of Amputation:

Disease/Condition/Illness _____

Motor Vehicle Accident _____

Work Place Accident _____

Personal Injury _____

Other _____

Type of Amputation:

Side Left Right Bilateral

Lower Extremity Below the Knee Above the Knee At the Knee At the Hip

Other _____

Upper Extremity Below the Elbow Above the Elbow At the Fingers

Other _____

Mobility Level

Activity Level: Inactive Low Moderate High

Please provide a brief description of your daily activities (i.e. walking, jogging, sports, etc.)

Employment Information

Employment Status: Full Time Part Time Unemployed Retired

Short Term Medical/Disability Leave If yes, expected date of return _____

Long Term Disability Leave (Not expected to return to work)

If you are currently employed, please provide the following information:

Employer: _____

Job Title: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Fax Number: _____

Annual Income

Annual Gross Employment Income \$ _____

Spousal Income \$ _____

Insurance Income \$ _____

Manitoba Public Insurance \$ _____

Workers Compensation \$ _____

Disability Income \$ _____

Retirement Income \$ _____

Other Income* \$ _____

Total Annual Income \$ _____

** If other income please specify below

Insurance Information

Do you have private insurance? Yes No

If yes, do they cover medical aids? Yes No

Do they cover prosthetic devices? Yes No

Please provide the following information:

Insurance Provider: _____

Claim Number: _____

Phone Number: _____ Fax Number: _____

Request for Funding

Explain what you are applying to have funded. Please ensure a copy of the quote from your provider is attached.

Total Amount Requested \$ _____

Explain how this funding would change/effect your life.

Please state any additional information you would like to provide if applicable.

Please Read and Initial Each Statement

I understand that;

The Limbs4Life Manitoba Committee covers a percentage of the amount requested for funding based on the above information provided. We will consider all points of the application and a decision will be made as to how much funding will be provided as per our discretion.

Initials _____

I understand that;

If you are awarded funding through LimbLoss Manitoba & Limbs4Life Committee, and you choose to accept the funding, you agree to the following:

- 1) To have your name used and/or picture taken and used during or for Limbloss events, social media, and in public
- 2) To discuss your story if called upon during Limbloss events, in which case due notice will be given
- 3) To attend the annual Limbloss fundraiser and possibly be called upon by staff or committee members to be publically introduced as a LimbLoss Manitoba funding recipient

Initials _____

I hereby state that all information provided in this application is truthful and correct.

Initials _____

Limbs4Life Manitoba reserves the right to remove any and all funding if any of the statements or information is found to be false or misleading.

Please ensure that any supporting documents, quotes, estimates, and most current NOA is attached. Incomplete applications will not be considered for funding.

I _____ freely submit all personal information for the exclusive use by the committee for this application. All submitted information will be kept confidential.

Initials _____

Signature

Date

*Funding approved for Manitoba Residents only

*Applications can be submitted by email to: chris@limbloss.ca or mailed to:

Limbs4Life Manitoba Committee c/o Limbloss

1818 Portage Ave

WPG, MB

R3J 0G5

COMMITTEE USE ONLY

APPROVED YES NO FUNDING AMOUNT APPROVED \$ _____

DATE OF APPROVAL : _____ / _____ / _____ SIGNED _____

PRINT NAME: _____

NOTES: