

Elks & Royal Purple  
Fund for Children



## Application for Personal Assistance Program

**THE NATIONAL CHARITY OF THE ELKS OF CANADA**

#100 -- 2629 -- 29th Avenue, Regina, Sask. S4S 2N9

**TELEPHONE:** 1-888-THE-ELKS (843-3557) -- Ext. 231

**FAX:** (306) 565-2860

**EMAIL:** [ahill@elks of canada.ca](mailto:ahill@elks of canada.ca)

When submitting requests for assistance it is essential that Lodges follow the requirements outlined below to supply the necessary information for proper assessment by the National Charities Committee.

1. **CONFIDENTIALITY:** Assure the family that their personal information will be kept confidential. Keep their confidentiality in mind when the application is presented to the Lodge -- do not discuss any personal information.
2. **LODGE APPROVAL:** Approval to proceed with an application for funding from the Elks and Royal Purple Fund for Children must be a Lodge decision and recorded in the Lodge meeting minutes; a copy of the Lodge minutes must accompany the application being submitted. The signature of the Exalted Ruler/Honoured Royal Lady (or in their absence, a Lodge officer) must appear on the application form being forwarded to the National Office.
3. **REQUIRED DOCUMENTATION:** The following documentation must be attached to all completed application forms:
  - Medical confirmation of need
  - Exact cost of item/service required
  - Income Verification of earner(s) – last years income tax summary
  - Copy of Lodge meeting minutes confirming Lodge approval.
  - Letter of Request – Share your story
4. **OTHER ATTACHMENTS:** The following attachments to the completed application form are optional but may be helpful in the evaluation of the request:
  - Additional information, photos, etc.
  - Endorsements, letters of support, etc.
5. **CONFIRMATION OF NEED:** The family must obtain medical confirmation for the need of the item/treatment requested. The exact cost of the item/treatment requested must be on the supplier's quote. Families are expected to obtain the best price possible before submitting a cost quote. If funding is approved, the cheque is made payable to the supplier.
6. **RE-IMBURSEMENT OF PURCHASES MADE:** If it is necessary for the purchase to be made before the funding request is submitted by the Lodge, the expenditure(s) must be approved by the Lodge and must be verified through receipts. Policy maximums will apply.
7. **OTHER SOURCES OF FUNDING:** Families are expected to pursue all sources of funding that are available to them. Families must obtain written confirmation if funding is not available through NIHB or foster care.
8. **TIMING OF APPLICATIONS:** Whenever possible, applications to the Elks & Royal Purple Fund for Children for assistance should be submitted to the national office **before** assistance is required. The Lodge should not commit to funding until they have received word from the National Office following the decision of the National Charities Committee.
9. **KEEP THE FAMILY IN MIND!** After being contacted by a family, Lodges are asked to proceed with the application process as quickly as possible. Following receipt of the funding decision, promptly inform the family. Ask the family for receipts related to funding received and forward them to the National Office for the child's file and for the GST Rebate Program
10. **FOLLOW UP:** A phone call 4 months post funding should be conducted to the family - staying in touch with the family demonstrates your Lodge's genuine concern. Obtain progress reports and share the information with your Lodge and the National Office.
11. **FINANCIAL INFORMATION:** The current financial status of the family must be identified on the page to be completed by the child's parent(s) or guardian living with the child. To verify their current level of income, families will be required to provide a copy of the most recent income tax summary. If this summary is not indicative of the current level of income, two consecutive recent pay stubs are required. A working chart to assist families to calculate monthly expenses is enclosed. Financial information must be updated yearly in on-going cases.
12. **PUBLICITY:** Assisting a child in your community is a great opportunity for positive publicity for your Lodge. It will help raise the profile of the Order in your community and reach the public with our message of concern for children. Contact your local media. Timing press coverage with a membership drive can prove beneficial too. Please share photos and stories with the National Office.

**PROCEDURE FOR THE LODGE CHARITIES CHAIRPERSON REGARDING A REQUEST FOR ASSISTANCE:**

- Step 1** -- Interview the family. If you consider that it is appropriate for your Lodge to assist the family, prepare to complete an application form.
- Step 2** -- Give Section B of the application package to the family. Assure them of confidentiality. Fill in your name and telephone number at the bottom of the last page so that the family can contact you when they have completed their section.
- Step 3** -- Go over the application and ensure the mandatory items from the parents are included. After you review the parent’s section, you will be in a position to decide if you should take the application to your Lodge for a decision to support it. Keep in mind your Lodge may choose to support a child with your own Lodge funds. If funds are not available from your Lodge or other sources, your Lodge can access the National Charity.
- Step 4** -- If your Lodge wishes to apply to the Elks & Royal Purple Fund for Children, it must be recorded in your Lodge minutes and your Lodge Exalted Ruler or Honoured Royal Lady (or in their absence, a Lodge officer) must sign the application.
- Step 5** -- Check that all the sections of the application form are completed, assemble the documents required, and forward the package to the National Office.
- Step 6** -- Retain information regarding the family for follow-up.

Date of Application:	
Name of Lodge Charities Chairperson (or alternate) who is completing this form:	
Lodge Name & Number:	
If Joint Application Lodge Name & Number:	
Lodge Mail Address:	
Total funding required for: (Name of child)	
Purpose of funds:	
Amount of your Lodge’s contribution:	
Amount of your Lodge’s request from the Elks & Royal Purple Fund for Children:	

**MANDATORY REQUIREMENTS:**

- 1. NAME OF EXALTED RULER/HONOURED ROYAL LADY (or Lodge Officer):**  
(Please print)
- 2. SIGNATURE OF EXALTED RULER/HONOURED ROYAL LADY (or Lodge Officer):**

## Lodge Contact & Member Declaration

<b>NAME:</b> (Please print)	
<b>POSITION:</b>	
<b>HOME TELEPHONE:</b>	
<b>WORK TELEPHONE:</b>	
<b>CELL:</b>	
<b>EMAIL:</b>	
<p>I confirm that I have completed the following with regards to this personal assistance case:</p> <ul style="list-style-type: none"><li>-conducted an investigation/interviewed family</li><li>-confirmed that child is under the age of 19</li><li>-assured the family of confidentiality</li><li>-assisted parent of child to complete Section B of the application form</li> <li>-received Lodge approval for application at Lodge meeting &amp; decision was recorded in minutes</li><li>-acquired signature of Lodge ER or HRL (or, in their absence, a Lodge Officer)</li><li>-completed the application form and acquired attachments</li><li>-understand that absence of information may delay processing of this application</li><li>-recognize this application is subject to approval by National Charities Committee</li></ul>	
<b>SIGNATURE:</b>	

### MANDATORY ATTACHMENTS TO APPLICATION:

- medical confirmation of need
- exact cost of item/service needed
- Income Verification – Tax Summary
- copy of lodge meeting minutes

### OPTIONAL ATTACHMENTS TO APPLICATION:

- cover letter from Lodge
- background information
- additional information, photos, etc.

## APPLICATION FORM – SECTION B: To be completed by parent / guardian

### PROCEDURE FOR THE CHILD'S PARENT(S) TO COMPLETE AN APPLICATION FOR ASSISTANCE:

**Step 1** -- Complete Section B of application form.

(**Note:** The Family Monthly Expenses Working Sheet which follows is intended as a guide for your use in calculating all expenses on a monthly basis. Transfer the totals per category to the appropriate blank in the Family Monthly Expenses section in the Financial Report.)

**Step 2** -- Use the checklist on the back page to ensure you are including the attachments required.

**Step 3** -- Return Section B to the Lodge Charities member.

**Step 4** -- Direct your inquiries to the Lodge. The Lodge will inform you of the outcome of your application.

**Step 5** -- Provide the Lodge with updates about your child.

### INFORMATION RE CHILD'S PARENT(S):

	Name	(a) Current Occupation	Years
		(b) Employer	
PARENT #1		(a)	
		(b)	
PARENT #2		(a)	
		(b)	
Total number of dependent children:		Ages:	
Telephone (home):		Telephone (work):	
Email:			

### INFORMATION RE CHILD WITH MEDICAL NEED:

Name:	Diagnosis:
Date of Birth:	
Address:	Current need as per medical confirmation:
	Cost as per price quote:

**FAMILY MONTHLY EXPENSES  
-- WORKING SHEET/GUIDE FOR PARENTS --**

Consider 1/12<sup>th</sup> of yearly total for monthly cost.

**Transfer totals per category to Family Monthly Expenses Section on following page.**

<p><b>HOUSING</b></p> <p>Mortgage payments</p> <p>Taxes</p> <p>Rent Utilities <small>(electricity, gas, water, sewer, water heater, water softener)</small></p> <p>Electronic services <small>(telephone(s), internet, cable)</small></p> <p>House Insurance</p> <p>Maintenance</p> <p>Yard Recycling</p>	<p><b>CHILD CARE</b></p> <p>Babysitting</p> <p>Daycare</p> <p>Diapers</p> <p>Baby food, formula</p>																						
<p><b>FOOD &amp; HOUSEHOLD SUPPLIES</b></p> <p>Groceries</p> <p>Eating out</p> <p>Toiletries</p> <p>Laundry</p> <p>Cleaning supplies</p>	<p><b>MEDICAL</b></p> <p>Health insurance</p> <p>Medication, prescriptions</p> <p>Dental</p> <p>Eye care (examinations, glasses)</p> <p>Health-related equipment</p> <p>Other:</p>																						
<p><b>TRANSPORTATION</b></p> <p>Vehicle loan or lease</p> <p>Gasoline, oil</p> <p>Licenses</p> <p>Insurance</p> <p>Parking</p> <p>Maintenance</p> <p>Bus tickets</p> <p>Taxis</p>	<p><b>EXTRA-ORDINARY EXPENSES RELATED TO CHILD(REN) WITH SPECIAL NEEDS</b></p>																						
<p><b>DEBTS/LOAN REPAYMENT</b></p> <p>Credit card(s)</p> <p>Line of credit</p> <p>Student loans</p> <p>Other personal debts</p>	<p><b>OTHER MISCELLANEOUS EXPENSES</b></p> <table border="0"> <tr> <td>Camp fees</td> <td>Life insurance</td> </tr> <tr> <td>Cards, gifts</td> <td>Membership fees</td> </tr> <tr> <td>Charity</td> <td>Pet food &amp; costs</td> </tr> <tr> <td>Child support</td> <td>Recreation, hobbies</td> </tr> <tr> <td>Clothing</td> <td>Savings plans</td> </tr> <tr> <td>Donations</td> <td>School supplies</td> </tr> <tr> <td>Dry cleaning</td> <td>Sports/activities fees &amp; equipment</td> </tr> <tr> <td>Education</td> <td>Subscriptions</td> </tr> <tr> <td>Entertainment</td> <td>Beverages/alcohol</td> </tr> <tr> <td>Hair cuts</td> <td>Tobacco</td> </tr> <tr> <td></td> <td>Vacations/trips</td> </tr> </table>	Camp fees	Life insurance	Cards, gifts	Membership fees	Charity	Pet food & costs	Child support	Recreation, hobbies	Clothing	Savings plans	Donations	School supplies	Dry cleaning	Sports/activities fees & equipment	Education	Subscriptions	Entertainment	Beverages/alcohol	Hair cuts	Tobacco		Vacations/trips
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**Financial Report: To be completed by parent / guardian****LIST OF ASSETS:**

Savings  
 Buildings owned/land/other real estate.  
 Machinery  
 Vehicles  
 Recreation vehicles/boats, etc.  
 Personal property  
 RRSPs/Investments  
 Other

**LIST OF LIABILITIES/DEBTS:**

Mortgage  
 Credit Card(s)  
 Vehicle Loan  
 Line of Credit  
 Student Loan  
 Other loans

**TOTAL ASSETS:****TOTAL DEBTS:****FOR THOSE WHO OWN THEIR OWN BUSINESS/FARM:****Type of business:****LIST OF BUSINESS ASSETS:**

Buildings/land/real estate  
 Machinery/equipment  
 Vehicles  
 Livestock  
 Savings  
 Inventory  
 Other (specify)

**LIST OF BUSINESS LIABILITIES/DEBTS:**

Mortgage/rent  
 Insurance  
 Other loans/Line of Credit (specify)  
 Payables:

**TOTAL BUSINESS ASSETS:** \_\_\_\_\_**TOTAL BUSINESS DEBTS:** \_\_\_\_\_**BUSINESS/FARM EQUITY:**

(Total Assets - Total Debts)

**FAMILY MONTHLY INCOME:**

Employment income (gross) – Parent #1  
 Employment income (gross) – Parent #2  
 Employment insurance  
 Disability income  
 Worker’s compensation  
 Government assistance  
 Child tax benefit  
 Child support  
 Rental Income  
 Other:

**FAMILY MONTHLY EXPENSES:**

*Refer to working chart (previous page) to calculate your expenses for the following categories on a monthly basis. Transfer monthly totals here:*

Housing  
 Food & household supplies  
 Transportation  
 Child care  
 Medical  
 Extra-ordinary expenses related to child(ren) with special needs  
 Debts/loan repayment  
 Other miscellaneous expenses

**TOTAL MONTHLY INCOME:****TOTAL MONTHLY EXPENSES:****DIFFERENCE (TOTAL MONTHLY INCOME - TOTAL MONTHLY EXPENSES):**

**IMPORTANT PRIVACY INFORMATION:** The Elks and Royal Purple Fund for Children respects your privacy. We protect your personal information and adhere to the Personal Information Protection and Electronic Documents Act. The information you provide will be used for the purposes of evaluating this application and to inform you on some of the other activities of the Fund or the Elks of Canada. If at any time you would like to limit the use of this information or would like to receive more information on our privacy policy, please contact our Privacy Officer at 1-888-843-3557 or visit [www.elksofcanada.ca](http://www.elksofcanada.ca).

**Parent / Guardian**

**OTHER FUNDING AVAILABLE, PURSUED AND/OR RECEIVED\***

Do you have Supplemental Health Insurance? <input type="checkbox"/> yes <input type="checkbox"/> no	Coverage available:
Funding from:	Total received:
Funding from:	Total received:
Funding from:	Total received:
Funding from:	Total received:

\*Include Government Health Programs, charitable groups, service organizations, local fundraisers, Non-insured Health Benefits (Status Indians & Inuit), foster care, etc.

**MANDATORY ATTACHMENTS TO APPLICATION:**

- medical confirmation of need and exact cost
- income verification for income earner(s)

**OPTIONAL ATTACHMENTS TO APPLICATION:**

- cover letter from parent(s)/background information
- endorsements, letters of support

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

How did you hear about the Elks & Royal Purple Fund for Children? \_\_\_\_\_

- Check this box if you consent to having images / letters you send of your child and family to be used for promotional purposes of Elks & Royal Purple Fund for Children in social media, and print campaigns.

**Please return Parent Section (B) to the Lodge Charities Chairperson:**

\_\_\_\_\_  
(Name of Lodge Charities Chairperson)

\_\_\_\_\_  
(Telephone number)