BC Rehab Society

SHORT TERM ACCOMMODATION SUPPORT FOR GF STRONG PATIENTS

Download this form to your computer, complete it and return to **info@bcrehab.org**

The Accommodation Program was created to support patients who reside outside the lower mainland to allow an immediate family member to visit during their rehabilitation if paramount for their recovery. The program is designed to support those who have limited funds and whose family would otherwise not be able to visit without financial assistance. We wish we could help everyone, however, as a not-for-profit, our funds are limited, therefore we ask that you please be mindful when applying to BC Rehab, as there is much need.

Sponsoring Client's name:

Client unit/program and phone number:

Consent: ☐ Client has consented to this application process

Social Worker assisting in completion of this form:

GFS Social Worker: Signature :

Traveler's Information:

Name: Relationship to Client:

Home Address:

Phone Number: Email:

Traveling from (*if different from Home Address*):

Date of arrival: Number of nights: ☐ More than 5 days *(explain below)*

Do you have family in the Lower Mainland? If so, please explain why they are unable to house you.

Clear all fields

Client Financial Information (Monthly)

CLIENT INCOME

PWD/ Ministry	$_____
Old Age Security	$_____
CPP/CPPD	$_____
Wage	$_____
Total:	**$ $ 0.00**

SPOUSE/ PARTNER

PWD/Ministry	$_____
Old Age Security	$_____
CPP/CPPD	$_____
Wage	$_____
Total:	**$ $ 0.00**

NOA (Notice of Assessment *Line 15000*)

Client:	$_____
Spouse/Partner:	$_____

EXPENSES (COMBINED)

Rent/ Mortgage	$_____
Food	$_____
Home expenses	$_____
Other	$_____
Total	**$ $ 0.00**

ASSETS

Value of Home	$_____
Savings	$_____
RRSP/RDSP	$_____
Other	$_____
Total	**$ $ 0.00**

LIABILITIES

Mortgage	$_____
Credit Cards	$_____
Loans	$_____
Other	$_____
Total	**$ $ 0.00**

Client's signature _____

Travelers Financial Information (Monthly)

CLIENT INCOME

PWD/ Ministry	$_____
Old Age Security	$_____
CPP/CPPD	$_____
Wage	$_____
Total:	**$ $ 0.00**

SPOUSE/ PARTNER

PWD/Ministry	$_____
Old Age Security	$_____
CPP/CPPD	$_____
Wage	$_____
Total:	**$ $ 0.00**

NOA (Notice of Assessment *Line 15000*)

Client:	$_____
Spouse/Partner:	$_____

EXPENSES (COMBINED)

Rent/ Mortgage	$_____
Food	$_____
Home expenses	$_____
Other	$_____
Total	**$ $ 0.00**

ASSETS

Value of Home	$_____
Savings	$_____
RRSP/RDSP	$_____
Other	$_____
Total	**$ $ 0.00**

LIABILITIES

Mortgage	$_____
Credit Cards	$_____
Loans	$_____
Other	$_____
Total	**$ $ 0.00**

Client's signature _____