

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 the	nis form:
GFS Social Worker:	Signature :
Traveler's Information:	
Name:	Relationship to Client:
Home Address:	
Phone Number:	Email:
Traveling from (if different from Home Add	ress):
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.

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Client's signature

Clear all fields

CLIENT INCOME		SPOUSE/ PARTN	ER	NOA (Notice of As	ssessment <i>Line 15000</i>)
PWD/ Ministry	\$	PWD/Ministry	\$	Client:	\$
Old Age Security	\$	Old Age Security	\$	Spouse/Partner:	
CPP/CPPD	\$	CPP/CPPD	\$		
Wage	\$	Wage	\$		
Total:	\$	Total:	\$		
EXPENSES (CON	IBINED)	ASSETS		LIABILITIES	
Rent/ Mortgage	\$	Value of Home	\$	Mortgage	\$
Food	\$	Savings	\$	Credit Cards	\$
Home expenses	\$	RRSP/RDSP	\$	Loans	\$
Other	\$	Other	\$	Other	\$
	\$	Total	\$	Total	\$
Total Client's signature					
Client's signature Travelers Finar		nthly)			
Client's signature Travelers Finar CLIENT INCOME		nthly) SPOUSE/ PARTN			ssessment <i>Line 15000</i>)
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Client's signature Travelers Finar CLIENT INCOME PWD/ Ministry Old Age Security CPP/CPPD	ncial Information (Mon	SPOUSE/ PARTN PWD/Ministry Old Age Security CPP/CPPD	\$	Client:	\$
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Travelers Finan CLIENT INCOME PWD/ Ministry Old Age Security CPP/CPPD Wage Total: EXPENSES (CON Rent/ Mortgage	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	SPOUSE/ PARTN PWD/Ministry Old Age Security CPP/CPPD Wage Total: ASSETS Value of Home	\$ \$ \$ \$	Client: Spouse/Partner: LIABILITIES Mortgage	\$ \$
Client's signature Travelers Finan CLIENT INCOME PWD/ Ministry Old Age Security CPP/CPPD Wage Total: EXPENSES (CON Rent/ Mortgage Food	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	SPOUSE/ PARTNI PWD/Ministry Old Age Security CPP/CPPD Wage Total: ASSETS Value of Home Savings	\$ \$ \$ \$	Client: Spouse/Partner: LIABILITIES Mortgage Credit Cards	\$ \$