



Financial Application and Verification Process
CIPO Helping Hand Fund
Application Form and Checklist

Thank you for applying to **CIPO's Helping Hand Fund**. The Canadian Immunodeficiencies Patient Organization (CIPO) is proud to be able to offer this resource for individuals, based on their eligibility and financial need.

This fund is not intended to be the first step for support, it is intended for families and patients who demonstrate real need for assistance.

CIPO realizes that financial hardship is a reality in many situations, the following is the process in which one can apply for assistance.

Any receipts to be considered for reimbursement and a copy of your last Notice of Assessment must accompany the application in order to be considered. You may also attach any supporting documents you feel may assist your application.

Please fill out the following to the best of your ability:

Amount requested: _____

Are you applying for medical supply coverage? YES NO

If no, please describe the reason for request:

If yes, are your supplies covered by a provincial medical or drug plan? YES NO

If yes, have you already paid for your supplies? Please attach receipts. YES NO

Do you have private medical insurance? (this includes being covered on someone else's plan) YES NO

Have you applied for financial assistance elsewhere?
If yes, please supply a list of where you have applied
and whether you have been successful, including amounts.

YES NO

What is your annual family income from all sources? _____

How did you hear about the Helping Hand Fund? _____

Name: _____

Address: _____

City/Town: _____

Postal Code: _____

Telephone: _____

Email: _____

PID diagnosis: _____

Treating physician: _____

Please fill out the the application, sign and return it along with a copy of your most recent notice of assessment to:

CIPO
25 La Grave St
Winnipeg, MB
R3V 1J1

CIPO will review each request for financial reimbursement on an individual basis and will notify the applicant in writing. Due to limited funds available, not all requests are granted.

Disclaimer: The information provided on this application will be used only by CIPO for the purposes outlined, and will remain confidential.

Signature: _____

Date: _____