



BC FOSTER PARENTS ASSOCIATION

Suite 208 - 20641 Logan Avenue, Langley, BC V3A 7R3

1-800-663-9999 | www.bcfosterparents.ca | office@bcfosterparents.ca

Medical Travel Grant for Foster Caregivers

The Medical Travel Grant for Foster Caregivers is accessible to BCFPA member foster parents who travel to medical appointments outside of their home community with the children/youth in their care.

Who can apply

- You are a current BCFPA member foster parent.
- You have receipts for expenses incurred during medical travel that can accompany your application form.
- You are able to provide a document (e.g. email) that confirms the medical appointment dates or a note from your Resource Worker or the child's Social Worker.

What's covered

The travel grant covers expenses such as meals, accommodation or relief that is not covered by your contract.

When to apply

Applications will be accepted between June 15 and December 15 of each year.

Amount of bursary

- Grants of \$250 per foster family are available until funds are expended. BCFPA member foster parents can apply twice in a calendar year.

How to submit your application

By mail:

BCFPA
208-20641 Logan Avenue
Langley, BC V3A 7R3

By email:

office@bcfosterparents.ca

By online form:

Fill out the online form available on our website.

Next steps

Once the application has been reviewed, BCFPA will notify the candidate by email or phone of the status of the application. Cheques are issued payable to the applicant and sent to the applicant's mailing address. Please allow four weeks from the date that you receive the notification for your cheque to arrive.

Medical Travel Grant for Foster Caregivers Application Form

Date of application: _____

First name: _____ Last name: _____

Address: _____ City: _____ Postal code: _____

Phone: _____ Email: _____

BCFPA Membership #: _____

Do you foster for: MCFD Delegated Aboriginal Agency Other _____

Name of the child/youth that you are travelling with: _____

Age: _____ Length of time in your care: _____ Travel date/s: _____

What is the nature of the expense you would like to receive this grant for?

Applicant authorization

The information that I provided for this application is true, accurate, and complete.

I authorize BC Foster Parents Association to distribute this application to the Selection Committee for review.

Note: BC Foster Parents Association respects your privacy. All information collected will be used by BCFPA only, in accordance with our Privacy Policy. For details, please contact our privacy officer at 1-800-663-9999.