

Medical Travel Grant for Caregivers

Bursary Available: BCFFPA members – province wide



This grant is accessible to BCFFPA member foster parents who travel to hospital for medical appointments with the foster children, finding themselves away from home for a night or two. You may find yourself with time on your hands between medical appointments or in need of a nutritious meal. Maybe you've encountered bad weather on the way home and you need to spend an extra night in a hotel. Or maybe you need some extra funds for relief that isn't covered by your contract.

WHO CAN APPLY

Current BCFFPA member foster parents can apply two times in any calendar year.

AMOUNT OF BURSARY

Grants of \$250 dollars are available until funds are expended.

WHEN TO APPLY

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

HOW TO APPLY

The applicant will complete the grant application including proof of medical travel and overnight stay. The applicant can provide a copy of an email which confirms the medical appointment dates or a note from the Resource Worker or the child's Social Worker. All documentation can be sent to:

*BC Federation of Foster Parent Associations
3rd Floor - 131 Eighth Street
New Westminster, BC V3M 3P6*

BURSARY ADMINISTERED BY:

**BC FEDERATION OF FOSTER PARENT ASSOCIATIONS
EXECUTIVE COMMITTEE**

BC Federation of Foster Parent Associations

3rd Floor - 131 Eighth Street, New Westminster, BC V3M 3P6
1-800-663-9999 ● www.bcfosterparents.ca ● office@bcfosterparents.ca

Application for Medical Travel Grant for Caregivers

DATE OF APPLICATION: _____ DATE EXPENSE WAS INCURRED: _____

NAME OF APPLICANT: _____

ADDRESS & CITY: _____ P/C _____

TELEPHONE: _____ E-MAIL: _____

BCFFPA MEMBERSHIP NUMBER: _____

YOU ARE FOSTERING FOR: MCFD DELEGATED ABORIGINAL AGENCY OTHER

(Please answer all that apply. Note "N/A" in spaces that don't apply.)

WHAT IS THE NATURE OF THE EXPENSE YOU WOULD LIKE TO RECEIVE THIS GRANT FOR? (note that there are no "correct"

Answers) _____

HOW LONG HAS THE CHILD/YOUTH YOU ARE TRAVELLING WITH BEEN IN YOUR CARE? _____

WHAT IS THE AGE OF THE CHILD/YOUTH? _____

IS DOCUMENTATION CONFIRMING THE MEDICAL APPOINTMENT ATTACHED? YES NO

IS A CONFIRMATION NOTE FROM YOUR RESOURCE WORKER OR THE CHILD'S WORKER ATTACHED?
 YES NO

HAVE YOU APPLIED FOR THIS GRANT PREVIOUSLY? YES NO

Please remember to include all necessary supplementary information with your application.

