

BC Foster Parents Association

Medical Travel Grant Application

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

Who Can Apply

- You are a current BCFPA member foster parent.
- 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.

Application Requirements

- A piece of documentation confirming the medical appointment(s).

When to Apply

BCFPA member foster parents can apply twice in a calendar year.

Amount of Bursary

Grants of \$250 per foster family up to twice per calendar year are available until funds are expended.

How to Submit Your Application

Submit form to BC Foster Parents Association

Mail: **208 - 20641 Logan Ave, Langley, BC V3A 7R3**

Email: **office@bcfosterparents.ca**

Fax: **604-544-2223**

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 Application

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------|
| First Name | Last Name | Date |
| Phone Number | Email Address | BCFPA Membership # |
| Street Address | City | Postal Code |
| What is the most recent level of education you have completed? Please select <input type="radio"/> MCFD <input type="radio"/> ICSFA <input type="radio"/> Other _____ | | |
| Name of the child/youth that you are travelling with | Age of the child/youth that you are travelling with | |
| Length of time this child/youth has been in your care | Travel Dates | |
| What is the nature of the expense you would like to receive this grant for? | | |

Applicant Authorization

- ☐ The information that I have provided for this application is true, accurate, and complete.
- ☐ I authorize BC Foster Parents Association (BCFPA) to distribute this application to the Selection Committee for review.

A piece of documentation confirming the medical appointment(s) should be included at the time of application; however, it may be sent separately if it is not available at the time of application.

Please note that BC Foster Parents Association (BCFPA) respects your privacy. All information collected will be used by BCFPA

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