

Health and Well-Being Program Referral Form

Thanks to our partnership with Children's Aid Foundation, we are able to be part of this great program funded by the Air Canada Foundation. The Health and Well-Being Program provides emergency health funding for at-risk children and youth in British Columbia. The support of Air Canada Foundation helps to fill the substantive gap between basic government-funded health care, and the necessary preventative and specialized supports that many vulnerable children and families desperately need.

1. Overview

- The Health & Well-Being Fund is designed to assist the various health needs of children and youth being served by child welfare organizations. This fund fills the gap between basic government funded health care, and the necessary preventative and specialized supports that most high-risk children, youth and families desperately need, but cannot afford.

2. Eligibility

- Children and youth involved with child welfare (at risk in the community, in temporary care, in kinship care, in permanent care, former youth in care)
- Under 26 years of age at the time of the request
- No other sources of funding (including government funding) available to support the request
- Referred by worker to fund (to confirm their involvement with child welfare)
- Clear indication of how the child/youth/family will benefit from the grant

3. Eligible Health & Well-Being Expense Examples*

- Prescriptions
- Vision Care
- Medical Therapy/Services (physiotherapy, chiropractic's, x-rays, dermatology)
- Medical Supplies (asthma puffers, hearing aids, epi-pens, prescriptions)
- Dental Care & Orthodontia (corrections and surgeries)
- Travel to and from medical appointments
- Sleeping devices for disabled children
- Medical equipment

*Typically the maximum approved request is \$500, although exceptions may be made.

Referral Form

Applicant Name:		Date of Birth:	
Gender:		Ethnicity:	
Child Welfare Status:	<input type="checkbox"/> Foster Care <input type="checkbox"/> Past MCFD Involvement <input type="checkbox"/> Kinship	<input type="checkbox"/> Youth Agreement <input type="checkbox"/> Aged Out of Care <input type="checkbox"/> Community	
Parent/Guardian: (if under 19)			
Contact #:		Email:	
Details of Request: (Elaborate on what is needed and why)			
Amount Requested:		Date needed by:	
Referral Name:		Referral Contact #:	
Referral Agency:		Referral Email:	

Instructions

Please email referral form to: celina.tse@ccssociety.ca
 Or mail to: **110-5751 Cedarbridge Way, Richmond BC V6X 2A8**

Successful applicants must:

- Provide receipts or arrange for direct payment
- Complete a follow-up impact survey

For further information call: 604-271-7600