



BCHF

BC HOSPITALITY
FOUNDATION

Application for Assistance

Applicants must have exhausted all other avenues of support in order to be eligible for assistance from our organization. This includes Employment Insurance and extended health benefits. The BCHF does not cover lost wages. In some cases we will match funds raised at third-party events organized by an Applicant's employer and/or friends and colleagues. We utilize our limited funds to support those who need our help the most: these are often individuals experiencing life-or-death situations with critical medical needs, who would be facing homelessness without our help.

Date of Application



Name *

First

Last

Email *

Phone *

Address *

Address Line 1

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country



Age *

Birth Date *

Relationship

Single Married Divorced Separated

Widowed Other

Name of Spouse or Partner

First

Last

Dependent children ages

Employment information

Current Employer

First

Last

Employer phone

Employer title

Please upload your resume

or drag files here.

If you don't have a resume, please add work history for the past 5 years

Medical information

Family or treating doctor *

First

Last

Phone *

Address *

Address Line 1

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country



Describe your medical condition *

Supporting medical documents

or drag files here.

Supporting medical documents

or drag files here.

Supporting medical documents

or drag files here.

Supporting medical documents

or drag files here.

Additional - Information (please check all that apply)

Have you applied for Medical EI Have you applied for disability insurance

Do you have a Go Fund Me or related fundraising planed

Is this medical condition related to:

ICBC claim Workplace incident

If this codition is related to a workplace incident Have you sought legal advice

Yes No

Financial Information

Our Beneficiary Liaison may ask for more details.

Total FAMILY NET income (monthly) - list all sources *

Family NET income (monthly) \$\$\$ *

Savings - \$\$\$

Assets (RRSP, vehicle, property, etc.)

Other

Total FAMILY expenses - list *

Housing

Mortgage Rent Other

Are you currently receiving

Short term disability Long term disability

ASSISTANCE REQUESTED

In a few words, "what would you need the BC Hospitality Foundation to provide you?" *

Amount requested \$\$\$ *

Cost of equipment - if applicable

Additional notes/information

Submit