



BCHF

BC HOSPITALITY
FOUNDATION

Application for Assistance

The BCHF provides assistance to hospitality workers at risk of financial crisis due to a health condition experienced by themselves or a member of their family. In order to be eligible for funding from our charity, an applicant must have exhausted all other potential avenues of funding, including assistance from friends and family and from government agencies. Whenever possible, we hope our help will enable individuals to recover and to return to work without the added burden of ongoing financial hardship.

Date of Application



Name *

Email *

Phone *

Address *

Age *

Birth Date *

Relationship

Single Married Divorced Separated

Widowed

Name of Spouse or Partner

Dependent children ages

Employment information

Current Employer

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 *

Phone *

Address *

Describe your medical condition *

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 planned

Is this medical condition related to:

ICBC claim Workplace incident

If this condition is related to a workplace incident, have you sought legal advice?

Yes No

Financial Information

Our Beneficiary Liaison may ask for more details.

Family income PRIOR to accident / illness \$\$\$

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