

Newsletter

Winter 2007



**Spina Bifida and Hydrocephalus
Association of Southern Alberta**
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Decorate the New Year with Daisies

The Spina Bifida and Hydrocephalus Association of Northern Alberta (SBHANA) wants you to help them to decorate the New Year with green and white daisies.

SBHANA is selling all-weather vehicle magnets featuring a beautifully imperfect daisy on a green and white background to celebrate the abilities of individuals living with Spina Bifida and Hydrocephalus.

Make this year a Green and White New Year. Visit SBHANA on the web and help decorate the New Year with daisies. The significance of the daisy and other important facts about Spina Bifida and Hydrocephalus are also available at the site.

Each magnet is only \$5, (plus \$1 shipping and handling per magnet) and all money raised will be used to increase positive public aware-



ness about Spina Bifida and Hydrocephalus and for the SBHANA support fund.

Quantities are limited, so order yours today. Phone Roxanne at (780) 421-4552 for more information, or visit their website at:

www.takeaction2006.ca

Inside This Issue

- Metabolism and SB...P2
- Membership renewals...P3
- Bladder control surgery...P4
- A Mother's poem...P5
- Navigating the system...P6
- Depression and Anxiety...P8
- Cabinet announced...P10
- Casino volunteers...p11

***Imagination
is the difference
between obstacle
and opportunity.***

Alvin Law

The views and ideas expressed in this newsletter do not necessarily reflect the views and / or ideas of the SBHANA. This newsletter's content is for educational and informational purposes only. It is not intended to replace, and should not be interpreted or relied upon as, medical or professional advice.

SBHASA

Metabolism gene connected to SB

A new study reveals an association between two genes involved with choline metabolism and the risk of spina bifida. The finding was independent to the amount of choline in the diet during pregnancy.

Recent studies have suggested the amount of choline taken in during pregnancy could decrease the risk of spina bifida for the fetus. Choline is a nutrient used for cardiovascular and brain function and for cell repair. Choline is found in beef liver, egg yolk, peanuts, sunflower seeds, cauliflower and soy.

The current study included data on 103 infants with spina bifida and 338 healthy infants. Researchers from the Texas A&M University System Health Science Center analyzed two specific genes in all of the participants.

Study authors report one gene variant known as CHKA is associated with a reduced risk of spina bifida, and the other gene variant known as PCYT1A is associated with an increased risk of the birth defect. These findings were not affected by how much choline the mother ate during pregnancy.

Researchers conclude that the results of this study show dietary choline and choline metabolism genes may affect the risk of spina bifida independently.

SOURCE: BioMed Central Medicine, December 20, 2006

Membership renewals

Please remember that SBHASA memberships run from January 1st to December 31st and need to be renewed every year in order to keep your membership up to date.

You can download the membership form from our website (www.sbhasa.ca) or look for it in our next newsletter. The fee is still only \$10, a great deal considering all that membership entitles you to:

- ~ Regular newsletters from both SBHASA and SBHAC, to keep you up to date on all things sb/h
- ~ Access to SBHASA funding programs, up to \$2700 per member with sb/h per year
- ~ Eligibility for SBHASA Bursary, \$750 per year to further your post-secondary education
- ~ Social and recreational opportunities with other sb/h families (ie conference, sledge hockey)
- ~ Chance to join the Board of Directors and make a difference



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Attendees with spina bifida or hydrocephalus at the Take Action 2006 conference in Edmonton



2007 SBHASA Membership Form

To join the SBHASA or renew your current membership, please complete this form and mail it to our office along with your payment. The membership fee is \$10.00 per year, from January 1 to December 31, 2007.

As a member you will receive the SBHASA newsletter and have access to resource and educational materials. You are also automatically made a member of the national association (SBHAC). Members in good standing with Spina Bifida and/or Hydrocephalus who live in Southern Alberta will have access to the association's funding programs and scholarship program.

Date: _____

- I am renewing my membership
 I would like to join the association
 I would like to join/renew but am not able to pay the membership fee
 Enclosed is a general donation in the amount of \$ _____

Please Print:

Name(s) _____
Last First

Last First

Address _____

City _____ Postal Code _____

Telephone _____

Email _____

Type of Membership (please check one)

- Parent of child with Spina Bifida and/or Hydrocephalus
Name of Child _____ Date of birth _____
 Individual with Spina Bifida and/or Hydrocephalus Date of birth _____
 Support person (relative, friend)
 Professional caregiver (medical, social worker, educator, etc.)

I can volunteer to help the association and other families:

- Executive Committees Phoning
 Fundraising Special Events Other _____

I would like to be phoned about upcoming events: Yes No

S B H A S A

Rerouting Nerves May Aid Bladder Control

WASHINGTON (AP) - Needing a wheelchair isn't always the biggest complaint of people left paralyzed by spinal cord injury - it's also the loss of bladder control. On Monday, Michigan doctors began a unique experiment to see if rerouting patients' nerves just might fix that problem.

It's a delicate operation: Surgeons cut open a spot on the spine and sew two normally unrelated nerves together - one from the bladder to one from the thigh - with a single hair-thin stitch. It will take months for this new nerve bridge to heal, an anxious waiting period for the first volunteers.

But if it works, merely scratching the thigh should signal the bladder to empty, allowing patients to ditch their despised catheters and restore a longed-for degree of freedom, as well as fewer bladder infections and other serious complications.

"I've got nothing to lose by doing this," is the way a cautiously hopeful Kevin Bryant, 19 and paralyzed from the waist down by a car crash, approached the experiment.

It's a technique pioneered in China that is starting to garner international attention - and surgeons at William Beaumont Hospital in Royal Oak, Mich., hope their new U.S. study will prove if the approach really is a solution for at least some patients.

"We're very excited," says Dr. Kenneth Peters, Beaumont's urology research chief, who headed a team of doctors that traveled to China last February to watch Dr. Chuan-Gao Xiao operate at the Huazhong University of Science and Technology.

"We said, 'This is something we need to study ... to see if we can reproduce this in the U.S.,'" adds Peters, who in turn invited Xiao into Beaumont's operating room Monday. If the results hold up, "it would allow us to treat those patients who have no other alternatives."

Monday's first volunteer: a 49-year-old paralyzed from a car crash, Kevin Conkey of Fenton, Mich.

On Thursday, Bryant, the 19-year-old paraplegic, undergoes the procedure - in addition to a child with spina bifida, an improperly formed spinal cord that can cause similar bladder dysfunction.

After infancy, the brain takes over control of urination. The bladder sends "I'm full" signals up the spinal cord. Once the person's in an appropriate spot, the brain signals back to the bladder to empty.

In spinal cord injury and spina bifida, that control is disrupted, leaving patients either unable to urinate or constantly wet. They depend on catheters to empty the bladder every few hours. Still, recurrent infections and even lifethreatening kidney damage from backed-up bladders are common, not to mention the inconvenience and even embarrassment the procedure brings.

"People put so much emphasis on walking. I don't care if I walk again; that's not the No. 1 thing," says Bryant, of Rochester Hills, Mich. Going to the bathroom is "such a hassle in day-to-day life. I have to schedule my life around the times when I'm going to catheterize."

Xiao's procedure can't restore sensation, but uses intact nerves below the spinal injury to try to create a reflex that bypasses the brain.

"Thinking over the (urination) process, its final step is just a signal to the bladder to contract," Xiao explained in an e-mail interview. "Can we find another way to send a signal to initiate bladder contraction and voiding?"

First, surgeons remove a piece of bone along the lower spine to expose spaghetti-like nerve roots beneath. They reconnect a lumbar nerve responsible

Winter 2007

for thigh sensation to a sacral nerve that would normally open the bladder.

It can take a year, maybe longer, for the two nerves to grow together, and people with certain bladder or spine scarring aren't candidates.

But Xiao says 110 spinal cord injury patients and 230 with spina bifida have undergone the procedure, including two at New York University where he began the research years ago. He has reported a fraction of those cases in respected urology journals, suggesting about 80 percent resume voiding eventually.

In the Michigan study, doctors plan to suspend operating after six or eight patients, to resume only once, if, there are signs of success.

"I'm surprised that more people haven't done this before," says Dr. John McDonald, spinal cord injury chief at the Kennedy Krieger Institute and a former physician for the late Christopher Reeve.

He calls the method a logical next step from nerve-grafting for other injuries that takes advantage of

primitive bladder reflexes at the spine's base. "It's very reasonable to take this approach with the bladder."

"As a field, neuroscience is revisiting the adaptive capabilities of the spinal cord below the level of the injury," agreed Dr. John Martin, a neurobiologist at Columbia University Medical Center - but who cautioned patients to await the research. "Some of these ideas that look good haven't come to fruition."

There are some risks, Peters cautioned, including general anesthesia and wound infections. For children with spina bifida who can walk, rerouting the thigh nerve causes a small risk of some foot weakness.

And it will be expensive, about \$30,000 to \$40,000 a person, he estimated, a tab Beaumont is funding through a private donor.

By Lauran Neergaard, The Associated Press

My Promise *written by SBHASA member Melanie Tinordi for her daughter Sarah-Dawn*

When you were growing inside my womb, I promised no pain and to keep you from harm,
And then you were born into a painful life and I realized the promise was an impossible one.
So now that you've grown into a young lady I give you this promise, please remember it daily.
I PROMISE to be there when your head hurts too bad and to always see your beauty even when you're mad.
I PROMISE to fight for your right to be here and to hold your hand through all that you fear.
I PROMISE to give you the tools that you need and to be a good person so you can follow my lead.
I PROMISE to be positive and expect the best and make you laugh when you deal with the rest.
I PROMISE to hug you whenever you need one, I PROMISE to kiss you when life isn't fun.
I PROMISE to hold you when you're puking like crazy and to listen closely when your speech is hazy.
I PROMISE to be there waiting for you every time you have to go to the operating room
I PROMISE to remember that no matter what I do I'll never understand what it's like to be you.
I PROMISE to be there for you in every way and lastly to love you for FOREVER AND A DAY.

S B H A S A

I grew up on a farm in rural Alberta and was raised to believe that I could do anything I set my mind to, not only by my parents but by my teachers and doctors.

I attended regular schools, got good grades and was the only person with a very visible disability in my community.

As a child, all my needs were met, our public health system not only saved my life but it taught and encouraged me to believe that I could succeed despite my visible differences. I felt loved, valued and prepared to contribute to society.

At the age of seventeen I tried out for and was selected to play on the Women's National Wheelchair Basketball team. I was thrilled and honoured to represent Canada in the 1988 Paralympics in Seoul, South Korea.

I was a team member and travelled internationally for 4 years. I had some of the most memorable experiences of my life. In Korea, they built apartment buildings (10 storeys high) with ramps instead of stairs for fire escapes. In the Netherlands I stayed at lakeside retreat that was completely barrier free and yet you might not know that if you weren't a wheelchair user.

Although I managed to delay the effects for a few years by playing basketball and getting a post secondary education; I'm here to tell you that at the age of eighteen life changes drastically for individuals with disabilities in Alberta.

My entire childhood had focused on my body; keeping me walking as long as possible. It had taught me that medical professionals knew my body better than I did. That I should seek out their knowledge and assistance.

But suddenly at eighteen, we are no longer children

and required to go elsewhere for the supports to independence we have had our entire lives. We are thrown into a bureaucratic system which constantly requires us to prove we are disabled enough.

Suddenly we have to beg for what was once given without judgement. No longer do we get to interact with professionals who even understand Spina Bi-fida. We become dependent, we are lost, where is the help, what do we do?

Back then, I never thought to look to local charities for help because I had worked so hard to be a contributing member of society, not one who takes from it. My pride and self esteem were wounded.

In the adult world of disability management, past experiences predict that I'm going to be treated like I am incapable of making basic decisions in my life. Why does someone else decide what wheelchair is best for me to use? Or what medical supplies I require?

My personal nightmare began when I entered the workforce and quickly realized that even though I had a good entry level position with the federal government, the entire amount of my disposable income was being used to cover the cost of disability. Even with private insurance through work, everything had a price.

My dreams of going on vacation, saving for retirement and living in an adapted home disappeared. Now that I was working and earning an income I no longer qualified for most support programs. If I got married or lived common law, my partner's income would further disqualify me from assistance.



Winter 2007

Thank goodness I didn't need any help or assistance in my home because I would have had trouble accessing it. Even today, people with disabilities have to fight just to get enough personal care to survive. The challenge often begins with finding an appropriate place to live. It took me almost 20 years to find adequately accessible housing. And I know of many adults today who are required to live in senior's homes because there is no where to live.

I spent most of my twenties lost, angry and disillusioned. I felt set up and abandoned. When I asked for help at the age of 24 I was cast into the mental health system to spend the next six years on antidepressants which were not the appropriate solution to my complex issues.

I feel grateful to have met an amazing psychologist who finally looked past the wheelchair and the medication and saw a bright, intelligent, thoughtful woman.

She taught me that it was okay to grieve the loss of a body I never really had and to own the one I do have. And to grieve the broken promises of doctors that said, "This surgery will help you walk." She taught me that I know my body better than anyone and that I am just as knowledgeable and as informed as the professionals I interact with. She helped me to understand that only a short time ago children with disabilities often did not live to adulthood. And most importantly, she helped me to understand that anger is a cover for the real feelings inside.

After many years of anger and frustration, I allowed myself to heal and forgive. And with forgiveness one realizes that rarely do people intend to offend or demean me. More often than not, they are uncomfortable, uneducated or just unaware. More often than not, they think they are showing me kindness.

To me, more important than kindness is respect. And I believe the only way to gain your respect is to walk the walk...hehe....so to speak.

Thank you to Carrie for making this possible.

BUT...

I'm tired of observing from the outskirts...or the bottom of the stairs.

I'm tired of climbing the stairs and accommodating the walkers of the world.

I'm tired of celebrating how far we've come with disability issues when it is archaic in comparison with other developed countries that have proactive laws rather than our reactive laws.

At the age of 38 I feel completely worn out from just trying to survive in one of the richest regions in the world. I feel embarrassed that many would consider me to be a success story and heart broken at the lost potential of an entire generation of people with disabilities.

Although tired, I feel lucky to have carved out a life that I find rich and fulfilling. I've done that by connecting with and mentoring others with disabilities and their families. But too often I am powerless to help and overwhelmed by the barriers whether they be physical, emotional or environmental.

What do I want?

I want the society we live in to put human dignity before dollars.

I want to live in a society that is rich -- rich with opportunities not a society full of rich people.

I hope that by hearing my story I've changed your perspective about people with disabilities...or maybe just reinforced one you already had.

We all have an opportunity right now to contribute to positive change for our futures. It's up to all of us to include each other.

Excerpted from a speech by Roxanne Ulanicki, SBHANA Board Member and disability advocate

S B H A S A

Depression and Anxiety in Individuals with Spina Bifida

It's normal to be sad or blue or anxious once in a while—it happens to everyone. But when depression begins interfering with your life, and it doesn't go away on its own, you probably need medical treatment. How do you distinguish the sadness or nervousness that's simply an occasional, inevitable part of the human condition from depression or anxiety that requires intervention and treatment? Sometimes it's not so easy. For example, let's look at two teenagers and what's going on in their lives.

Making a Diagnosis

Annie is a 15-year-old girl who has lumbar-level spina bifida with shunted hydrocephalus. Her grades have been going down, she is having trouble sleeping and has headaches. Her parents say she's been irritable lately. What else do we need to know? Does she have friends? Yes. And she still enjoys good relationships with her friends. Her headaches occur mostly in the evenings. She is not experiencing any vomiting or changes in her vision. She does mention being unhappy at school because some boys are teasing her. But Annie says she is not depressed. She looks a little worried, but she still smiles and jokes around occasionally. She does sound a little depressed, but a CT scan uncovered her real problem: Annie needs a shunt revision. This illustrates the first step in treating depression: Rule out physical causes first. There are medical conditions that cause depression, such as shunt malfunction, a severe infection, and some medications. Once the underlying medical condition is remedied, the depression disappears.

David is an 18-year-old boy who, like Annie, has been having trouble in school. In fact, he dropped out of college after failing a few courses. His appetite is poor and he has little energy. David spends most of his time sitting around watching TV, feeling guilty about his college failure. Although David had friends in high school, he didn't know anyone at his college of choice and so now he has almost no friends. His parents are loving and supportive. Self-care is becoming a problem—David isn't taking care of his skin and is not bathing or taking his medica-

tions regularly. He no longer enjoys hobbies and activities that used to bring him pleasure. David does not maintain good eye contact and doesn't joke around the way he used to—he exhibits a somewhat flat affect. The diagnosis? Depression. After three weeks on Paxil, an antidepressant, David's symptoms improved markedly.

In diagnosing depression, knowing the patient's history is crucial: health problems and conditions, medications, family history, and current environment. Is there a family history of depression? What's happening at home? Is the patient isolated, or does she have lots of friends? Does he find pleasure in activities that are normally enjoyable? Does the patient sleep well?

Doctors can also learn a lot from their interactions with patients. Does the person look depressed? Does she make eye contact? If depression is suspected, start by asking two questions:

- During the past month, have you felt down, depressed or hopeless?
- During the past month, have you been bothered by little interest or pleasure in life?

If the person answers yes to either or both questions, further screening is indicated. And sometimes you can learn a lot by asking one simple question: Are you depressed? It's amazing how few doctors ask people whether they're depressed, and if so, whether they've thought about suicide. These are very important questions to ask.

Winter 2007

For parents, the most telling question may be: How is this affecting my child's functioning? Does she sleep well? How is his appetite? Is he or she interested in things that used to interest him? Is she able to go to classes, do her homework, study and concentrate?

Anxiety: Sister to Depression

If someone is anxious, they're also much more likely to be depressed, and the reverse is also true. Many of the medications used to treat depression are also used to treat anxiety. Like depression, anxiety tends to run in families. Symptoms of anxiety include feeling tense or fearful, a sense of dread, panic or even terror. People who are anxious may be worried all the time. Anxiety interferes with concentration and tends to result in a preoccupation with self.

How to Treat Depression

There are many ways to treat anxiety and depression. Many studies have shown that exercise alone can have a profound effect; so one healthy response to depression is to increase exercise. Wheelchair-based sports programs are great, providing both physical activity and social contact. Hippotherapy—horseback riding (link to Overview on Therapeutic Riding in About SB)—is lots of fun and stretches the muscles and joints as well.

Medications and counseling may both be indicated. Counseling can be crucial, especially if the person has low self-esteem or learned helplessness. Sometimes it's very helpful for the entire family to receive counseling. Medications alone won't improve self-esteem or eliminate behaviors based on learned helplessness.

The medications of choice today are the SSRIs (selective serotonin reuptake inhibitors), which include Prozac, Paxil, Zoloft, Effexor, and Serzone. Each has its unique potential side effects, which can sometimes be severe. A word of caution: Don't stop the

drugs suddenly; taper off. Abrupt discontinuation can cause dizziness, fatigue, headache, nausea and/or insomnia. That there is considerable evidence that St. John's Wort actually works, at least for adults. He notes two caveats, however: If you use complementary treatments like herbs, make sure you research the area and buy from a reliable company. If you are taking St. John's Wort, be sure to tell your doctor before taking prescription antidepressants. They should not be taken at the same time.

How long do you treat depression with medication? The answer is that it depends. For someone who is experiencing depression for the first time, it makes sense to treat it actively for around six to eight weeks and then taper off the medication.

For someone with a history of depression who has a difficult home environment, low self-esteem or isn't taking care of themselves very well, medication and counseling are both indicated and typically should continue for at least three to four months. Depression can be very different for different people, but generally, doctors don't want to medicate anyone for over six months, although there are cases where treatment can extend into years.

Get Help

If you or someone you know seems to be depressed, talk with a doctor or nurse about it. Depression and anxiety are very treatable. If your health care provider doesn't react appropriately when you bring up concerns about depression or anxiety, you might want to think about finding a more responsive one.

Excerpted from an article by Gregory S. Liptak, MD, MPH

You can view this full article and many other fact sheets related to spina bifida by visiting the Spina Bifida Association of America's website:

www.sbaa.org

S B H A S A

Premier Stelmach's cabinet announced

Ed Stelmach, Alberta's new premier, announced his cabinet in December. Particularly of interest are individuals directing three departments that are relevant to people with disabilities: Seniors and Community Supports (AISH, PPD), Health and Wellness (home care, prescriptions), and Children's Services (supports for children with disabilities). Here's a breakdown:

Greg Melchin, Minister of Seniors and Community Supports

On March 11, 1997 Mr. Melchin was elected to the Legislative Assembly as MLA for Calgary-NW. On November 22, 2004 Mr. Melchin was re-elected for a third term and was appointed Minister of Seniors and Community Supports.

Responsibilities:

- AISH (Assured Income for the Severely Handicapped)
- Office of the Public Guardian
- Alberta Aids to Daily Living
- Protection of Persons in Care
- Office for Disability Issues
- The Premier's Council on the Status of Persons with Disabilities
- Supports the management and enables the provision of seniors, family, and special purpose housing
- Ensures inclusion and participation for Albertans with disabilities

Dave Hancock, Minister of Health and Wellness

Dave Hancock is also in his third term as the MLA for Edmonton-Whitemud. Previously he was Minister of Advanced Education, Minister of Justice and Attorney General, and Minister of Intergovernmental and Aboriginal Affairs. On December 15, 2006 Mr. Hancock was sworn in as Minister of Health and Wellness and as Government House Leader.

Responsibilities:

- Home care and other community-based services
- Primary health care
- Prescription drug programs
- Community rehabilitation services
- Long-term care
- Continuing care review
- Health Care renewal

Janis Tarchuk, Minister of Children's Services

Janis Tarchuk was elected to her third term as MLA for Banff-Cochrane on November 22, 2004. She has served on numerous government committees, and on December 15, 2006 she was sworn in as Minister of Children's Services.

Responsibilities:

- Family Support for Children with Disabilities
- Family and Community Support Services
- Provides supports to children, youth and families
- Encourages and supports the development of family-friendly communities

Many other departments (including those that deal with housing, transportation, education, and employment) also provide services to people with disabilities. To find out more about these departments, visit www.gov.ab.ca.

Winter 2007

Volunteers needed for SBHASA Casino September 10 & 11

We are looking for volunteers to work at our upcoming casino in Calgary. The casino is our main avenue of fundraising, and without it we would not be able to offer funding programs to our members.

Each member that wishes to access the SBHASA funding programs (see page 12) is required to complete volunteer hours, this is your chance to do yours. Joe Dzurilla will be contacting all members that have accessed funding in the last year to find casino volunteers. Please check your schedule and be ready to let Joe know when you can work.

It seems that the same members and their extended families have been doing the lion's share of volunteering over the last few casinos. It is time for other members to step up to the plate and take some of the load off. If we do not have enough volunteers, we will lose our casino and subsequently will have to make cutbacks to our funding programs. We're all counting on you! Please pitch in and do your part!

Children's Fitness Tax Credit

This new tax credit will cover up to \$500 worth of eligible fees for children participating in physical activity programs.

The program was introduced in response to the alarming rise in obesity rates -- over the past twenty years the number of overweight children has tripled.

The tax credit applies to fees paid by parents for an "eligible program of physical activity" for children under the age of 16. Eligible activities are those in which "substantially all of the activities undertaken include a significant amount of physical activity that contributes to cardio-respiratory endurance, plus one or more of: muscular strength, muscular endurance, flexibility, balance."

More info at www.cra-arc.gc.ca/fitness

There are two key areas within the casino that depend on volunteer workers: the cash cage, and the count room.

Each volunteer position works within, or directly in relation to, these two areas. The following positions are available to you:

General Manager (or alternate)
Banker
Cashier
Count Room Supervisor
Chip Runner
Count Room Staff

Volunteers MUST:

- Arrive on time for their shift
- Sign in at the start of shift and out at the end of shift
- Work the position specified on the Casino Volunteer Schedule
- Wear a name tag while on duty showing the first or common name and position

Volunteers MUST NOT:

- Be paid
- Play casino games or gaming terminals during their groups casino event
- Consume liquor or illicit substances during their group's casino event
- Cash cheques or extend credit
- Possess gaming chips

Count room volunteers must be prepared to stay late. Casino security staff will be available to ensure volunteers reach their vehicles safely.



SBHASA '07 Funding Program Application

This is an application for the Spina Bifida and Hydrocephalus Association of Southern Alberta (SBHASA) funding programs. Please provide all of the information requested, and attach your official receipts. Falsification of any information will result in automatic rejection of the application.

Payable to: _____

Mailing Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

Name of Member with SB/H: _____

Date of Birth: _____

Volunteer Time (list events, committees and hours): _____

I am applying for:	ITEM(S)	COST	GST	TOTAL
Support (max \$1200)	_____	\$ _____	+ _____	= \$ _____
Recreation (max \$300)	_____	\$ _____	+ _____	= \$ _____
Personal Health (max \$500)	_____	\$ _____	+ _____	= \$ _____
Education (max \$700)	_____	\$ _____	+ _____	= \$ _____
Total cost: _____		Amount applied for: _____		

REQUESTS WILL NOT BE PROCESSED WITHOUT AN OFFICIAL RECEIPT

I hereby certify that the above information given is true, correct and complete to the best of my knowledge.

Signature: _____ Date: _____

Send completed forms to: Spina Bifida & Hydrocephalus Association of Southern Alberta
P.O. Box 6837 Station "D" Calgary, Alberta T2P 2E9