

Spina Bifida and Hydrocephalus Association of Southern Alberta

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SBHASA Support Fund Details

PURPOSE:

The Support Fund is designed to assist persons with spina bifida and/or *related* hydrocephalus with the cost of specialized leisure and recreational equipment, medical equipment, services such as specialized lessons or camps and emergency personal expenses directly resulting from the fact that the person has spina bifida and/or hydrocephalus.

This fund will only consider the portion of expenses not reimbursed to you by Alberta Aids to Daily Living (AADL), Family Supports for Children with Disabilities (FSCD), private/public medical insurance, Assured Income for the Severely Handicapped (AISH), or any other government a/or disability programs.

The support fund only covers expenses which are required because the applicant has spina bifida and/or *related* hydrocephalus and requests outside of this nature will not be considered.

REQUIREMENTS

- The Applicant must be a member in good standing of the SBHASA. (Membership fee must have been paid by January 31st).
- The Applicant must be a resident of Southern Alberta.
- The Applicant will need to meet the volunteer requirement with the association each year, *where possible*. Family or friends (proxy volunteer) who volunteer on the members behalf contribute towards the member's minimum requirement. *Some exceptions may apply with Board approval.
- A Funding Program Application Form must be completed and signed by the Applicant or Guardian. A description of the item and the original receipt(s) must be provided to the association for their records. The Board will review all submissions.

FUNDING GUIDELINES

The maximum allowable amount is up to \$2,500.00 per member per calendar year (Jan to Dec).

The program funds available may be adjusted by SBHASA if necessary, without notice.

The SBHASA Board reserves the right to require additional information relating to the funding request, including but not limited to a certificate from a doctor or relevant medical professional confirming a member's diagnosis or the necessity of the request and a member's special needs.

The Fund Supports These Types of Expenses:

Personal Health / Medical Supplies / Equipment

1. General / Medical needs - Expenses for equipment or services, which are necessities or make life more pleasant, and would not be required if the person did not have spina bifida and/or *related* hydrocephalus. * Only equipment and services purchased after the member has joined the SBHASA are covered.
2. Standard yearly dental cleaning/check-ups not covered (scaling, polish, fluoride etc.)
3. Items that improve the quality of life for individuals with Spina Bifida and/or *related* Hydrocephalus will be considered.
4. Items required for bowel and bladder care that are not covered by AISH, AADL, private insurance or FSCD (such as catheters, lubricant, vinyl gloves, suppositories, and enemas: diapers and wet wipes will only be covered for applicants over the age of three). Applicant's portion of AISH, AADL, private insurance or FSCD for bowel and bladder supplies may be submitted.
5. Any outsourced respite not covered by FSCD, PDD or any other source (receipts required).
6. Emergency personal expenses such as travel expenses from out of town when a person with spina bifida and/or hydrocephalus is hospitalized. This would also cover the rental of specialized equipment due to an emergency (e.g. special wheelchair, ramp, etc.)
7. Housekeeping Services (pre-approval basis only) may be utilized to improve the quality of life for individuals living independently with Spina Bifida and/or related Hydrocephalus and to assist with maintaining safety within the member's home, particularly post surgery. Reimbursement will be based on pre-approval, must meet volunteer requirements, and will be based on a maximum of 24 hrs per calendar

year at a rate of \$25 per hour. The receipt must include the address where the service was rendered; the service provider's name, address, and phone number; and confirmation of payment (e.g., a screenshot or copy of a bank or credit card statement). Cash payments are not accepted, and we will not pay the provider directly. Moving costs are not covered by SBHASA.

Recreational / Physical Activity

1. Any program or activity that promotes participation, health, and well-being.
2. Registration fees for Camp Freedom, supporting any individual with spina bifida / hydrocephalus.
3. Modified recreational equipment, such as hand-pedaled bicycles.
4. Programs that are already funded by SBHASA are not included.

Educational

1. Secondary education tuition costs, textbooks, tutoring fees covered. Grade school fees (grades K-12), instrument rental fees and lunchroom supervision fees not covered. SBHASA is happy to provide a support letter for member to request a waiver of fees from school board.
2. Educational accessories, such as electronic organizers, educational computer programs or teaching aids (recreational use excluded).
3. Electronic purchase (computer, tablet, watch or phone) purchase or repair held to a maximum of \$1,000.00 every 3 years.
4. This is calculated from actual purchase date to purchase date. (Example: If a computer purchase date is June 1/2024, the next eligible date would be June 1/2027). **Recreational use excluded, please provide details of education or employment requirements.

APPROVAL PROCESS

- Applications will be reviewed by member(s) of the SBHASA Executive Committee and notification of their decision will be made to the Applicant.
- Program funding cannot exceed the yearly budget amount. If requests surpass the budgeted amount, the Executive Committee shall at that time review the Funding Program and, if there are funds available, may implement changes, without notice.
- Funds may be advanced for emergency expenses at the discretion of the SBHASA.

GENERAL PRINCIPLES:

- Members should shop around for the best deal just as they would for their own purchases. Members are not to request funding support from SBHASA if they have also applied for support from any other disability group (example: Easter Seals, AISH, ASLI, AHC, Adaptive Sports Associations, Accessible Housing Society etc.). If a member receives AISH, please also check with them to see if your item(s) qualify for coverage before requesting reimbursement from SBHASA (ie ambulance bills, medical supplies, medication etc.).
- Members who receive equipment that is substantially paid for by the SBHASA are asked to consider recycling used equipment so other members can benefit.
- SBHASA will not cover return shipping and handling charges or restocking fees.
- Members will be invited to apply to the support fund 2x per year within each fiscal year and reimbursement will be dependent on whether volunteer requirements have been met. The total submissions not to exceed the yearly maximum.
- The name on each Funding Request will be revealed to the board but will remain confidential and not be included in the minutes.
- The SBHASA does not endorse products or services and is not to be held liable for any personal or property damage caused by the product or service funded (neither is the SBHASA responsible for repairs to the product).
- Members claiming under this fund are strongly encouraged to make a commitment of volunteer time to support the SBHASA where possible. Family or friends who volunteer on the members behalf contribute towards the member's minimum requirement. This includes activities such as helping to spread awareness of fundraising activities on individual social media outlets.