



ELDER SUPPORT APPLICATION FORM 2022

NOTE TO CITIZENS: Missing information will result in a delay of processing your request.

Date:	
Full legal name of Elder*:	
Date of Birth:	
Mailing address:	
Postal Code:	
Physical address (if different than mailing):	
Name of family member providing support:	
Phone number:	
E-mail address:	

***The Elder must be a registered Toquaht citizen and aged 55 years or older.**

ELDER SUPPORT DETAILS

Please note: receipt of application does not indicate approval for funding. Funding is subject to available budget and meeting policy criteria.

The Toquaht Community Services staff are available to help you prepare your application. It is advisable to talk with them prior to submitting an application.

Elders may be asked provide receipts or documented proof of the amount requested (e.g. conference fees) to support our financial records.

Whenever possible, monies will be paid directly to the vendor or supplier (if applicable).

Toquaht will not reimburse Elders for expenses paid prior to funding approval.

How much funding are you applying for under Elder Support?

(maximum \$500):

Please describe what you want to use this funding for this time. You may want to tell us the nature of the activity (i.e., conference, social group, traditional activity). How does this activity support your health (mental, physical, emotional, spiritual)?

Have you attached quotes from suppliers (*where applicable*, i.e., conference brochure or website, quote for joining a social group, quote for supplies)?

Yes
 No Not applicable

Wherever possible Toquaht will pay suppliers directly for goods and services. We will need to know the name, phone number, and address of the supplier you are working with.

When is the best time to contact you: Morning Afternoon Evening

Declaration:

I declare that the information given on this form is correct and complete to the best of my knowledge.

I understand that if I knowingly give information that is false I may be liable to prosecution and will be required to repay any assistance received. Also, if I knowingly give information that is false, it may result in disqualification for any future requests for financial assistance from the Toquaht Nation.

Name:

Signature:

Date Submitted:

This is a fillable pdf form. You may require a pdf reader to complete the form.

<https://www.foxitsoftware.com/downloads/>

Please save the completed form on your device.

Attach your completed document with supporting documents and send via email:

noreenf@toquaht.ca

TOQUAHT NATION OFFICE USE ONLY
Reviewed by:
<p>Citizen Support Policy Checklist:</p> <p>The Community Health Representative receives all requests, although the point of contact may complete an application with the citizen or representative.</p> <p><input type="checkbox"/> Requests should be date stamped when they are received.</p> <p><input type="checkbox"/> The CHR will review the application and identify if the application is complete or incomplete and requires more information.</p> <p><input type="checkbox"/> Is the person an Elder (55 years +) a registered Toquaht citizen?</p> <p><input type="checkbox"/> The CHR will contact the citizen or representative and advise them:</p> <ul style="list-style-type: none">○ The application has been received.○ Whether or not the application is complete.○ What is required to complete the application if it is not complete.○ The CHR should ask the following questions.<ul style="list-style-type: none">▪ Does the application include all information required to process payments? Names of suppliers?▪ Is the applicant eligible to receive funds? Are they a registered citizen? <p><input type="checkbox"/> The CHR will offer to have a phone interview with the citizen or representative if the application is incomplete to gather the information required.</p> <p><input type="checkbox"/> The CHR will advise the citizen or representative that until the application is complete it will not be processed.</p>

The CHR will send the application to the Director of Community Services for approval – if the DoCS is unavailable the Director of Operations can approve.

- Ensure correct coding
- Ensure funds are available to be allocated (check budget)
- Ensure application is complete – if incomplete send back to CHR

Once the application is approved, the CHR will place it on the shared drive with the supporting documentation. All documents will be combined into one single document wherever possible.

Remember to advise the citizen or representative that the application has been approved or denied.

The naming convention for Citizen Support Elder Assistance Policy applications is: ElderSupport_Citizen_date_citizenname – e.g. ElderSupport_2021-01-25_SmithS

Advise finance via email of the completed application, its location and who the payment will be made out to by Wednesday at 10am.

Interview notes:

Approved or declined:

Amount approved and coding:

Approved by:

Date:

Electronic File name: