

---

# LIFE AFTER 60

## FUNDING APPLICATION GUIDELINES

### Qualifications for Funding:

1. Seniors over the age of 60 years, who don't qualify for existing services provided by government sponsored funding, and / or don't have an extended care coverage package.
2. Seniors over the age of 60 years, who have exhausted other sources of financial assistance, and may be at risk financially, if they had to pay.
3. Family demographics (such as number of persons residing in home, expenses associated with the treatment / therapy / equipment over income), unavailability of private or public health plans, inability of extended family assistance.

### Requirements:

1. Regardless of the request, applicant / guardian must complete and sign the Life After 60 Fund Application.
2. Revenue Canada Notice of Assessments need to be provided for use as a guideline only.
3. Two (2) quotes may be necessary , for equipment and / or fee for services.
4. Current record of monthly income and expenses.
5. Letter of introduction describing the need for funding assistance.

A signed application confirms the applicant will agree to approval subjects, if any, such as:

- Not to sell or profit from the sale or disposition of equipment without Life After 60 Fund's consent. Every effort will be made to ensure equipment is disposed of responsibly and / or recycled, and / or given to another qualifying applicant.

### Granting Process:

- ⇒ Applicants will be advised in writing of their approval ( please allow up to 60 days)
- ⇒ Purchases of equipment and / or services are not to be undertaken until letter arrives, therefore, application may be in default and rejected
- ⇒ Funding is a one-time only opportunity every 2 years and subject to approval, on an individual basis.
- ⇒ Funding monies are given out at the discretion of the circumstances and on a individual basis; funded services may be paid directly to the service provider and / or the applicant.
- ⇒ We may, on occasion have discreet contact with mutual, like-minded funders and by signing your application, you give us permission to forward your name for consideration. We will advise you before hand, as we work with many groups that offer similar supports.

**Drop off/Mail applications directly: #4—155 Malcolm Drive, Quesnel, BC V2J 3K2**

---

# LIFE AFTER 60

## FUNDING APPLICATION

Date of Application: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
Email: \_\_\_\_\_  
Purpose of Request: \_\_\_\_\_

When is funding required: \_\_\_\_\_

Are you able to contribute any funds towards this request? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, how much? \_\_\_\_\_

Are you covered under BC Medical ? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Do you have Extended Care coverage? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you approached any other funders for assistance? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If you have not, we may discuss with you the agencies you could approach before this request goes into the approval process.

If yes, please provide those agencies :

Agency:	Contact Name/phone #	Approved/denied/pending
_____	_____	_____
_____	_____	_____
_____	_____	_____

We will not disclose any financial information to other funding partners without your permission.

### **MANADATORY: Have you attached?**

- Revenue Canada Notice of Assessment
- Record of monthly income / expenses
- Letter of Introduction describing your need for funding assistance

Signature of applicant / guardian: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Drop off/Mail applications directly: #4—155 Malcolm Drive, Quesnel, BC V2J 3K2**

---

# LIFE AFTER 60

## FUNDING APPLICATION FINANCIAL INFORMATION

Date of Application: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**How many members live in your home?** \_\_\_\_\_

**Income:**

Total Family Income, including all pensions, income assistance:	\$ _____
WCB / disability pensions	\$ _____
Investments	\$ _____
Income Assistance	\$ _____
Other	\$ _____
<b>Total</b>	<b>\$ _____</b>

**Expenses:**

Rent / mortgage	\$ _____
Utilities	\$ _____
Property Taxes	\$ _____
Loans	\$ _____
House / tenant Insurance	\$ _____
Medical premiums	\$ _____
Prescriptions	\$ _____
Over the Counter Medications	\$ _____
Sundries/clothing/personal	\$ _____
Food (including pet food)	\$ _____
Vehicle Insurance	\$ _____
Vehicle costs	\$ _____
Other	\$ _____
<b>Total</b>	<b>\$ _____</b>

Signature of applicant / guardian: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Drop of/Mail applications directly: #4—155 Malcolm Drive, Quesnel, BC V2J 3K2**