

KIN ASSIST

Application for Emergency Assistance

The KIN ASSIST Program is an emergency financial assistance program operated by the Kin Canada Foundation. It offers partial financial assistance to Canadian individuals or families impacted by extraordinary medical issues or emergency situations. Prior to submission of your application, it must be validated by a Specified Guarantor within your community. Every application is considered on the merits of the circumstances, the demonstrated need, and the money available within the program. Funding, up to a maximum of \$1500, is available at the discretion of the review committee. If you are approved, you will be provided with emergency financial assistance to help you address your crisis situation.

In some circumstances, KIN ASSIST may choose to make the payment directly to the identified supplier.

Only Canadian individuals may apply. Applicants applying under the “Extraordinary Medical Issues” category must be either the individual or a family member of an individual directly impacted (someone suffering from a disease or condition that significantly impacts their lives, and/or the lives of their immediate family). Applicants applying under the “Serious Emergency Situation” category must have been directly impacted by a significant incident that caused extended disruption to their daily lives.

If the Applicant is unable to complete this form due to a medical situation, it should be filled out by his/her Legal Guardian. Only a Legal Guardian is qualified to provide consent or apply on behalf of someone else. If you are applying as a Dependent or Legal Guardian, you must also provide your complete name and contact information on an attached sheet, and explain why you are applying on behalf of the Applicant. A Legal Guardian must also provide documentation demonstrating your authority to act on the Applicant’s behalf.

Applicants must meet the Age of Majority for the province in which you reside.

An individual or Family may only receive one Grant from the KIN ASSIST program every five years. Additional applications received from the same individual or family will result in the subsequent application being turned down automatically.

Applications must adequately describe the situation and impacts caused by extraordinary medical issues or emergency situations. Some points to consider when completing this application include:

Extraordinary Medical Issues

- Completely describe the situation?
- When did the situation occur?
- How does the situation impact you and your immediate dependents, financially or otherwise?
- How are you dealing with the situation?
- Describe the treatment plan / next steps.

Emergency Situation

- Completely describe the situation
- When did the situation occur?
- How does the situation impact you and your immediate dependents, financially or otherwise?
- How are you dealing with the situation?
- Do you have insurance coverage for the damage or loss incurred?
- Were you evacuated from the property due to the event? If so, for how long and have you returned to the residence?

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Once you have completed the application form, you must sign and date the Consent to Collect / Release Information section of the document. Only the Applicant or a Legal Guardian of the Applicant may sign this section.

The Applicant must then review and sign the Declaration section of the Application.

Finally, the completed Application must be reviewed and signed by the Specified Guarantor. This person is specifying that they are aware of the Applicant and the specific situation that you are communicating in your application. No grant can be presented unless this section is properly filled and signed.

A Specified Guarantor may be a local Police Officer, Doctor, Lawyer, Municipal Elected Official, or President of a local Kin Canada club.

When completed, and signatures affixed, the document may be scanned and sent via e-mail to kincanadafoundation@gmail.com

The Kin Canada Foundation offers this program to support those in need. If you are selected to receive a grant through this program, the money is provided to you as a gift. If you, at a later time, find yourself to be in a position that you are able to give back to your community, we encourage you to do so. This may be through a gift of time or money to another person in need, a donation to a local charity providing needed support within your community, or a donation back to the Kin Canada Foundation so that we may be able to continue supporting others in need. Tax Receipts are available for donations to the Kin Canada Foundation.

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Application For:	☐ Extraordinary Medical Assistance	☐ Serious Emergency Situation	
Applying on Behalf of:	☐ Self	☐ Dependent	☐ Other (Please Explain)

Applicant

Name:	Full Legal Name:		
Mailing Address:	Apt:	Bldg./House #	Street
	Town/City:	Province:	Postal Code:
Phone:	Home:	Cell:	Work:
E-mail Address:	E-Mail Address:		
Date of Birth :	(YYYY/MM/DD)		

Request Description (Add additional page if necessary):

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Consent to Collect / Release Information:

I hereby authorize the Kin Canada Foundation, or it's representatives, to disclose any personal information contained in this application or collected while evaluating this application, to other relief organizations and government officials who may have information useful to our review and verification of the eligibility process.

Signature of Applicant or Guardian:		Date: (YYYY/MM/DD)
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Declaration of Applicant:

I do solemnly declare that the foregoing representative statements are to the best of my knowledge, information, and belief, true in every particular detail, and I make this solemn declaration conscientiously, believing it to be true and knowing that it is of the same force and effect as if it is made under oath and by virtue of the Canada Evidence Act.

Signature of Applicant:		Date: (YYYY/MM/DD)
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Specified Guarantor

Name & Title:	Name:	Title:
	Phone:	E-mail Address:
Contact Info:		
Comments:		

Declaration of Specified Guarantor:

I am aware of the applicant and familiar with the situation described above and hereby confirm that the information communicated represents a true and complete account of the situation.

Signature of Specified Guarantor:		Date: (YYYY/MM/DD)
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