



Children's Fund: Oral Health Application

Program Information

Burns Memorial Fund for Children (BMFC) provides financial aid to children in low-income situations that have urgent or significant dental issues. The funding cannot be used to cover regular check-ups. Families do not need a referral, but a treatment plan provided by a dentist or dental clinic is required.

Funding is available to help with treatment costs that are not covered by Alberta Child Health Benefits or private insurance (i.e. certain surgeries and procedures). BMF is able to consider up to \$2,000 per family in dental requests within a three year period.

An application to the Oral Health Program is attached below. This application will be used to determine if children qualify for assistance. It is important to attach everything that is asked for, where applicable, or the application process will be delayed. If something is missing, please explain why.

After completing the attached application form, **please submit it along with copies of the following documents:**

1. **INCOME VERIFICATION** (e.g. two months of recent paystubs, employment insurance, Alberta Works statement, student loan, social assistance, AISH, etc.)
2. **ESTIMATE OF DENTAL COST AND TREATMENT**
3. **DOCUMENT SHOWING ADDRESS** (rental agreement, mortgage statement, or Calgary Housing statement).
4. **CANADA CHILD AND FAMILY BENEFIT STATEMENT** (showing net income)
5. **I.D. FOR CHILDREN** (Alberta Health Care Card(s) for children, Alberta Child Health Benefit Card, or Alberta Works medical card)

Note: Children must be 20 years old or younger and live in the City of Calgary (for at least the past 6 months) before applying to our Oral Health Program. Families must also meet low income guidelines.

Should you have any questions regarding the Oral Health Program or this application, please contact **Faye San Jose, Grants Coordinator**, via the information below.

Completed applications can be submitted via fax, mail, or email to:

Burns Memorial Fund
Kahanoff Centre
1120, 105 12th Avenue SE
Calgary, AB T2G 1A1

Phone: (403) 234-9396 | Fax: (403) 233-0513
fe.sanjose@burnsfund.com | www.burnsfund.com



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Family Information

FAMILY NAME

MAIN CONTACT PERSON'S NAME

ADDRESS

POSTAL CODE

(H)

(C)

EMAIL ADDRESS

PHONE NUMBER

PHONE NUMBER

NAME OF FIRST PARENT/LEGAL GUARDIAN

DATE OF BIRTH (DD/MM/YY)

JOB TITLE & EMPLOYER

NAME OF SECOND PARENT/LEGAL GUARDIAN

DATE OF BIRTH (DD/MM/YY)

JOB TITLE & EMPLOYER

MARITAL STATUS

LENGTH OF TIME APPLICANT HAS LIVED IN CALGARY

REFERRED BY?

HAVE YOU PREVIOUSLY APPLIED TO THE ORAL HEALTH PROGRAM? IF YES, WHAT YEAR?

CHILDREN LIVING AT HOME:

NAME	GENDER	DATE OF BIRTH (DD/MM/YY)



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Financial Situation

FIXED MONTHLY EXPENSES

RENT / MORTGAGE	
TELEPHONE	
UTILITIES	
NATURAL GAS	
FOOD	
VEHICLE COSTS	
BUS PASSES / TAXI COSTS	
DAY CARE / BABYSITTING	
MEDICAL	
EDUCATIONAL	
OTHER:	
TOTAL MONTHLY EXPENSES:	

FIXED MONTHLY INCOME

NET PAY FROM EMPLOYMENT	—
PARENT/LEGAL GUARDIAN 1:	
PARENT/LEGAL GUARDIAN 2:	
CANADA CHILD BENEFIT	
ALBERTA CHILD AND FAMILY BENEFIT	
STUDENT LOAN / FUNDING	
SOCIAL ASSISTANCE	
EMPLOYMENT INSURANCE	
PENSION	
MAINTENANCE FOR CHILDREN	
OTHER:	
TOTAL MONTHLY INCOME:	

ASSETS

VALUE

VEHICLES:		
REAL ESTATE		
R.R.S.P.		
SAVINGS		
OTHER:		
TOTAL ASSETS:	\$	



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Current Situation

Please describe your current financial situation, any insurance coverage, the nature of the dental treatment for your child/children, and any other information BMF should be aware of in the space below. Should you require more space, feel free to attach no longer than one separate page.



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LEGAL DECLARATION OF APPLICANT

I hereby make my application for financial assistance from the Burns Memorial Fund's Oral Health Program for my children; and I declare that:

- a) if my circumstances as outlined in this application should change during the granting process, I will notify Burns Memorial Fund;
- b) I have truthfully and fully disclosed my financial situation to the best of my knowledge and give permission to Burns Memorial Fund to disclose my information in order to verify my circumstances;
- c) I consent to the disclosure and release by the referring agency of any information relevant to and required by Burns Memorial Fund with respect to my application for assistance;
- d) I give my expressed consent to be contacted via email by the Burns Memorial Fund. (If you do not wish to give your expressed consent for email correspondence, please let us know at unsubscribe@burnsfund.com);
- e) I make this declaration conscientiously believing it to be true and complete, and of the same force and effect as if made under oath;

SIGNATURE OF APPLICANT

DATE

BURNS MEMORIAL FUND FOLLOWS LEGISLATED GUIDELINES FOR PRIVACY

If filling this form out online, please ensure you print and sign this page to complete your application.

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