



Giving Hope

FERTILITY ASSISTANCE FUND

162-2025 Corydon Avenue, Suite 136
Winnipeg, Manitoba
R3P 0N5

GENERAL INFORMATION & INSTRUCTIONS

The Giving Hope Fertility Assistance Fund (the “Fund”) is a non-profit organization created to educate and increase the understanding of the public on the incidence and etiology of infertility in Canada and to provide financial support for fertility treatments to Manitobans who have a confirmed diagnosis of infertility by the Heartland Fertility & Gynecology Clinic and who demonstrate adequate need for financial assistance.

Each application for financial assistance through the Fund is reviewed, and financial assistance granted, based on a number of criteria including the specific financial circumstances of the successful applicants, the availability of funds as well as other factors which may be established and/or changed by the Fund in its discretion from time to time. All applications are reviewed on their own merits and the decisions made by the Giving Hope Fertility Assistance Fund are final. If your application is not successful, you are free to reapply after six months provided your personal situation has changed within that time period.

- To make an application to the Fund, you must first meet with your attending physician at the Heartland Fertility & Gynecology Clinic to ascertain whether you meet certain medical criteria set by the Fund.
- By making application for financial assistance to the Fund, you are consenting to allow your medical and financial records to be reviewed by the Fund for consideration of your application. All applications and related personal and medical information are strictly confidential and will only be used for the purpose of reviewing eligibility for financial assistance.
- Please note that, in addition to the financial information requested in this application, the Applicant(s) is/are required to submit copies of an up-to-date Income Tax Notice of Assessment AND employment pay stub (if employed) with this application.
- Please note that it may take several months for your application to be completely reviewed. You will then be contacted by mail with respect to the outcome of your application. If your application is successful, the grant amount(s) (which may be less than the amount you have requested in your application) will be paid directly by the Fund to the Heartland Fertility & Gynecology Clinic and credited to your account at the Heartland Fertility & Gynecology Clinic. Grant funds must be used within a period of one year of being advised that the funds are available or they will be returned to the Fund. If your application is not successful, the Fund's decision cannot be appealed and the Fund has no obligation to provide its reasoning for refusing your application.
- The Applicant must be the individual who would undergo treatment at the Heartland Fertility & Gynecology Clinic- i.e. the individual seeking to become pregnant. The Co-Applicant, if any, would be the Applicant's spouse/partner. If the Applicant has a spouse/partner, this person must be included as the Co-Applicant and must consent to the collection and review of their personal information as well.
- Your completed application should be mailed to the Fund at the address above.
- If you have further questions regarding the Giving Hope Fertility Assistance Fund, please do not hesitate to speak to your attending physician at the time of your next visit to the Heartland Fertility & Gynecology Clinic.

Please Initial Each Page of This Application

Applicant

Co-Applicant

PLEASE PRINT CLEARLY AND LEGIBLY

APPLICANT (must be female and a resident of Canada)

Full Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Daytime Tel: _____ Evening Tel: _____
Please include area code Please include area code

Birth Date: _____
Month Day Year

How long have you been living in Manitoba? _____

Are you a Canadian citizen? YES NO If No, are you a landed immigrant? YES NO

Do you, the Applicant, already have any children by birth, adoption or fostered, whether residing with you or elsewhere?

YES - No. of Children ____ NO

Have you undergone any sterilization procedure in the past?

YES – Explain: _____
 NO

Have you previously applied for financial assistance to the Giving Hope Fertility Assistance Fund?

YES NO

CO-APPLICANT (Spouse/Partner)

Full Name: _____

Complete following ONLY if different from Applicant

Address: _____

City: _____ Prov: _____ Postal Code: _____

Daytime Tel: _____ Evening Tel: _____
Please include area code Please include area code

Do you, the Co-Applicant, already have any children by birth, adoption or fostered, whether residing with you or elsewhere?

(Do NOT include children already listed above by the Applicant.)

YES - No. of Children ____ NO

Have you undergone any sterilization procedure in the past?

YES – Explain: _____
 NO

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REQUEST FOR FINANCIAL ASSISTANCE

What is the total cost of the treatment that has been recommended for you? \$ _____

How much of this total cost do you feel you can pay yourself and/or obtain from other sources? \$ _____

How much financial assistance are you requesting from the Fund? \$ _____

Have you explored other sources of financing to pay for your fertility treatments (bank loans, loans from family members, selling assets, etc.)?

YES NO

If yes, please provide details:

Do you and/or the Co-Applicant have drug insurance coverage under which fertility medications are eligible for coverage?

YES NO

If yes, what amount of coverage would you expect? (Please provide as complete an answer as possible. You may wish to consult the benefits guide for your plan and/or call your insurance provider.)

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MEDICAL INFORMATION

Since when have you been trying to become pregnant? Month _____ Year _____

Have you had any previous treatment for infertility? YES NO

If YES, provide details regarding the treatment(s) including the date and location (clinic/hospital, etc.):

Date of Treatment	Location	Treatment Description/Details

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EMPLOYMENT & FINANCIAL INFORMATION

Please note that, in addition to the financial information requested in this application, the Applicant(s) is/are required to submit copies of an up-to-date Income Tax Notice of Assessment AND employment pay stub (if employed) with this application. If a pay stub is not available, a letter from your employer stating your monthly gross salary and any other remuneration or benefits will be accepted. (Note: Employer letters subject to verification.)

APPLICANT

Current Occupation: _____

Current Employer: _____

Employed Since: Month: _____ Year: _____ Gross Monthly Salary: \$ _____

Previous Employer: _____
(if less than 3 months in current position)

CO-APPLICANT

Current Occupation: _____

Current Employer: _____

Employed Since: Month: _____ Year: _____ Gross Monthly Salary: \$ _____

Previous Employer: _____
(if less than 3 months in current position)

Please indicate all other additional sources of income, if any:

<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant	Source	Gross Monthly Amount
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____

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RESIDENCE AND/OR OTHER REAL ESTATE OWNED

Please provide details about any and all real estate properties owned by the Applicant(s):

Property Address	Type (Residential, Rental, Commercial)	Value of Property	Total Amount of Mortgage	Monthly Mortgage Payment	Monthly Property Tax	Monthly Condo Fees and/or Utilities

If you rent your residence, please indicate: Monthly Rent: \$ _____

Total Monthly Utilities: \$ _____

VEHICLES

Please provide details about any and all vehicles owned/leased by the Applicant(s):

Make/Model/Year	Value	Amount Owning & Financial Institution	Monthly Payment	Lease Payment

BANK ACCOUNTS

Please provide details about any and all of the Applicant(s) bank accounts:

Type of Account	Financial Institution	Balance in Account

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INVESTMENTS

Please provide details about any and all of the Applicant(s) investments including RRSPs, mutual funds, stocks, bonds, business interests or investments, etc.:

Types of investment	Financial Institution	Fair Market Value

LOANS & LIABILITIES

Please provide details about any and all of the Applicant(s) loans, lines of credit or other liabilities (not including mortgages and credit cards):

Amount of Loan/Line of Credit	Financial Institution	Monthly Payment

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CREDIT CARDS

Please provide details about any and all of the Applicant(s) credit cards:

Card Type	Financial Institution	Monthly Balance	Monthly Payment

OTHER FINANCIAL INFORMATION

Is there any other financial information or circumstances you would like the Fund to consider when reviewing your application? If yes, please provide details:

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PLEASE READ CAREFULLY AND SIGN

By signing below, and in consideration of the Giving Hope Fertility Assistance Fund (the "Fund") reviewing my/our application, I/we hereby:

- (i) declare that all of the information provided in this application form, including without limitation all financial, health and medical information (collectively, my/our "Application Information"), is true and accurate to the best of my/our knowledge and belief;
- (ii) understand that, in the event that any of my/our Application information should at any time prove to be untrue and/or inaccurate and/or fraudulent, the Fund may at its discretion disqualify this application and/or rescind any unused portion of any grant funds allocated to me/us and/or pursue me and/or us for repayment of any used portion of any grant funds provided;
- (iii) consent and authorize the Fund to collect, review and use all other personal information and records, including without limitation health, medical and financial information and records about me/us (my/our "Other Personal Information") that is held by other organizations and/or financial institutions, including without limitation any credit bureau or other health care providers, as the Fund may deem necessary for the purposes set out herein;
- (iv) understand, consent to and agree that my/our Application Information and my/our Other Personal Information (collectively, my/our "Personal Information") will be collected and used by the Fund for the purpose of verifying my/our Application Information, determining whether to approve this application, to prevent and detect fraud; and to administer the grant program operated by the Fund;
- (v) understand and agree that my/our Personal Information will be collected, reviewed and used by those members, directors, employees, volunteers, agents, associates and/or contractors of the Fund that the Fund deems necessary for the purposes set out herein;
- (vi) authorize and consent to the disclosure by the Fund of any or all of my/our medical information (which for the purposes hereof includes any information pertaining to my/our health, health care history, prior medical procedures, funds paid or made available to me/us for health or medical procedures or treatment and any other information which can reasonably be considered medical in nature or which otherwise may pertain to my/our health) to the Heartland Fertility & Gynecology Clinic (the "Clinic") as the Fund deems necessary for the purposes set out herein;
- (vii) authorize and consent to the retention of my/our Personal Information by the Fund and my/our medical information by the Clinic;
- (viii) acknowledge that my/our Personal Information is protected by *The Freedom of Information and Protection of Privacy Act* of Manitoba and *The Personal Health Information Act* of Manitoba and that I/we hereby provide all consents and authorizations to the Fund and/or the Clinic as may be required under such legislation by the Fund for the collection, use and retention of my/our Personal Information and by the Clinic for the collection, use and retention of my/our medical information;
- (ix) agree to and do hereby irrevocably and unconditionally release, discharge and hold harmless in perpetuity the Fund and the Fund's members, directors, employees, volunteers agents, associates, and contractors and each of their respective successors, assigns, heirs and legal personal representatives from any and all liability for all possible claims, demands, damages, suits, actions and causes of actions which I/we may have at any time and from time to time or may be entitled to in connection with, or in any way relating to, whether directly or indirectly from: (i) the review and processing of this application; (ii) the refusal of the Fund to accept this application for any reason, including for no reason; (iii) the provision of grant funds by the Fund to me/us should this application be accepted; (iv) the use of such grant funds by me/us; and/or (v) any and all treatment, information and/or advice provided by the Clinic to me/us and/or any failed in-vitro cycle, pregnancy and/or child that may result from any such treatment, including without limitation any

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death, injury, disease, illness, disability or loss that may result therefrom or to such child (and this release is also given by us for and on behalf of, and as parents for, such child), notwithstanding that such treatment, information and/or advice may have been provided negligently or otherwise, it being acknowledged and agreed that the Fund is solely an entity providing grant funds to successful applicants and is in no way connected to or associated with the Clinic or the treatments provided by the Clinic;

- (x) understand that any grant funds allocated to me/us will be determined by the Fund in its sole discretion and may be less than the amount requested in my/our application, may only be applied to treatments approved by and conducted through the Clinic, will be paid directly to the Clinic, and must be used within a one year period following the date of notification to me/us of the grant being provided;
- (xi) acknowledge and agree that the selection of applicants is at the sole discretion of the Fund and that criteria for selection may change from time to time without notice to me/us and that the Fund has no obligation to disclose the reason for rejecting my/our application and that I/we will have no recourse whatsoever or right of appeal to the Fund in the event my/our application is rejected.

I/we confirm that I/we have fully read, understood and agreed to each of the terms hereof in proceeding with my/our application.

Dated this ____ day of _____, 20 ____

APPLICANT: X _____

CO-APPLICANT: X _____

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