



## APPLICATION FOR THERAPY GRANT

### **What is the Breaking Free Foundation Grant?**

The main focus of the Breaking Free Foundation is to help make trauma healing more accessible for everyone. One of the ways in which we are doing this, is through our therapy grant program, which allows approved candidates to receive designated therapy services, paid for via our foundation.

### **The BFF is meant to:**

We want to be a trusted online hub that connects the community to resources and support for those who have experienced trauma, and those who want to learn more.

Our second goal with BFF is to make trauma healing accessible to everyone, regardless of economic status. Healing is possible, and the tools and resources to help should be available to everyone.

We want to pave the road for trauma healing and create valuable conversations about mental health, trauma and abuse. Removing the stigma, starting the healing, one day at a time.

### **How do I apply?**

You must send a separate application for each grant.

Send your completed application, along with a quote of fees from your chosen provincially certified professional therapist or a therapist can be assigned to you.

Breaking Free Foundation

1206 – 20 Avenue SE

Calgary, AB T2G 1M8

### **Is there a deadline?**

BFF has two grant approval deadlines per year. You must submit your completed application by **June 30 or December 31** of the calendar year.

### **What is the maximum amount I can receive?**

The maximum amount payable to an eligible recipient per approved application is \$750. There is a \$1,500 lifetime maximum per individual.

### **Basis and timing of payment:**

Please note that by applying for a therapy grant, you are authorizing BFF to contact your therapist to confirm/verify the information provided and for other purposes necessary to the administration and enforcement of the grant.

Upon approval of the application, payments will be made directly to the registered therapist as per invoices submitted by the psychologist.

## PART 1 – APPLICANT INFORMATION

\*Mandatory fields must be completed by applicant

*1. Last Name	*2. First Name
*3. Date of Birth ( <i>dd-mm-yyyy</i> )	*4. Social Insurance Number
*5. Permanent Home Address ( <i>include street address, city/town, province/territory and postal code</i> )	6. Mailing address ( <i>if different from Permanent Home Address, include street address, city/town, province/territory and postal code</i> )
*7. Telephone Number	*8. Email Address
*9. Have you applied for a grant with BFF previously?  YES / NO	*10. If you answered yes, when?

The BFF is receiving many requests for support; unfortunately we cannot meet everyone's needs. In trying to assess where our limited support can potentially do the most good, we have prepared five questions.

## PART 2 – APPLICANT QUESTIONS

1. Briefly, please describe how you think counselling or therapy will help you.

2. If you feel your counselling or therapy will help other people as well as yourself, please describe.

3. If you have received counselling or therapy before, what was it like for you?

4. If you already have a counsellor or therapist in mind who you would like to be working with, please describe.

5. Is there any additional information you think the BFF should be aware of?

Proceed to PART 3 if you know of a therapist that you would like to work with. BFF will require the therapist provide a quote outlining their fees and therapeutic services (please include the original copy with your application). **Please note the therapist must be certified to practice in the Province of Alberta.**

Proceed to PART 4 if you do not have the name of a therapist, if your application is approved a therapist will be assigned to you. Are you comfortable with this arrangement?

YES / NO    If you answered yes, please initial here \_\_\_\_\_

If you answered no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 3 – THERAPIST INFORMATION**

1. Name of Provincially Certified Therapist and License #	
2. Full Address ( <i>include street address, city/town, province/territory and postal code</i> )	
3. Telephone Number	4. Fax Number
5. Email Address	5. Website

**PART 4 – DECLARATION**

- The information I have provided in this application and supporting documentation is true, accurate, and complete in every respect.

- If the information described above is inaccurate, false or misleading, I may be required to repay all or some of the financial assistance I receive.

\_\_\_\_\_

Applicant's Signature and Date

**PRIVACY STATEMENT**

The information you provide will be maintained in strict confidence, and whether or not we can help provide financial support at this time, we wish you health and healing always.

**FOR OFFICE USE**

The above application for grant therapy is:

Approved

Not Approved

BFF approval is for:

1<sup>st</sup> application of therapy

2<sup>nd</sup> application of therapy

Approved Therapist and License #:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Approved by: \_\_\_\_\_

Payment type and dates: \_\_\_\_\_