

## **H.I.K.E. Fund (Canada) Introduction**

**H.I.K.E. Fund (Canada)**, or the **Hearing-Improvement Kids Equipment Fund**, is a registered non-profit Canadian charity. It was formed in 1990 as the philanthropic project for Jobs Daughters International, a girl's leadership organization, as way of assisting children with hearing loss from birth to twenty years of age, achieve a better quality of life. It provides hearing assistive devices for families in financial need.

H.I.K.E. Fund (Canada) is maintained and managed by a group of adult volunteers who strive to return as much of our resources as possible directly back to communities. By grants given to families in financial need, we are able to assist their children hear the world around them, achieve success in school and acceptance socially. These grants are awarded to registered audiologists or hearing clinics on behalf of the family making the application for their child. **PLEASE NOTE; At no time is a photo, name or place of residence released to the public or press without your permission.**

Applications must include a prescription for a specific hearing device accompanied by a quote for cost.

Following is a list of the forms that must be completed when applying for a Grant.

Page 1- Introduction

Page 2 - H.I.K.E. Fund (Canada) Application Form General information.

Page 3 - Financial Disclosure Form, outlines monthly Income from all sources.

Page 4 - Monthly Expense, - show all expenses per month as listed.

Page 5 - H.I.K.E. Fund Checklist. Yours to follow to assure that you have attached all necessary documents

As a not for profit organization H.I.K.E. Fund (Canada) accepts donations from the public and corporate organizations. All donations will receive an official tax receipt. For more information contact;

Jackie Cutting, Grant Coordinator,

Email, [cuttingjackie@hotmail.com](mailto:cuttingjackie@hotmail.com) : phone 403-230-0829

530-9 Ave. N.E. Calgary, Alberta T2E-0W1

## H.I.K.E. FUND (Canada) Application form

**\*PLEASE PRINT**

Date of application: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name(s) of parent/ guardian(s): \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Type of device needed: \_\_\_\_\_

Referring Physician or Audiologist: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal code: \_\_\_\_\_ Telephone number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Name of supplier if different from physician or audiologist listed above:

\_\_\_\_\_

Address: \_\_\_\_\_ City /Town: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**N.B. As resources are limited, the amount of the grant given by H.I.K.E. Fund (Canada) may not meet the entire amount requested. If that is the case, and additional funds are needed by the applicant to secure the needed device, H.I.K.E. Fund grants will only be given when they are combined with funds from other sources. Cheques are issued ONLY to the audiologist or clinic supplying the device.**

## Financial Disclosure Form

**\*PLEASE PRINT**

Name of person completing this form: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of people living at this address: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

**Names of those in the household employed and their employers.**

Name: \_\_\_\_\_ employed at: \_\_\_\_\_

(relationship to child) \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ employed at: \_\_\_\_\_

(relationship to child): \_\_\_\_\_ Address at: \_\_\_\_\_

**If there is more than one adults living at this address who is employed outside the home, please list on a separate sheet.**

**Gross Monthly Income: Please attach your most recent income tax (T4) form.**

Income from salary /wages: \$ \_\_\_\_\_

Social assistance: \$ \_\_\_\_\_

Child Tax Benefits: \$ \_\_\_\_\_

Alimony or child support: \$ \_\_\_\_\_

Rental income: (if any) \$ \_\_\_\_\_

Investment income: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_

**Total Monthly Income:** \$ \_\_\_\_\_ (from all sources)

Monthly Expenses

**\* PLEASE PRINT**

**Please support expenses with receipts/bank statements or monthly invoices, photo copies are acceptable.**

**Do you rent or own: Monthly Rent: \$ \_\_\_\_\_**

**or Mortgage: \$ \_\_\_\_\_**

**Car Loan payments: \$ \_\_\_\_\_**

**Car Insurance: \$ \_\_\_\_\_**

**Home or renter's insurance: \$ \_\_\_\_\_**

**Transportation expenses: \$ \_\_\_\_\_**

**Utilities: \$ \_\_\_\_\_**

**Telephone: land line \$ \_\_\_\_\_**

**Cell phone: \$ \_\_\_\_\_**

**TV and Internet: \$ \_\_\_\_\_**

**Health care expenses \$ \_\_\_\_\_**

**Groceries; (approx.) \$ \_\_\_\_\_**

**Clothing: (approx.) \$ \_\_\_\_\_**

**Other costs not included above: \$ \_\_\_\_\_**

**Total Monthly Expenses: \$ \_\_\_\_\_**

**Applicants declaration: "The financial information provided herein is to the best of my knowledge, accurate and complete."**

\_\_\_\_\_  
**Signature of parent or guardian.**

\_\_\_\_\_  
**Date**

**HIKE Fund (Canada) Application checklist**

**Name of person making application: \_\_\_\_\_**

**Read these instructions very carefully. H.I.K.E. Fund (Canada) must receive a completed applications before processing and awarding grants. Use the checklist below to make sure you have included all necessary documents.**

**Have you included the following!**

\_\_\_\_\_ **1. The completed application forms.**

\_\_\_\_\_ **2. A letter from the parent or guardian fully explaining the financial need, and telling us something about the child. If this letter is not from the parent or guardian please explain why it is not.**

\_\_\_\_\_ **3. A completed Financial Disclosure Form. Copy of tax return/T4: proof of child tax credit benefit: EI statements (if applicable): any other supporting documents (such as bank statements, phone and utility bills: fuel bills: loan payments: transportation costs etc. Photo copies are acceptable. The more you submit the easier to understand the need.**

\_\_\_\_\_ **4. The recent audiogram and the prescription for the hearing device needed as provided by a physician or licenced audiologist.**

\_\_\_\_\_ **5. An itemized quotation for the hearing assisted device and incidental expenses to include an identification of and pricing for the recommended assistive listening device. This is to be submitted on official letter head from the audiologist or clinic and must contain contact information of a person familiar with the proposed recipient.**

**If you have any questions please contact: Jackie Cutting, 403- 230-0829 or e-mail to [cuttingjackie@hotmail.com](mailto:cuttingjackie@hotmail.com). Forward the application package including checklist to:**

**Jackie Cutting, Grant coordinator  
530-9 Ave. N.E.  
Calgary, AB T2E 0W1**