

Financial Support Application

Name:

the name you want people to call you

<i>(optional)</i> Pronouns:	
Birthdate:	include the day, month, and year.
Phone Number:	
Mailing Address: Include your street address, city, and postal code.	
Email Address:	
<i>(optional)</i> Circle any of the following identities that are true for you:	<p style="text-align: center;">Indigenous</p> <p style="text-align: center;">Black</p>

Tell us about what you need financial support to pay for, what it will cost, and when you need the money. Here are some examples: course or tuition fees, professional development, textbooks, lab fees, cultural, wellness, and social activities, health expenses that are not covered by private or public insurance plans, fees that are required for identification or government processes, groceries, costs to look for a job, rent and/or moving costs, childcare costs, monthly bills, and materials and supplies, including clothing.

You can fill this section out by writing in bullet points or in a paragraph, or filling out the table.

<i>What I need:</i>	<i>What it costs:</i>	<i>When do you need it? / Is it urgent?</i>
<i>Example</i> <i>rent for October First Aid Course</i>	<i>\$525 \$110</i>	<i>This is urgent - rent is due Oct 1. I can take the course anytime in 2021.</i>

Agreement between you and YouthCO

Financial support programs are regulated by the federal government, and in some cases, require us to provide youth with documentation to be submitted as part of filing taxes. YouthCO will let all youth know about the details of this documentation when discussing your application.

YouthCO needs to confirm each applicant's age and HIV and Hep C status as part of this application. Please choose one of the following options to confirm your age and HIV and/or Hep C eligibility for these financial supports:

- I have accessed Positive Programs at YouthCO in the past five years** (you don't need to do anything else – YouthCO will already have confirmation of your status and age!)
- I asked one of my healthcare providers or support workers to contact YouthCO directly** to confirm my HIV and/or Hep C status and age
- I am including a completed eligibility form (page 4), signed by a healthcare provider or support worker** to confirm my HIV and Hep C status and age

YouthCO is currently only able to provide financial supports to youth who are experiencing financial barriers or challenges. YouthCO provides financial support to youth who are based in British Columbia most of the time.

By submitting this application to YouthCO, I confirm that:

- I am 29 years old or younger today,
- Most of the time, I live in British Columbia,
- I am currently living with HIV and/or Hepatitis C,
- I have financial barriers or challenges, and will use this money to meet my needs
- The information I provided here is true.

Signature (or, type I AGREE):

Date

Optional: Payment Information

You may choose to provide your financial information with your application, or wait to hear from YouthCO as to whether your application will be accepted.

YouthCO processes payments by direct deposit or by mailing cheques. Direct deposit is a faster way for us to make payments than mailing cheques. **Please complete ONE of the sections below depending on**

Cheque mailed to the below address:

In our experience, banks only accept cheques that matches the name on the bank account. **Please let us know what name to use on the cheque**, if it is different that the name you provided above. We will only use this name when processing payments.

Where would you like us to mail this cheque? It will not have any information about YouthCO on the outside of the envelope.

Mail the cheque to the same address as above

Mail the cheque to the address below:

Street Address and Apartment Number: _____

City: _____

Postal Code: _____

Direct deposit to my bank account information, provided below

In our experience, banks only accept cheques that matches the name on the bank account. **Please let us know what name to use when sending a direct deposit**, if it is different that the name you provided above. We will only use this name when processing payments.

Please attach a VOID cheque or a direct deposit authorization slip from your bank account. Or, you can fill out the information below if you know it.

The Name of Your Bank: _____

Institution Number: _____

Transit Number: _____

Account Number: _____

Optional: Eligibility Form

This form only needs to be filled out for youth who have not previously been part of YouthCO's Positive Programs who chose to complete this form to confirm age and HIV/Hep C status.

Youth Name:		
Youth Birthdate: (MM-DD-YYYY)		
I confirm this youth is living with HIV or Hep C:	yes	no
Today's Date:		
Health Care Provider / Support Worker's Full Name:		
Best Way to Contact:		
Signature of Provider / Support Worker:		

YouthCO will only use this information to confirm eligibility for financial support. This information will be kept strictly confidential and will be destroyed after HIV/Hep C status and age is confirmed. Should you have any questions or concerns regarding YouthCO's Privacy Policy, please visit www.youthco.org/privacy or contact us at 604-688-1441 or info@youthco.org.