

Garment Assistance Fund Application Form

DEADLINE:

October-April - Recipients(s) awarded in March

March-September - Recipient(s) awarded in October



PLEASE PRINT THIS FORM AND SUBMIT WITH YOUR APPLICATION

Date: _____

Full Name: _____

Mailing Address: _____

Email: _____

Telephone: _____

Checklist for eligibility criteria and application requirements are as follows:

- A resident of Manitoba - Choose one of the following: Driver's License, Manitoba Health Card, Utility Bill or Credit Card Bill
- Provide prescription for medical grade compression from an authorized health care prescriber ie. Physician or certified lymphedema therapist
- Provide a letter of reference from a qualified garment fitter, certified lymphedema therapist, or physician demonstrating the need of the Compression Assistance Grant
- Provide a written quote from a qualified garment fitter or garment supplier for the garment required.
- Best demonstrate in a 200 word biographical essay as to how you developed lymphedema, what you are currently doing to manage your lymphedema, how it has affected you (negatively/positively), and how the compression compassion grant will help you*

Please submit completed application with all supporting documents to:

lymphmanitoba@gmail.com

Or Mail to: PO Box 70047, Kenaston Blvd, Winnipeg MB, R3P 0X6