St. Andrew's Society of Montreal
Request for Assistance

Please print. If you need more space for your answers, please use the last sheet.

Family Name: _____ _____ First name_____

Address: _____
Street Apt. City Postal Code

Home Telephone: ☐☐☐-☐☐☐-☐☐☐☐ Other: ☐☐☐-☐☐☐-☐☐☐☐

Are you a member of the Society? Yes ☐ No ☐

Are you the spouse, widow(er) of a former member? Yes ☐ No ☐

Name of the individual or organization that referred you to us _____

Scottish Ancestry

Place of birth:_____ Age: _____

Do you have any personal or family documents that attest to your Scottish ancestry? Yes ☐ No ☐

Please describe your Scottish ancestry. Include names, date and place of birth where possible.

☐Mother_____ _____

☐Father_____

☐Maternal Grandmother_____

☐Maternal Grandfather_____

☐Maternal Great Grandmother_____

☐Paternal Grandmother_____

☐Paternal Grandfather_____

☐Paternal Great Grandmother_____

☐Paternal Great Grandfather_____

Reason for request for assistance

What circumstances have led to this request for financial assistance?

_____

_____

_____

_____

Civil Status and Household Composition

Are you □ single □ married □ separated □ divorced □ widowed □ common law relationship

Do you live alone? Yes □ No □

Name of Spouse/Partner _____ Age :_____
Last name first name

Please provide the names and dates of birth of children under 18 living at home.

Name:_____ Age :_____

Name:_____ Age :_____

Name:_____ Age :_____

Name:_____ Age :_____

Please provide the names and date of birth of children over 18 living at home.

Name:_____ Age :_____

Name:_____ Age :_____

Name:_____ Age :_____

Other dependents living with you:

Name:_____ Relationship_____ Age :_____

Name:_____ Relationship_____ Age :_____

Employment Status

Are you currently employed? Yes □ No □ Is this a temporary □ or permanent situation □ ?

Are you currently seeking employment? Yes □ No □

Do you or your spouse/partner hold a second job? Yes □ No □

Is your spouse/partner currently employed? Yes □ No □ Is this a temporary □ or permanent situation □ ?

Is your spouse/partner currently seeking employment? Yes □ No □

Financial Situation

How many people contribute to the total family income? _____

Monthly Household Income

Welfare		DVA pension		Monthly salary	
Unemployment		Canada Family Allowance		Other assistance	
Quebec pension		Quebec Family Allowance			
Canada pension		Alimony			
Company pension		Child support		**Total**	

Monthly Household Expenses

Rent		Cable /internet		Prescriptions		Mortgage	
Electricity		Telephone		Clothing		Alimony	
Heating		Food		Childcare		Child Support	
Telephone		Transportation		Debt		**Total**	

Health

If your request for financial assistance is related to a health condition, we need the following information.

If you are receiving treatment, please indicate the hospital._____

Please describe any health conditions that affect your ability to work._____

_____

_____

_____

Treatments or medications not covered by Medicare_____

_____

Is there any other information that will help us assess your request?

_____

_____

_____

_____

_____

To the best of my knowledge, the information that I have supplied is true.

*Signature*_____ *Date:*_____

Would you be able to provide documentation to support your request for financial assistance? Yes □ No □

Do you have any objection to a home visit? Yes □ No □

The information you have provided will be used to assess your eligibility and level of need. It is confidential.

St. Andrew's Society of Montreal
1195 Sherbrooke Street
Montreal, Qc.
H3A 1H9

PLEASE FORWARD THE COMPLETED APPLICATION TO:

Email: info@standrews.qc.ca

COVER LETTER FOR HOSPITAL REFERRALS

Please complete this form and submit it with the application.

Name of the social worker _____ Telephone:_____ext._____

Email:_____

Name of hospital:_____

Patient's name:_____

How long have you known the patient?_____.

Prognosis::_____

_____

_____

When was this condition diagnosed?_____

Currently hospitalized? Yes □ No □

Attends a day clinic? Yes □ No □

How often?_____

Treatment Schedule:_____

_____

_____

Amount Requested:_____

Does Cedars or any other organization providing assistance? Yes □ No □

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