



Compassionate Subsidy Application Form

HCSS – Compassionate Subsidy Program

Thank you for reaching out to us for assistance. Please complete this form to apply for compassionate subsidy support. We understand that you may be going through a difficult time, and we are here to help. Please ensure all required fields are filled in and supporting documents are attached.

1. Personal Information

Submitted by: _____

- Full Name of Client: _____
- Client Number (GoldCare): _____
- Date of Birth: _____
- Address: _____
- City: _____ Province/State: _____
- Postal Code/Zip Code: _____
- Phone Number: _____
- Email Address: _____
- Preferred Method of Contact: ☐ Phone ☐ Email ☐ Other: _____

2. Details of the Crisis or Hardship

- Please briefly describe the crisis or unique circumstances you are currently facing that require assistance:
(e.g., medical emergency, job loss, family tragedy, natural disaster, etc.)
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- **How long has this crisis been affecting you or your household?**
☐ Less than 1 month ☐ 1-3 months ☐ 3-6 months ☐ More than 6 months
 - **Do you expect this situation to resolve within the next few months?**
☐ Yes ☐ No ☐ Unsure

Please explain:

3. Financial Information

- **Total Income (before tax, monthly):** _____
 - **Total Household Income (before tax, monthly):** _____
 - **Are there dependents?**
 - **Other Household Members:**
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- **Please provide a summary of your monthly expenses (rent, utilities, food, etc.):**
 - **Rent/Mortgage:** _____
 - **Utilities (water, electricity, etc.):** _____
 - **Groceries/Food:** _____
 - **Transportation:** _____



- **Healthcare/Medical Expenses:** _____
- **Other (please specify):** _____

4. Supporting Documents

Please attach the following documents to your application (you can provide copies or digital scans):

- **Identification:** (e.g., government-issued ID, passport, etc.)
- **Proof of the Crisis or Hardship:** (e.g., medical records, employment termination letter, hospital bill, police report, etc.)
- **Proof of Income:** (e.g., recent pay stub, tax return, notice of assessment, unemployment benefit statement, etc.)
- **Other Relevant Documents:** (e.g., letter from a social worker, reference from a community organization, etc.)

5. Temporary Nature of Need

- **Please explain how you plan to regain financial stability and how long you anticipate needing this subsidy:**



6. Additional Information

- **Is there anything else you would like to share with the Compassionate Subsidy Review Committee about your situation?**

7. Consent and Acknowledgement

By submitting this application, you consent to the review of your application by the **Compassionate Subsidy Review Committee** and agree to the following terms:

- All information provided is true and accurate to the best of your knowledge.
- You understand that all personal information will be kept confidential and used solely for the purpose of assessing your eligibility for the subsidy.
- If approved, you agree to allow us to monitor the use of the funds and may be contacted for follow-up information or additional documentation if necessary.
- **Signature:** _____
- **Date:** _____

8. Submission Instructions

Please submit your completed application and all required documentation to:

- **Email:** csreview@hcssgreybruce.com (Compassionate Subsidy Review Committee)

Deadline for Submission: Ongoing.



Office Use Only:

- **Application Received By:** _____
- **Date of Review:** _____
- **Eligibility Status:** ☐ Approved ☐ Denied ☐ Pending Additional Information
- **Amount of Subsidy Approved:** _____
- **Comments/Notes:** _____

Thank you for applying to the Compassionate Subsidy Program. We are here to support you during this challenging time.

This form balances gathering the necessary information while being empathetic and considerate of the applicant's circumstances. You can adjust it according to your specific needs or add any other questions or fields that may be relevant.