



# Community Key Application for Assistance

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Submission email: \_\_\_\_\_

Submission date: \_\_\_\_\_

- Please complete in its entirety to better evaluate your situation and review your application.  
Send application to: [info@keyed.ca](mailto:info@keyed.ca)

## Family Situation

Total household size	
Ages of other kids in the house	
<p>Family Situation</p>	



## Community Key Application for Assistance

### Parents/Guardians

	Parent/Guardian 1	Parent/Guardian 2
<b>Name</b>		
<b>Email</b>		
<b>Mobile</b>		
<b>Address</b>		
<b>Job Status</b>		
<b>Occupation/Employer</b>		
<b>Leave Start Date</b>		
<b># Unpaid Days</b>		

### Medical Information

<b>Diagnosis</b>	
<b>Description</b>	
<b>Hospitalized?</b>	
<b>Hospital</b>	
<b>Reason</b>	
<b>Most recent admission</b>	
<b>Most recent release</b>	
<b>Additional hospitalizations or other details</b>	
<b>Child's current condition</b>	
<b>Medical Worker</b> <b>*Required to review application</b>	
<b>This person is a</b> <b>*Required to review application</b>	
<b>Medical worker contact information (email or phone)</b> <b>*Required to review application</b>	



## Financial Information

	Parent/Guardian 1	Parent/Guardian 2
Monthly employment income BEFORE diagnosis (prior to tax deductions)		
Monthly employment income AFTER diagnosis (prior to tax deductions)		
	Hourly Rate <input type="checkbox"/> Salary <input type="checkbox"/> Self-Employed <input type="checkbox"/>	Hourly Rate <input type="checkbox"/> Salary <input type="checkbox"/> Self-Employed <input type="checkbox"/>
Child or Spousal support \$		
Child tax benefit \$		
Other income \$ (EI, CPP, Pension, Rental income, etc.)		
Total monthly income		
Mortgage or rent		
Who is your Lender/Landlord		
Mortgage balance (approx.)		
Property Value (approx.)		
Monthly payment \$		
Payment date of month		
Missed payments? If yes, how many?		
Main bank		

## Assets

Savings \$	
RRSP, stocks and other investments \$	
Other Real estate, y or n?	

## Expenses and Loss of Income

	Parent/Guardian 1	Parent/Guardian 2
Loss of income to date \$		
Travel \$ (gas, parking, airfare, etc.)		
Medical \$ (deductibles, out-of-pocket expenses, etc.)		
Other \$ (meals, childcare, etc.)		



## Community Key Application for Assistance

### **Other Details**

Previous grant from CK? If yes, what date?	
How did you hear about CK?	
Family/Child's Website (Facebook, GoFundMe, etc.)	
Agree to contact about sharing story	

### **Additional Information**

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