



Spina Bifida and Hydrocephalus Association of Manitoba

167 Lombard Ave., Suite 647, Winnipeg, MB R3B 0V3

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spinabifidamanitoba@gmail.com

Charitable Registration #862738853RR0001

The Spina Bifida and Hydrocephalus Association of Manitoba is a registered charitable organization which strives to improve the quality of life for people affected by Spina Bifida and Hydrocephalus through support, education, advocacy, research and funding.

We provide services and support to persons with Spina Bifida and Hydrocephalus and to their families, caregivers, medical and educational professionals. Our objective as a volunteer association is to act as a resource to individuals and families by determining needs for and providing physical, emotional, and financial support, information on legal, educational, financial and vocational opportunities.

Bowel & Bladder Grant Application

Purpose	The purpose of the SBHAM Bowel and Bladder Grant is to relieve conditions associated with disability by providing funds for incontinence supplies to children and adults affected by Spina Bifida and Hydrocephalus.
Value	Up to \$500, once or twice per year.
Eligibility	This fund is available to those who live in Manitoba, have Spina Bifida and/or Hydrocephalus and/or are caregivers of those who are affected by Spina Bifida and/or Hydrocephalus and are managing bowel and bladder challenges at home. The applicant also must be a member of the Spina Bifida and Hydrocephalus Association of Manitoba (http://www.sbham.ca/membership). Applicants are eligible to receive this fund once or twice a year, as per the recommendations of the SBHAM board.
Qualifications	Applicants are to submit their receipts for appropriate expenses (such as the cost of bowel and bladder management) and the attached application form. These expenses are to be submitted by December 31, 2015. The SBHAM board will make a decision on reimbursement based on need and funds available.
Information	Spina Bifida and Hydrocephalus Association of Manitoba 647-167 Lombard Avenue Winnipeg, Manitoba R3B 0V3 www.sbham.ca spinabifidamanitoba@gmail.com
Advertise	Fund will be advertised on SBHAM's website www.sbham.ca , SBHAM Facebook page, at the Rehabilitation Centre for Children Skye Resource Centre, and Doctor's Offices.

BOWEL & BLADDER MANAGEMENT APPLICATION

Name: _____

Address: _____ City: _____ Prov. _____

Postal Code: _____ Phone: () _____

Are you the applicant or the caregiver? _____

Caregiver's Name: _____

Address: _____ City: _____ Prov. _____

Postal Code: _____ Phone: () _____

Name of Doctor: _____ Doctor's Phone: () _____

Description of Disability _____

Have you received this funding before? _____

If yes, please provide the date & amount: _____

I am a member of the Spina Bifida and Hydrocephalus Association of Manitoba

Expenses Incurred:

Date	Name of Vendor	Name of Medication	Cost	Approval

Please ensure you have included:

- Original copies of your receipts (up to \$500)
- All contact information
- Mail to: **Spina Bifida and Hydrocephalus Association of Manitoba**
647-167 Lombard Avenue
Winnipeg, Manitoba R3B 0V3

All submissions remain strictly confidential. The board will advise on whether or not they were able to approve your requests.