

## Saskatchewan Epilepsy Inc. Assistance Program

Please ensure you have this form filled out and returned to Saskatchewan Epilepsy Inc. to be reviewed for the \$1,000 Assistance Program. This Assistance Program can assist cost of travel, training, harness or expenses regarding seizure dogs. Travel must be outside of Regina. Applicants must submit expense copies to **Box 33016, Regina, SK. S4T 7X2** Ph: 306-359-0905

**ENSURE ALL FIELDS ARE FILLED OUT - Fax: 306-359-6892**

### **PART 1 : APPLICANT INFORMATION**

First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Telephone : \_\_\_\_\_ Email : \_\_\_\_\_

Address : \_\_\_\_\_

City & Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Date of Birth : 

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Year          Month          Date

**S.I.N. (Voluntary)** \_\_\_\_\_ Female  Male

Do you currently have epilepsy seizures? Yes  No

**OR**

Does your parent currently have epilepsy seizures? Yes  No

**AN OFFICIAL LETTER FROM YOUR PHYSICIAN**

**MUST BE PROVIDED STATING EPILEPSY** ATTACHED : Yes  No

**EXISTS IN YOUR IMMEDIATE FAMILY**

Are you a Saskatchewan Resident Yes  No

### **PART II : SEIZURES**

Do you have warnings / auras prior your seizures? Yes  No

In general how often do your seizures occur? \_\_\_\_\_

Types of Seizures \_\_\_\_\_

### **PART III : COMMENTS**

**(VOLUNTARY ONLY)**

**Saskatchewan Epilepsy Inc. Assistance Program**

**SIGNATURE REQUIRED**

I hereby certify that all information on this application is true and complete to the best of my ability and knowledge. I understand that should any investigation at any time disclose misrepresentation or false statement, my application may be rejected.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby agree that Saskatchewan Epilepsy may use general information only for statistics and that all personal information pursuant to my application shall not be disclosed to the general public.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date