



Welcome.

Please be assured that any inquiry and/or information provided in this CFLAA Dire Needs Fund Application for Assistance will be handled in a confidential manner.

Direct your inquiries regarding the CFLAA Dire Needs Fund, the application review process, or to request assistance in completing this application, to dnf@cflaa.ca

The CFLAA Dire Needs Fund was created by members of the Canadian Football League Alumni Association (CFLAA) to offer support to fellow alumni experiencing financial and/or medical hardships.

Whether you are applying for assistance yourself, or on behalf of a friend or loved one, complete the following application to the best of your knowledge and ability.

Completing the application will provide the CFLAA Dire Needs Fund with the information needed to understand the request for assistance, and where to consider directing any approved funding.

**To forward an application for consideration,
print out and complete the following application.
Scan and email your completed application to: dnf@cflaa.ca**

You will receive a confirmation email when your inquiry or application has been received.



OFFICE USE:
DATE RECEIVED:

CFLAA Dire Needs Fund **APPLICATION FOR ASSISTANCE**

All information provided by you in this application is strictly confidential and will be used by the CFLAA Dire Needs Fund (the "CFLAA DNF") for the sole purpose of determining eligibility to receive support from the CFLAA DNF, unless you grant written permission otherwise

**PLEASE PROVIDE THE FOLLOWING ELIGIBILITY INFORMATION
(PLEASE TYPE OR PRINT LEGIBLY)**

How did you hear about the CFLAA DIRE NEEDS FUND?

CFL PLAYER'S NAME ASSOCIATED WITH THIS REQUEST FOR ASSISTANCE:

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____

CFL AFFILIATION / CREDITED SEASONS (use more space if necessary)

TEAM 1 _____ CREDITED SEASONS _____ TO _____

TEAM 2 _____ CREDITED SEASONS _____ TO _____

TEAM 3 _____ CREDITED SEASONS _____ TO _____

IS THIS REQUEST FOR DIRECTLY ASSISTING AN ALUMNII? ___YES ___NO

IF NO, PLEASE EXPLAIN THE RELATIONSHIP TO ALUMNI: _____

Request to talk directly to someone about _____

Contact: _____ **Phone #** _____ **Best time of day to cal** _____

SPECIFIC REQUEST FOR ASSISTANCE:

Request to talk directly to someone about _____

Contact: _____ **Phone #** _____ **Best time of day to call** _____



REQUIRE TEMPORARY FINANCIAL ASSISTANCE: \$ AMOUNTS

___ RENT _____

___ CREDITOR RELIEF _____

___ MEDICAL COSTS _____

___ COUNCELING _____

___ REHABILITATION _____

___ OTHER (SPECIFY) _____

Require specific equipment (ie wheelchair) _____

CURRENT MARITAL STATUS: ___ SINGLE ___ MARRIED ___ COMMON-LAW ___ SEPERATED

Partner's name _____ DATE OF BIRTH _____

NUMBER OF DEPENDANTS _____ NUMBER RESIDING IN HOUSEHOLD _____

CURRENT ADDRESS: ___ own ___ renting

STREET _____ UNIT / APT # _____

CITY _____ PROV _____ POSTAL CODE _____

PHONE (HOME) _____ (CELL) _____

(WORK) _____ Email address _____

DRIVERS LICENSE # _____

If you have not lived at your current address continuously for the past two years, please list ALL other addresses at which you resided during that period.

I. Employment

APPLICANT'S CURRENT EMPLOYER _____ TAKE HOME PER MONTH \$ _____

EMPLOYER / COMPANY NAME AND ADDRESS _____

SUPERVISOR'S NAME: _____ PHONE: _____

DATES OF EMPLOYMENT FROM _____ TO _____ JOB TITLE _____

SPOUSE'S CURRENT EMPLOYER _____ TAKE HOME PER MONTH \$ _____



Name of Applicant _____ Date _____

II. APPLICATION FOR ASSISTANCE:

DESCRIPTION OF REQUEST:

(use more space if necessary)

Amount requested: _____

Describe the debt to be discharged and tell us how to contact the creditor who would receive the payment. **MANDATORY – Include the complete address, phone number, account number, and description of the debt (i.e., medical bill, primary mortgage, second mortgage, car loan, rent, etc).**

Please include a copy of the most recent statement with the exact amount of the payment you are requesting.

1. Payee _____ Amount \$ _____
(name of company - account number)
_____ phone _____
(complete address and phone number)

(description of debt)

2. Payee _____ Amount \$ _____
(name of company - account number)
_____ phone _____
(complete address and phone number)

(description of debt)

3. Payee _____ Amount \$ _____
(name of company - account number)
_____ phone _____
(complete address and phone number)

(description of debt)

(use more space if necessary)



Name of Applicant _____ Date _____

IV. Financial

List all income you and your spouse are currently receiving, including all pensions, social security payments, disability, worker's compensation, unemployment compensation, etc. and the amount you receive per month from each source.

Please provide the following documents with your application, or an explanation as to why they are not available. Please indicate that you have attached the requested documents by marking the box by each item identified below:

- _____ Signed federal tax returns for applicant and spouse for the past 2 years
- _____ Net worth statement - list of assets including property value, investment accounts and liabilities/debts (attached)
- _____ Copies of current statements for all financial accounts for past 3 months
- _____ Signed Authorization for Consent to Release Information and Records Form (attached)
- _____ Signed Authorization for Use and Disclosure of General Protected Health Information (attached)
- _____ Copies of any other documents you believe would be helpful in evaluating your application (i.e. verification of income, past due bills, medical evaluation from your doctor, legal notices, etc.)

(DO NOT SEND ORIGINAL DOCUMENTS – copies of the originals will be accepted)

List any/ALL other charitable gifts, grants, or financial assistance from any organization that you have received in the past three years, with the donor, date and amount received.



Name of Applicant _____ Date _____

V. Medical

The health information you provide in this Application for Assistance is Protected Health Information within the meaning of the Health Insurance Portability and Accountability Act (“HIPAA”). The attached HIPAA Notice of Privacy Practices provides a statement of your rights and responsibilities under HIPAA, and explains the Foundation’s legal duties and privacy practices with respect to Protected Health Information that it collects and maintains in connection with payment for medical care. By signing this Grant Application, you acknowledge that you have received the attached HIPAA Notice of Privacy Practices.

Are you currently covered by any form of health insurance? Yes _____ No _____
If so, which company?

If you are requesting support for a joint replacement surgery, has a Board-certified specialist examined you to determine the joint replacement surgery you are requesting is medically necessary? Yes _____ No _____

CERTIFICATION

By voluntarily executing and submitting this Application for Assistance to the CFL ALUMNI ASSOCIATION DIRE NEEDS FUND, I agree not to bring suit or otherwise assert any claim for damages of any kind against the CFL ALUMNI ASSOCIATION DIRE NEEDS FUND, its directors, officers, employees or agents (each a “Covered Party”) in connection with any services or assistance provided by a Covered Party, including referrals to other service providers, except for damages resulting from the gross negligence or willful misconduct of a Covered Party. I further agree that any claim arising in connection with the services provided hereunder shall be governed by the law of the Commonwealth of Virginia, without regard to its choice of law rules. I hereby certify that the information provided in this Application for Assistance is true and correct.

Name _____ Date _____

Signature _____

FAILURE TO PROVIDE NECESSARY INFORMATION WILL RESULT IN DELAY



**CFL ALUMNI ASSOCIATION DIRE NEEDS FUND
AUTHORIZATION AND CONSENT TO RELEASE
INFORMATION AND RECORDS**

THIS FORM MUST BE RETURNED WITH YOUR APPLICATION

Name: _____

Home Address: _____ UNIT / APT #: _____

Phone Number: (_____) _____ Cell Phone: _____

Social Insurance Number: _____ Date of Birth: _____

Spouse/Partner Name: _____

I hereby authorize the CFL ALUMNI ASSOCIATION DIRE NEEDS FUND (CFLAA DNF), its agents and representatives to investigate my background in connection with my Application for Assistance.

As part of the investigation, I authorize the CFLAA DNF to obtain and review any private and confidential information concerning me, including, but not limited to, consumer credit reports; bank and financial institution records; employment, military, civil, regulatory, and educational information and data; and reports from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement, and licensing agencies, consumer reporting agencies, and other entities, including my present and previous employers.

I hereby agree to release, hold harmless, and discharge the CFLAA DNF, its Board members, officers, agents, and all individuals, corporations, partnerships, associations, institutions, schools, agencies, employer, and all of their agents and employees, from any and all liability arising out of, or related to, any request for, receipt of, or use of any information or record pursuant to this authorization, or arising out of, or related to, any compliance, or attempted compliance, with such requests.

I understand that any information or record provided to the CFLAA DNF pursuant to this authorization shall be used by the CFLAA DNF solely for the purpose of evaluating my Application for Assistance. I further understand that I may request a copy of the materials obtained by the CFLAA DNF pursuant to this authorization by submitting a request in writing to the CFLAA DNF.

I have read this authorization carefully, understand it, and voluntarily sign it and agree to all of its terms and conditions. The above is my true and complete legal name, and all of the above information is true and correct. Should there be any question as to the validity of this release, I may be contacted as indicated below.

Signature: _____

Signature of Spouse/Partner: _____



Name of Applicant _____ Date _____

PERSONAL STATEMENT OF ASSETS AND LIABILITIES

Assets	Amount / Worth
CASH	
Cash on hand	\$
Cash in checking accounts	\$
Cash in savings deposits	\$
Others (<i>retirement funds, emergency funds, etc.</i>)	\$
PROPERTIES (current or market value)	
Real estate	\$
Vehicles	\$
Appliances	\$
Others (<i>jewelry, collections, etc.</i>)	\$
INVESTMENTS	
Certificates of deposit (<i>time deposits, etc.</i>)	\$
Securities (<i>stocks, bonds, mutual funds, etc.</i>)	\$
	\$
Other assets (<i>specify</i>)	\$
Total Assets	\$

Liabilities	Amount / Worth
LOANS AND PAYABLES	
Credit Card Debts	\$
Housing Loan	\$
Auto Loan	\$
Other investment debts	\$
Child or spousal support payments	
Other liabilities (<i>specify</i>)	\$
Total Liabilities	\$
(please use additional space if necessary)	



Please forward your completed application or any inquiries to dnf@cflaa.ca

Provide any additional information on this page below, or if you wish to provide further explanation to your circumstance: