**CABLE FAMILY COMPASSIONATE SUPPORT ENDOWMENT FUND REQUISITION FORM**

|  |  |
| --- | --- |
| **Fiscal Year** |  |

The Cable Family Compassionate Support Endowment Fund was created by the Cable family and the Covenant Foundation, formerly known as the Caritas Hospitals Foundation. The purpose of the fund is to provide assistance, on a non-discriminatory basis, for patients/residents and their families to cope with financial hardship resulting from hospitalization. The fund will be used as a “fund of last resort” to provide temporary assistance and financial support that is not covered by other financial or social programs.

Previously, this funding was available only to the Misericordia and Grey Nuns Community Hospitals and the Edmonton General Continuing Care Center. Upon consultation with the donor, the Covenant Foundation has expanded the reach of this funding to include all Covenant sites supported by the Covenant Foundation across Alberta.

|  |  |
| --- | --- |
| **Site:** |  |

|  |  |
| --- | --- |
| **Social worker/Patient Care Manager Name:** |  |

|  |  |
| --- | --- |
| **Unit or Program:** |  |

|  |
| --- |
| **Use of Funds – Please indicate with an “x” in the box provided below:** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Accommodations |  | Basic Personal Needs  |
|  |  |  |  |
|  | Meals  |  | Specialized Equipment  |
|  |  |  |  |
|  | Clothing  |  | Medication Cost  |
|  |  |  |  |
|  | Transportation  |  | Quality of Life Enhancements  |
|  |  |  |  |

*\*Please contact the Foundation if the expense is over $500 or if it doesn’t align with the Terms of Reference.*

**Please give a detailed explanation/description to substantiate the use of funds as a last resort:**

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| --- |
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|  |
|  |
| **Date Funds Issued:** |  |
| **Disbursement Amount: $** |  |
| **Authorization Signature:** |  |  |  |
|  | Please print name |  | Signature |