



2024 Application Information

Danielle's Helping Hand Fund offers prompt, one-time financial assistance to help low-income individuals and families in difficult circumstances. We provide support when no other private, community, or government services are available. If you live on a low-income and are facing an emergency expense, Danielle's Helping Hand Fund might be able to help (see eligible expenses on Page 2). Please read the below information carefully and fill out this form to apply.

*Note: We do our best to process applications as quickly as possible, typically within **2-3 weeks**. However, if you require immediate assistance, please contact us at 236-427-8139 or naomif@uwbc.ca.*

Who can apply

You can apply for Danielle's Helping Hand Fund if you:

- Live in Powell River, Tla'amin, or qathet Regional District (Texada, Lund, south of town, etc.).
- Live on a low income.
- Have not received funding through Danielle's Helping Hand Fund before.
- Have a quote, bill, or other documentation of the expense, payable to a third party.
- Have a social worker or community support worker familiar with your situation, who can verify your financial need and sign your application. If you are not already connected with someone who can help, please contact the Poverty Law Advocate (604-485-0950 or povertylaw@telus.net) or Tla'amin Health (604-483-3009 or health@tn-bc.ca), who will be happy to assist.

How to apply

- 1) Fill out this application with your social/support worker **OR** the Poverty Law Advocate (604-485-0950 or povertylaw@telus.net) **OR** Tla'amin Health (604-483-3009 or health@tn-bc.ca - must be an indigenous individual or a member of the Tla'amin Nation). Make sure you attach the bill, invoice, quote, or other official documentation of the expense.
- 2) Drop off your application at one of our two drop box locations:
 - a) Poverty Law Advocacy Office, #207-6975 Alberni St. (Above the Powell River Public Library. During office hours, use the DHHF drop-box inside the office. If the office is closed, the mail slot in the door can be used.)
 - b) Tla'amin Health Reception, 4895 Salish Dr. (Monday to Friday 8:30am to 4:30pm)
 - c) email completed application and supporting documents to naomif@uwbc.ca

- 3) United Way BC's regional coordinator will confidentially assess your application and follow up with your social/support worker if more information is needed. With your permission, we may also contact the service provider for more details.
- 4) Your social/support worker will be contacted when the decision is made. If your application is approved, payment will be issued directly to the service provider. If you believe your application was unfairly denied, you may submit an appeal via email to naomif@uwbc.ca

Eligible expenses and limits

Due to limited funds available, there is a maximum amount for which you can apply. Requests above the maximum amount may be declined. *

Expense Type	Max Amt.*
Dentures	\$1,200
Dental	\$1,000
Non-insured medical / health care	\$1,000
Medical equipment or devices	\$1,000
Medical or bereavement travel	\$1,000
Optical	\$500
Home maintenance/repairs affecting health and safety	\$1,000
Other urgent needs (Note: We cannot pay for food, property tax, alimony, child support payments, vehicle repairs or vet bills)	Up to \$1,000

Low-Income Cut-off

You can apply for DHHF if your household income is below these limits (based on the Low Income Measure, Statistics Canada, 2018):

Household size	Annual income	Monthly income
1 person	\$27,750	\$2,313
2 people	\$39,244	\$3,270
3 people	\$48,064	\$4,005
4 people	\$55,500	\$4,625
5 people	\$62,051	\$5,171
6 people	\$67,973	\$5,664
7 people	\$73,420	\$6,118

**DANIELLE'S HELPING HAND FUND
2024 APPLICATION FORM**

Part I : Applicant Information

Date: _____

First Name: _____ Last Name: _____

Address (if applicable): _____

Phone Number: _____ Email: _____

I do not have regular phone/email access. Please communicate with my social/support worker on the referral page or leave a message for me here: _____

Date of Birth: _____ Household Size: # of adults ____ # of children (under 18) ____

Household Income: \$ _____ / year **OR** \$ _____ / month

Please confirm the following eligibility requirements:

I currently live in Powell River, Tla'amin Nation, or qathet Regional District.

I have not received Danielle's Helping Hand Fund before.

Part II : Funding Need

Amount needed: \$ _____ (See the maximum amounts on the previous page.)

If the full amount isn't available, would partial payment help? _____

Payment to be made payable to: _____

(We cannot pay applicants directly. Service provider will be paid by Electronic Funds Transfer when possible.)

Account # (if applicable): _____

Yes, I have attached an official document for the expense (e.g. invoice, quote, bill, lease, etc.).

Yes, United Way may contact the service provider to negotiate and/or make payment on my behalf.

United Way may communicate about my application with the referral agency named on Page 4.

Applicant Signature: _____ Date: _____

Part III: Agency Referral - TO BE COMPLETED BY SOCIAL SERVICE AGENCY

IMPORTANT: This section is to be completed by a social worker, community support worker, or similar employee of a recognized social service agency (registered nonprofit, school, health authority, provincial ministry, etc.). If you do not have someone to help with this section, please contact the Poverty Law Advocate or, if you are a member of the Tla’amin nation, Tla’amin Health – who will be happy to help with your application.

- Poverty Law Advocate: 604-485-0950 or povertylaw@telus.net
- Tla’amin Health: 604-483-3009 or health@tn-bc.ca

Worker Name: _____

Title: _____

Agency: _____

Phone: _____ Email: _____

By signing below, I confirm that the following:

- My client currently lives in Powell River, Tla’amin, or qathet Regional District.
- My client is low-income and does not have savings or cashable assets that can be used.
- These funds will help meet an urgent need for my client who is vulnerable and facing difficult circumstances.
- I have tried to find other private, government or community resources to support my client’s situation and found none that they could reasonably access at this time.

Worker Signature: _____

Date: _____

Comments (Optional) : _____

Client or Professional Feedback? We want Danielle’s Helping Hand Fund to serve people in our community with dignity, respect, transparency, and ease. Please don’t hesitate to contact us at 236-427-8139 or naomif@uwbc.ca if you have any questions or suggestions to improve our services.