

CFE Application Package



COMPASSION FOR EVERYONE™



Compassion for Everyone Funding Application

Who We Are

We are Compassion for Everyone Non-For-Profit (CFE)

At **Compassion for Everyone (CFE)**, our mission is to **bridge the financial gap in home health care**, ensuring that no individual or family goes without the care they need due to financial limitations. We are dedicated to supporting families facing health challenges by providing **financial aid and essential resources** to ease the stress of caregiving.

We believe that **everyone deserves access to quality homecare, regardless of their financial situation**. Through our not-for-profit foundation, we help families supplement gaps in **Self and Family Managed Care, insurance funding, and private homecare services**—so that loved ones receive **the compassionate, professional care they deserve**.

Our goal is to **lighten the burden** for family caregivers, allowing them to balance their responsibilities while ensuring their loved ones are safe, supported, and cared for. Every application is reviewed on a case-by-case basis, because at CFE, **we believe no one should be left behind when it comes to care**.

Compassion for Everyone—because care should be accessible to all.

The **Compassion for Everyone** offers funding assistance to eligible individuals to help offset the cost of homecare services.

Who Can Apply

Funding is aimed at Low-Medium Household Income Earners and is for Individuals that either has a diagnosed medical condition or is responsible for the direct care of a person that has been diagnosed with a medical condition.

Examples of who this Program Benefits are listed below but are not limited to the following:

- Children of elderly parents or relatives
- Parents looking after children with disabilities
- Individuals looking after themselves
- Spouses seeking support

Eligibility Criteria

To qualify, applicants must:

1. Reside in Winnipeg, MB.
2. Applicant must be 18 years of age or older
3. Have a diagnosed medical impairment by a registered Physician, for yourself, children, spouse or senior relative
4. Be considered Low-Medium Household Income Earners
5. Demonstrate financial need through supporting documentation. (Check list)

Examples of ailments and impairments are but are not limited too:

- Vision, hearing, speech & language impairments
- Physical & cognitive disabilities
- Mental health conditions
- Chronic & long-term health conditions
- Age related impairments
- Special needs children
- Accident & injury related conditions

How to Apply

New Application Intake Process:

Application intake will be offered through the year on Feb. 1-15, June 1-15, Oct. 1-15. Applications will be approved based on funding available at the time. Applications will be reviewed using a holistic approach, focusing on understanding the broader context of applicants' needs to ensure that support is directed where it can have the most impact.

You may be contacted by the Executive Director following receipt of an application if there are any questions or follow up items.

An announcement will be made prior to intake opening and will include:

- The opening date for the intake period.
- The duration for which applications will be accepted.
- A closing date for each intake.

All relevant dates and updates will be posted on our website at www.cfewinnipeg.com throughout the year.

To Apply follow these three easy steps:

1. Complete and sign the application form.
2. Attach required supporting documents (follow checklist below).
3. Submit the application via email application@cfewinnipeg.com

What Happens After You Apply

Upon receipt of Application, the Executive Director will review for completion and eligibility.

If the Application is deemed complete, the Executive Director will forward your application to our Board Approval Committee. They will review Applications using a holistic approach, focusing on understanding the broader context of applicants' needs to ensure that support is directed where it can have the most impact.

The Board Approval Committee will review Applications within 10 business days of the closing deadline date.

Successful Applicants will be notified of the decision via phone and a confirmation email with next steps will be sent out.

What Happens if Your Application wasn't Selected

If your application met all the criteria and a clear need was established, but you were not selected to receive funding at that time, your application may be placed on our waiting list and will be disbursed as funding becomes available. If this is the case, the Executive Director will contact you to let you know via email.

If your Application was incomplete, gives false or misleading information, your application will not be selected. If this is the case, the Executive Director will contact you via email with a brief description of why your application was not chosen. You are welcome to reapply at the next Intake Opening.

Your Application Has Been Accepted – Now What?

The amount of homecare support an approved Applicant will receive depends on the available funding at the time. Once this is determined, the Client Care Manager from our partnering organization, Homecare Solutions for Everyone will be in touch to complete a free in-home assessment within 5 days of approval. After completing the assessment, Homecare Solutions for Everyone will determine the right care plan for you and your family, they will become your homecare liaison. Note the approved funding amount will be directly paid to Homecare Solutions for Everyone by Compassion for Everyone Non-For-Profit.

What is the Maximum Amount of Funding per family

Generally, an Applicant may be approved for up to 3 months of care. The hours within each month will be based on needs established at the time of original approval. However, the Applicant may Reapply before the three months are up by communicating with their Homecare Liaison.





Application Form

Name:

First

Middle

Last

Address:

Street

City

Postal Code

Contact Information:

Phone Number

Email Address

Preferred method of contact

Date of Birth:

Marital Status:

If separated/ widowed/ divorced list date your marital status changed:

Care Beneficiary (If different from above)

Name:

First

Middle

Last

Address:

Street

City

Postal Code

Contact Information:

Phone Number

Email Address

Preferred method of contact

Date of Birth:

List of Medical Condition(s) – Check all that apply

☐ Allergies

☐ Dementia

☐ Heart Issues

☐ Blood Pressure

☐ Diabetes

☐ Incontinence

☐ Speaking & Language

☐ Breathing Issues

☐ Fall/ Balance Issues

☐ Mental Health

☐ Memory

☐ Vision

☐ Cancer

☐ Hearing

☐ Wounds

☐ Physical Disabilities

☐ Other: _____

List of current supportive devices used – Check all that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Mechanical lifts and transfers | <input type="checkbox"/> Bathroom assists | <input type="checkbox"/> Walker/ Cane |
| <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Oxygen | <input type="checkbox"/> Hospital Beds |
| <input type="checkbox"/> Wheelchair or other specialized transportation lifts | | |
| <input type="checkbox"/> Other: _____ | | |

Desired Support – Check all that apply

- | | | | |
|---|-------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Housework | <input type="checkbox"/> Respite | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Toileting |
| <input type="checkbox"/> Grooming/ Dressing | <input type="checkbox"/> Feeding | <input type="checkbox"/> Bathing | <input type="checkbox"/> Peri care |
| <input type="checkbox"/> Lifts/ Transfers | <input type="checkbox"/> Palliative | <input type="checkbox"/> Decluttering | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Shopping/ Groceries/ Errands | | <input type="checkbox"/> Doctors & Personal appointments | |
| <input type="checkbox"/> Other: _____ | | | |

Are you currently receiving homecare Support: ☐ Yes / ☐ No

If yes, please list name of the company: _____

Do you currently have external funding from the following agencies/ organizations? ☐ Yes / ☐ No

If yes, check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Winnipeg Regional Health Authority | <input type="checkbox"/> Workers Compensation Board |
| <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Child Family Services |
| <input type="checkbox"/> Jordans Principal | <input type="checkbox"/> Veterans Affairs |
| <input type="checkbox"/> Self & Family Managed Care | <input type="checkbox"/> Other: _____ |

Provide funding details (approved monthly/ weekly hours or dollar amount)

Total yearly household income: _____

Fill out attached budget form



Statement of Need

(Please describe why you are applying for assistance and how it will support your homecare needs. Attach an additional page if needed.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Applicant Declaration

I, _____ **[Full Name]**, declare that the information provided in this application is accurate to the best of my knowledge. I consent to verification of the information and understand the terms of the program.

Signature: _____

Date: _____



Required Documents Checklist:

Applicants must provide:

1. Proof of Identity

- ☐ Government-issued photo ID (e.g., driver's license, passport, Manitoba Identification Card).

2. Proof of Address

- ☐ Recent utility bill, lease agreement, or other documents showing the applicant's current residence.

3. Proof of Income

- ☐ Provide Verification of Annual Household Income
- ☐ Most recent tax return - T1 General with Corresponding Notice of Assessment
- ☐ Pay stubs (3 Months) or Verification of Employment Letter stating salary and start date of employee.

4. Explanation of Need

- ☐ A brief written statement explaining financial hardship and how the assistance will benefit them.
- ☐ Receipts for University Expenses or any other Expense verification that impacts your financial situation.

5. Proof of Medical Need

- ☐ Letter from Doctor or specialist listing medical conditions.

6. Consent to Verification

- ☐ Signed consent to verify the provided information.

Terms & Conditions:

Approved credit is non-transferable and are only valid with Homecare Solutions for Everyone.

Subject to funding availability.

False or misleading information will result in disqualification.





Compassion for Everyone

Financial Assistance Budget Form

Applicant Full Name: _____

Phone Number: _____ Email Address: _____

A. Annual Income

Source	Amount (\$)
Employment Income	
CPP / OAS / GIS	
EI	
Child Tax Benefit	
Support Payments (Spousal/Child)	
Other (Specify):	
TOTAL ANNUAL INCOME	

B. Funding Sources

Funding Type	Amount (\$)
Winnipeg Regional Health Authority	
Workers Compensation Board	
Self & Family Managed Home Care	
Jordan's Principal	
Child Family Services	
Disability Insurance	
Veterans Affairs	
Other (Specify)	



C. Monthly Expenses

Expense Type	Amount (\$)
Rent	
Utilities (Hydro, Water, Gas)	
Phone / Internet	
Food / Groceries	
Transportation (Bus / Gas / Insurance)	
Childcare	
Vehicle Lease Payment	
House / Life Insurance	
Medical Expenses / Prescriptions	
Total Monthly Expenses	

D. Additional Expenses

Description	Monthly (\$)	Yearly (\$)
Children's Tuition / School Costs		
Extra Medical Costs / Medications		
Support for Other Family Members		
Other (Specify)		
** Total Additional Expenses**		

E. Debts

Creditor / Loan Type	Monthly Payment (\$)	Balance Owed (\$)
Mortgage		
Credit Cards		
Vehicle Loans		
Line of Credits		
** Total Debts**		

F. Additional Notes or Comments

Signature: _____ Date: _____

