Sickle Cell Foundation of Alberta

Application for COVID 19 Assistance

(For Sickle Cell Anemia Patients Only [1,2])

Section 1 – Personal Information	
Last Name:	Gender: Male ☐ Female ☐ X ☐
First Name:	Date of Birth:
Address:	Day / Month / Year
Apartment or Box Number	Marital Status (Check one)
	☐ Single (no dependent children)
	☐ Single (with dependent children)
Street Address (add direction, e.g. NW, SE, if needed)	☐ Separated/Divorced/Widower (no dependent children)
	☐ Separated/Divorce/Widower (with dependent children)
	☐ Married
Telephone Number (format: 999-999-9999)	☐ Common Law
	You are considered to have a common law partner if:
E-Mail Address (Mandatory)	• You and an individual have lived together in a conjugal relationship continuously for the past year, or • You have declared an individual to have a status equivalent to that of your common law partner under any law of Alberta or of Canada, or • You and an individual are living together in a conjugal relationship where there are one or more children of the relationship by birth or adoption.
You have	
☐ Sickle Cell Anemia. ☐ Thalassemia.	
You have:	
☐ Culturally relevant food insecurity	
☐ Financial Insecurity	
☐ Educational help for your child	
Doctor's/Nurse's/Social Worker's Signature:	Patient's/or Guardian's Signature:
_____	_____

1. Please ensure that the information you supply is correct.
2. This Information is protected when this form is completed.