



NB Internal Services Agency
Department of Finance
MS Assistance Program
Attn: Accounts Payable
PO Box 6000
Fredericton, NB E3B 5H1

Application/Declaration for Multiple Sclerosis Assistance Program
2013-2014

Application deadline date: March 31, 2014

The program will "match" the funds raised by the community and/or by a third party to a maximum of \$2,500 per individual. To qualify for the one time maximum grant of \$2,500, applicants must:
- Be a New Brunswick resident diagnosed with MS who has received services outside of New Brunswick on or after April 1, 2011, which are not available in New Brunswick and are not covered by another provincial program.
- Provide a letter, from an organization or third party indicating the amount of funds raised on behalf of the individual diagnosed with MS.
- Provide documentation or a letter from the service provider indicating that the individual seeking financial assistance under the Program has been diagnosed with MS; has received the service and the date the service was provided.

Please Print: [] Mr. [] Mrs. [] Ms. Date of birth Y ___ M ___ D ___

1. Name of Applicant Last First Middle

2. Mailing Address (Number, Street, and Apartment, PO Box, Rural Route) City Province

3. Postal Code 4. Telephone

5. Have you received services outside of New Brunswick on or after April 1, 2011, which are not covered by another provincial program? [] Yes [] No

6. Have you included a letter, from an organization or third party indicating the amount of funds raised on behalf of the individual who suffers from MS? [] Yes [] No Amount Raised \$

7. Have you included documentation from the service provider indicating that the individual seeking financial assistance under the Program has been diagnosed with MS; has received the service and the date the service was provided? [] Yes [] No Date of Service (yyyy-mm-dd)

I declare and certify that the information given on this application, and in any documents attached, is correct and complete. I recognize that an application must be submitted by March 31, 2014.

Signature of Applicant

Date Telephone

If the applicant is unable to sign/complete this form, the applicant's representative must complete the following section:

Signature of Applicant's Representative

Date Telephone