



COVID-19 PERSONAL CARE GRANT PROGRAM

The Personal Care Grant Program is being introduced by the NunatuKavut Community Council (NCC) in response to the COVID-19 global pandemic. This program is designed to provide financial assistance to Full Members - Resident of all ages to purchase necessary medical personal care items and equipment. Priority will be given to those aged 60+ and persons with disabilities.

Eligible members can access a one-time grant of up to a maximum of \$200 for items not covered under existing medical (or other) coverage.

Eligible Costs

The voucher must be used for expenses relating to the purchase of necessary personal care items. Costs will be reimbursed from April 1, 2021 to June 30, 2021 or until funding is exhausted. You must provide a valid proof of purchase (i.e. receipt) with your application.

Eligible costs include:

- Audiology equipment and supplies (ie: hearing aids)
- Specialized footwear equipment and supplies (ie: orthotics)
- Oxygen equipment and supplies
- Pressure devices equipment and supplies (ie: diabetic socks, compression garments, burn equipment)
- Respiratory equipment (ie: CPAP)
- Prosthetics equipment and supplies
- Self-care equipment and supplies (ie: feeding aids, grab bars)
- Mobility equipment and supplies (ie: walking aids, bathroom seating devices)
- Low vision equipment (ie: eyeglasses, magnifiers (handheld, desktop or stand))
- Medical surgical equipment and supplies (ie: blood glucose testing strips, adult diapers, under pads, catheters, dressings)

Please note that costs related to over-the-counter and prescription medications are not eligible for this program.

For enquiries about this program please contact Dawn Corkum by email at dcorkum@nunatukavut.ca or by phone at 709-896-0482.

Revised June 15, 2021

APPLICATION FORM

GENERAL INFORMATION

Name of Applicant	
Mailing Address	
NCC Membership Number	
Date of Birth	
Telephone Number	
Email Address	

APPLICANT BUDGET

Eligible Budget Items	Cost
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Costs	\$

FOR OFFICE USE ONLY

Date Received:	Client Notified:
Date Approved:	Amount Approved: