

Information for Financial Assistance

Corbett Clinic Client Assistance Program (CCCAP)

- Offers **financial aid** to Corbett Clinic clients, to **access** Speech-Language Pathology (SLP) **programs**.
- Fund is **donor** supported.
- Provides a **subsidy** of **up to 50%** of the actual **cost** of the program.
- **Amount covered depends** on the financial **need** of the client.
- The client is **responsible** for the **remainder** of the **cost** of the service.
- **Each time** you **start** a SLP **program**, a **new** application is **required**.

How does it work?

- Depends on:
 1. **Size** of client's family, **and**
 2. **Total annual gross income** of client's family.
- Larger family size **AND** lower the income, the **larger** the potential **subsidy**.

- **Before** applying please **explore** other **funding sources**, such as supplementary **health insurance plans**.

Am I eligible?

- **Funds are limited.**
- At **present**, **total** annual gross household **income** must **not exceed** \$105,500.
- **Size** of client's family includes **ALL** individuals supported by the family income:
 - (a) **Adults** in the home
 - (b) **Children**
 - (c) **Adults** 21 years of age and under, attending school **AND** living away from home.
- List the **income** for **ALL** members of client's family
- **Income** includes:
 - (a) Employment
 - (b) Workers' compensation
 - (c) Pension
 - (d) Social benefits, such as Child Benefit Tax Credit, Employment Insurance, or Social Assistance.

How can I apply?

- Application **forms** are **available** from Corbett Clinic.
- **Complete** the application **form**.
- If **you** need **help** filling out the form, **we** would be happy to **assist**.
- **Send** form to:
Corbett Clinic
2-63 Corbett Hall, 8205 114 Street NW
Edmonton, AB
Canada T6G 2G4
T 780.492.5314
F 780.492.9333

OR

- Email form csdcc@ualberta.ca

What information do I need to send?

- **Obtain** an estimated **cost** of the program.
- Contact Corbett Clinic at csdcc@ualberta.ca for **details** of cost and dates of program.
- If **after submitting** an application, **you** receive **other** sources of **funding**, please **contact** Corbett Clinic at csdcc@ualberta.ca

Are you applying for financial assistance to Corbett Clinic service between...

- **May and October?** Provide **recent** tax assessment notices for **each** income earner.

OR

- **November and April?** Provide **recent** pay stubs for **each** income earner.

How do I get the money?

- **You Don't.**
- **Corbett Clinic will invoice directly the CCCAP Fund.**
- You are **responsible** for the **remainder** of the **cost** of the program.

For further information, contact:

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