

New Beginnings Maternity Clinic

BC Women's Hospital - Ambulatory Clinics (Entrance 93)
4500 Oak Street, Vancouver, BC, V6H 3N1, confidential FAX 604-875-2871



Thank you for your interest in the New Beginnings Maternity Clinic. This clinic provides maternity care for women who:

- 1) Do not have BC provincial Medical Services Plan (MSP) coverage AND
- 2) Has significant financial hardship AND
- 3) Meets the eligibility criteria as determined by BC Women's Hospital

Please note:

- This is not a referral clinic and **all individuals must complete the application process to join the clinic**
- Applications must be completed in full. Incomplete applications will not be processed
- Applicants must live in the Metro Vancouver area, be in Canada at the time of applying and have access to a local telephone number. We are unable to call internationally and some appointments are done on the telephone.
- We assess all applicants' immigration and financial status and ask for additional documents to complete this process. A list of these documents can be found on the last page of the application and on our web site. Please have documents translated if they are not in English and **do not send medical records** unless the clinic asks for them.
- Applications and supporting documents can be mailed, faxed or delivered to BC Women's Hospital. We do not accept documents by email. Emails with personal records attached will be deleted immediately.
- Space is limited. We do not typically accept applicants who are past clients of New Beginnings, visitors/tourists in Canada or individuals with an active student visa, worship visa or work permit as you should be eligible for MSP. If you are eligible for MSP in British Columbia, please apply. We do not accept permanent residents within the 90 day waiting period for MSP without evidence of significant financial hardship.
- We provide maternity care at BC Women's Hospital in Vancouver. We do not provide money, housing, transportation, or financial support for care at other hospitals/clinics.
- We are a teaching clinic and learners/students **will** be involved in patient care.
- Our staff is made up of all genders and we are unable to accommodate requests for care providers of a particular gender

BC Women's Hospital reserves the right to consider, accept, and decline applications based on the information provided and space available in the clinic.

Financial hardship and special circumstances are always determined by BC Women's hospital and final decisions are not negotiable.

NEW BEGINNINGS MATERNITY CLINIC - APPLICATION

4500 Oak Street Vancouver, BC, V6H 3N1 (entrance 93) Phone: 604-875-2396 Fax: 604-875-2871	Office only:	Date Received: _____ Application #: _____
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Date: _____ Is the person applying currently in Canada? NO YES

Referring agencies please write name/contact info: _____

How did you hear about the New Beginnings Clinic? _____

APPLICANT	Last Name: _____ First Name: _____
	Address: _____
	Contact Phone number : _____ (REQUIRED and must be Canadian number)
	May we contact you by email? <input type="checkbox"/> NO <input type="checkbox"/> YES Email: _____
	Date of Birth: _____ Age: _____
	Citizenship: _____ Date arrived in Canada: _____
	Languages: _____ Do you need an interpreter? <input type="checkbox"/> NO <input type="checkbox"/> YES
Have you been in the New Beginnings Clinic in the past? <input type="checkbox"/> NO <input type="checkbox"/> YES When? _____	

PARTNER/SPOUSE	Last Name: _____ First Name: _____
	Address (if different from applicant): _____
	Phone number: _____
	Citizenship: _____ Date arrived in Canada: _____
	Languages: _____ Age: _____

Applicant	Partner	IMMIGRATION STATUS - Please check the correct box for you and your partner
<input type="checkbox"/>	<input type="checkbox"/>	I am a government assisted refugee with Interim Federal Health (IFH)
<input type="checkbox"/>	<input type="checkbox"/>	I am a privately sponsored refugee
<input type="checkbox"/>	<input type="checkbox"/>	I am a refugee claimant - Interim Federal Health? <input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/>	<input type="checkbox"/>	I am a visitor in process of spousal sponsorship - CIC application date (required): _____
<input type="checkbox"/>	<input type="checkbox"/>	I am a Canadian Citizen or Permanent Resident - in 90 day wait? <input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/>	<input type="checkbox"/>	I have a Work permit or Worship visa or Working Holiday Visa - Expiry date: _____
<input type="checkbox"/>	<input type="checkbox"/>	I am a Visitor or have Visitor Visa or have an eTA - Expiry date: _____
<input type="checkbox"/>	<input type="checkbox"/>	I do not fit in one of these categories - Please explain: _____

Medical History

There is no urgent access into the New Beginnings Maternity Clinic. If you are not medically stable (including but not limited to labour, bleeding, water breaking, & pain) please contact or go to the closest hospital.

1. **Check one box:** I am medically stable I am not medically stable

2. Do you have a Family Doctor or Nurse Practitioner (NP) in Canada? NO YES

Name and Clinic:

3. Have you had medical care during this pregnancy **in your home country?** NO YES

If yes, what was the date of your last medical appointment:

Did you bring your medical records with you from your home country? NO YES

4. Have you had medical care during this pregnancy **in Canada?** NO YES

Name of Doctor/NP/Midwife/Clinic:

Date of last medical appointment:

5. Have you had an ultrasound or blood work done in this pregnancy? NO YES

If yes, when and where?

6. Do you consent to the Doctor/NP/Midwife sending us your medical records? NO YES

7. What is the date of your last menstrual period?

8. When is your baby's due date?

9. How many pregnancies have you had?

10. How many children do you have?

11. If applicable, how were your babies born? vaginal ("natural") or caesarean section ("C-Section")

12. Please describe your past medical history (for example: allergies, illnesses, surgeries, medical conditions)

13. Have you had any medical problems during this pregnancy or any past pregnancies?

Financial Screening

New Beginnings provides care for people who have financial hardship and cannot pay for medical expenses. We assess your financial status by reviewing employment and financial documents provided by you. Per PHSA policy IA_010 (available upon request): The Provincial Health Authority reserves the right to contact any authority which is referenced by the applicant in order to confirm information that has been provided as it pertains to qualification for services requested.

I understand why this information is being used YES NO and I give legal authorization to collect this information

Applicant Signature: _____

The above freedom of information and protection of privacy issues have been discussed with client: yes / no Staff initials: _____

1. Please describe your financial situation. What brought you to the New Beginnings Maternity Clinic?

2. APPLICANT:

What kind of work did you do **IN YOUR HOME COUNTRY**? _____

What kind of work do you do **IN CANADA**? _____

Employment income: _____ Month/Year Savings: _____ Total

Family/Other Support: _____ Month/Year Other Income: _____ Month/Year

Please check all that apply - I have: a bank account a credit card investments (TFSA/RRSP etc)

3. PARTNER/SPOUSE:

What kind of work did you do **IN YOUR HOME COUNTRY**? _____

What kind of work do you do **IN CANADA**? _____

Employment income: _____ Month/Year Savings: _____ Total

Family/Other Support: _____ Month/Year Other Income: _____ Month/Year

Please check all that apply - I have: a bank account a credit card investments (TFSA/RRSP etc)

4. Where do you and your partner live? I own a home I rent Other:

5. Do you or your partner own a home, property or business **IN CANADA** or are self-employed?

NO YES Details: _____

6. Do you or your partner own a home, property or business **IN YOUR HOME COUNTRY** or are self-employed?

NO YES Details: _____

7. Do you or your partner own a vehicle? NO YES Make/model/year: _____

I hereby declare that I have examined this statement carefully and the disclosure of personal and financial information stated is accurate, complete and true to the best of my knowledge

Date: ____ / ____ / ____ Signature of Applicant: _____

Date: ____ / ____ / ____ Signature of Partner or Spouse: _____

Please submit the following supporting documents together with your application
We will not process applications until all documents are received

Supporting Documents

For ALL applicants

- Pay stub or proof of earning for applicant AND partner for the past 6 months for all jobs held in Canada and in your home country
- Rent receipt or Property Tax Statement/Notice of Property Assessment if you own a home in any country
- Bank account statements for applicant AND partner for the past 6 months for all accounts in Canada AND your home country
- Credit card records for applicant AND partner for the past 6 months for all credit cards in Canada AND your home country
- Revenue Canada Notice of Assessment for past tax year for applicant AND partner if you worked in Canada
- Passport ID page and attached papers (stamped pages)
- If you are not able to give any of these documents, please provide the reason in writing**

AND

For applicants who are permanent residents in the 90 day waiting period for MSP

- Landing papers/Permanent Resident card

For applicants in the process of spousal sponsorship

- Marriage certificate
- CIC Client ID # and printed application status

For applicants with expired travel documents

- Electronic Travel Authorization (eTA)
- Travel visa

For applicants who are refugees or refugee claimants

- Interim Federal Health Document/letter
- Letter from immigration lawyer (if you have one and are a refugee claimant)

Other

- As requested

Please note

1. We may call you if we have any questions about the documents provided or your application
2. Application processing times may differ and all applicants should seek other health care while waiting for a final decision from the New Beginnings Maternity Clinic
3. We communicate by mail and telephone. Please ensure you provide a **current mailing address** and **Canadian phone number**. We are unable to call long distance to other countries
4. **BC Women's Hospital reserves the right to consider, approve and decline applicants based on space available and the information provided. Once a final decision is made it is not negotiable.**