

**CUPE 3903 Claims for Trans Fund
DEADLINES: January 31, May 31, September 30**

Contact Information:

Name:	Phone:
Email:	Date:
Address:	Dates of last contract:
Employee #:	Unit:

Is this a first time application?

- Yes
- No (Please specify total amount received*)_____

Please complete total amounts for each item listed below. Receipts must be submitted for all claims. **

	Description	Amount
	Surgeries	
	Clothes (one time maximum \$500)	
	Change of name & associated expenses	
	Other (please specify):	
	TOTAL:	

IMPORTANT: Please attach a statement with an explanation of the need for which funding is being requested. If you have any documentation to support this claim, such as an advertised price or a note from a health practitioner, please include copies of these as well. If you have received funding previously through the Trans Fund or through Ways and Means please include this information in your statement.

Claim Information

The Trans Fund will be administered three times a year except in emergency situations where members can apply to the committee on an on going basis. The committee understands 'trans' to be a broad and inclusive term that includes genderqueer, transgender, transsexual, and gender variant among others. The fund is to be used to support members in their every day life necessities as well as for surgeries. As such, applicants should make broad use of the "Other" category, including but not limited to: electrolysis, binders, packers, jane belts, wigs, and breast forms.

Members can draw on this fund to an annual maximum of \$5000 and a lifetime maximum of \$15,000. The committee recognizes that surgeries can be very expensive and will consider adjusting the yearly maximum based on the needs of the applicant. Priority will be given to first time applicants. The committee will consider past claims by current members. Applications for expenses that were accrued by current members previous to September 2005 will be considered on a case-by-case basis. Members whose previous claims were adjudicated by Ways and Means will also be reconsidered. If the total expense of a members claim has not been met, they can reapply in subsequent years.

EXPECTED RESPONSE TIME:

The committee will do its best to review each claim within two weeks of its submission, and recognizes that some claims may be time sensitive. Please bear with us as we learn how to make this process work, and be assured that we will do our absolute best to resolve claims in as rapid a manner as possible.

APPEALS:

If you would like to appeal the decision of the committee, please complete another claim form and indicate any additional information that you feel was not adequately taken into consideration. Print APPEAL at the top of this form.

I certify that all information presented herein is accurate to the best of my knowledge.
Signature:
Date:

All information given on this form is strictly confidential. You will be notified of the committee's decision by email or telephone. Applications are to be submitted in a sealed envelope marked "**personal and confidential**" and should be addressed to:

CUPE 3903 Trans Fund Committee
143 Atkinson Building, York University
4700, Keele St., Toronto Ontario, M3J 1P3

*Includes related funds granted through Ways and Means

**The committee recognizes that some materials are expensive and that applicants may be unable to pay the costs up front. The committee encourages applicants in this position to apply to the fund prior to purchase and to indicate their expected need in their statement. The committee will also consider adjusting the yearly maximum for those applicants with particularly expensive surgeries.

In the case of surgery, the committee will notify applicants of the funding amount to be distributed, thereby allowing applicants to book their surgery. Funds will be released once an alternate form of documentation (e.g. confirmation letter from surgeon) is supplied. Applicants should note that they will be expected to provide receipts after surgery is completed.