

TRANS+ SUPPORT FUND APPLICATION



NORTHERN
MOSAIC
NETWORK

Description: The Trans+ Support Fund provides funding directly to individuals to support the cost of transition-related or gender affirming procedures that are not covered by the NWT Health Care Plan. This includes travel costs for procedures, elective gender affirming surgeries, non-medical interventions like vocal lessons, speech therapy, or laser hair removal, and name or gender marker change fees. You can request coverage retroactively for any expenses incurred after April 1, 2023.

Eligibility: NWT residents of all ages are eligible to apply for this funding. However, if you are 18 or under, a parent or caregiver will need to sign your application.

Supporting documents: The only supporting documentation required is proof of the appointment/fee being charged. This can look like an email confirmation, a receipt, or an invoice. If you are not sure if the document you have counts as proof of appointment, please reach out.

Privacy Notice: After your application is processed (whether it is approved or denied) we will not keep a copy of your application. We will keep a record of applicant's names and amount of funding they received. We will also keep a record of demographic information (age, community, type of coverage requested), however this information will not be linked to your name.

If you have any questions about how to complete this form, please reach out to NMN's Mental Health and Family Support Coordinator by email at coordinator@northernmosaic.net.

TRANS+ SUPPORT FUND APPLICATION



NORTHERN
MOSAIC
NETWORK

Applicant Information			
First name (chosen):		Last name (chosen):	
Age:		Community you reside in:	
If 18 and under, parent or caregiver name:		If under 18, parent or caregiver signature:	
Preferred method of contact (eg: calling, texting, emailing)		Contact information (eg: phone number, email, etc):	

Funding Request					
<p>You can apply for funding before or after incurring the expense. Any expense incurred after April 1, 2023 is eligible. If your expenses are between the eligible amounts, please apply for the higher amount. If you would like to request more than \$1,000, tell us why and we will evaluate requests on a case-by-case basis. If you need more room for your answers, please use the back page of the form.</p>					
Amount requested:	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 750	<input type="checkbox"/> 1000	Other amount:
<p>If applicable, why are you requesting more than \$1,000?</p>					
<p>What are you requesting coverage for? Please check all that apply.</p>					
<input type="checkbox"/> Vocal lessons / speech therapy	<input type="checkbox"/> Gender marker change fees	<input type="checkbox"/> Name change fees	<input type="checkbox"/> Other		
<input type="checkbox"/> Travel for an assessment	<input type="checkbox"/> Laser hair removal	<input type="checkbox"/> Travel for a procedure	Please describe:		

TRANS+ SUPPORT FUND APPLICATION



NORTHERN
MOSAIC
NETWORK

Is there any other information that you would like to include in this application?	
--	--

Payment Information			
If your application is approved, we will provide the funding by cheque. Applications will be reviewed once a month and may take up to 10 business days to process.			
The name (first and last) we should make the cheque out to:		Mailing address to send the cheque to:	

Please email your completed application and supporting document(s) to coordinator@northernmosaic.net. Applications are reviewed by the Mental Health and Family Support Coordinator and the Executive Director only. They are considered confidential information and will not be shared with other staff, board members, or people outside the organization.