Print

The War Amps **CHAMP** Child Amputee Program

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Fax: 1 866 235-0350, 613 731-4092
champ@waramps.ca

CHAMP Enrolment

The information requested will assist us in providing resources specific to your child.
Please provide us with as much information as you can regarding your child's amputation to ensure our files are as complete and detailed as possible. **Information collected may be processed by a third-party service provider.**

Information About the Child

Child's name: _____
First name Middle name Last name

Date of birth: _____ Gender: _____
day/month/year

Address: _____

City: _____ Province: _____ Postal code: _____

For confidentiality and privacy purposes, all mail from the CHAMP Program will be mailed to your child at this address.

Information About the Parents/Guardians

First parent/guardian: _____
First name Last name

Relationship to child: _____ Lives with child: ☐ Yes ☐ No Has legal custody: ☐ Yes ☐ No

Address (if different from child's): _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Work phone: _____ Ext.: _____ Cellphone: _____

Email: _____

Second parent/guardian: _____
First name Last name

Relationship to child: _____ Lives with child: ☐ Yes ☐ No Has legal custody: ☐ Yes ☐ No

Address (if different from child's): _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Work phone: _____ Ext.: _____ Cellphone: _____

Email: _____

We will require a copy of any custodial agreements in effect. In the absence of information, both parents will have equal access to the child's records.

Vendor Information

Please indicate the person(s) to whom The War Amps reimbursement cheques are to be made payable (i.e., travel expenses for prosthetic appointments, seminars, parades, etc.).

☐ First parent/guardian ☐ Second parent/guardian ☐ Both parents/guardians

April 2020

Type of Amputation(s)

Upper limbs	Left	Right	Lower limbs	Left	Right
Partial hand	☐	☐	Partial foot	☐	☐
Hand	☐	☐	Foot	☐	☐
Wrist disarticulation	☐	☐	Ankle disarticulation	☐	☐
Below elbow	☐	☐	Below knee	☐	☐
Elbow disarticulation	☐	☐	Knee disarticulation	☐	☐
Above elbow	☐	☐	Above knee	☐	☐
Shoulder disarticulation	☐	☐	Hip disarticulation	☐	☐

The amputation(s) is/are the result of a limb length discrepancy of the: ☐ Femur or ☐ Tibia/Fibula
The amputation(s) is/are the result of a limb length discrepancy of the: ☐ Humerus or ☐ Radius/Ulna

The limb length discrepancy is: _____ cm or _____ inches

Additional notes: _____

Special Procedures

☐ Rotationplasty ☐ Limb lengthening ☐ Other *Please specify:* _____

Cause of Amputation

At birth
Congenital ☐
Congenital surgical ☐
(As a result of congenital limb deficiency where surgical amputation has been or will be required)
Syndrome ☐
Please specify: _____

Medical
Date of diagnosis: _____
Cancer ☐
Meningitis ☐
Other (e.g., sepsis) ☐
Please specify: _____

Accident
Date of accident: _____
Automobile accident ☐
Electrocution ☐
Farm accident ☐
Lawn mower ☐
Train accident ☐
Other ☐
Please specify: _____

Date of amputation surgery (if applicable): _____

Please indicate the prosthetic/rehabilitation centre you attend: _____

Is a prosthetic limb/device currently being made? ☐ Yes ☐ No

Other Source of Funding

Are you eligible for funding from any other source, such as social assistance, or do you have personal extended health coverage or group insurance through your place of employment? This will ensure the coverage of artificial limbs is within our funding guidelines.

☐ Yes *Please specify:* _____ ☐ No

Please state your language preference: ☐ English ☐ French

How did you learn about the CHAMP Program? _____

What are your most immediate needs? _____

_____

How do you see CHAMP assisting you and your family? _____

_____

Signature

_____ _____
First parent/guardian Second parent/guardian

Date: _____ Date: _____
day/month/year day/month/year

Charitable Registration No.: 13196 9628 RR0001

Please return your completed form to CHAMP.