



Grant Application Home Blood Pressure Monitor

KIDNEY FOUNDATION BC & YUKON BRANCH
200 – 4940 Canada Way
Burnaby, BC V5G 4K6
Phone: (604) 736-9775; Fax: (604) 736-9703
Toll Free Phone: 1-800-567-8112; Fax: 1-800-667-8871

Instructions for Licensed Kidney Care Clinic (KCC) or Post-Kidney Transplant Centre Health Professional completing this form:

1. **Does your patient meet the financial criteria (see below) to apply for the blood pressure monitor (starting July 2025)**
2. Fax or e-mail (encrypted) **both pages** of this completed form to the patient’s preferred pharmacy from the list of contracted pharmacies. www.bcrenal.ca/resource-gallery/Documents/Community%20Pharmacy%20List.pdf. **These applications will no longer be sent to the Kidney Foundation**
3. Provide patient with a copy of this completed form. Ask patient to contact the pharmacy if they have not received a call within one week.

Instructions for Pharmacies receiving this form:

1. Identify home blood pressure monitor with appropriate cuff size. Contact patient to confirm purchase and pick-up (if possible). If the cost is higher than identified as the maximum on this form, the patient will be responsible for the additional cost.
2. Every 3 months (Mar 31, Jun 30, Sept 30, Dec 31), send an invoice to the Kidney Foundation of Canada, BC and Yukon Branch for reimbursement of home blood pressure monitors dispensed. Include the names of patients provided with monitors, and the cost. Please send invoice within 30 days of the period end. **When submitting invoices to the Kidney Foundation, please send all applications as well.**

Kidney Foundation of Canada, BC & Yukon Branch
Attention: Director of Programs
Fax: (604) 736-9703 Email: bcyprograms@kidney.ca Questions: (604) 558-6879 (phone)

***Financial criteria as per Kidney Foundation, BC & Yukon’s Short Term Financial Assistance Program (STFA). Does your patient meet these criteria: Y or N**

Net Monthly Household Income- ALL income from all family members residing in the home needs to be considered, including monthly Child Benefits

Single Adult	\$ 2,100	Couple	\$ 2,500
Single Adult with one child	\$ 2,450	Couple with one child	\$ 2,850
Single Adult with 2 children	\$2,800	Couple with 2 children	\$ 3,200

Add \$350.00 per month for each additional child in the household.

Date: _____

Part 1: Patient information

First name: _____ Last name: _____
 Date of birth: _____ PHN: _____
 Home address: _____ City: _____
 Postal code: _____ Phone: _____

Part 2: Device information (health care professional to complete)

Arm circumference (middle of upper arm at midpoint between shoulder and elbow): _____ cm

Product	Maximum Approved Amount (excluding GST)
BP monitor with standard sized cuff	\$80
BP monitor with special sized cuff or verbal assistance (talking monitor)	\$200

Pharmacy will identify BP monitor with appropriate cuff size and includes “Recommended by Hypertension Canada” on the monitor or box (silver or gold logo).



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Patient's Preferred Pharmacy (click on the drop down arrow for a listing of eligible pharmacies) OR www.bcrenal.ca/resource-gallery/Documents/Community%20Pharmacy%20List.pdf.

Fraser Health	Interior Health	Northern Health	Vancouver Coastal/BCCH	Island Health

Pick-up/Delivery

- Pick-up in store (strongly encouraged)
- Delivery (pick-up not possible within the next month)

Part 3: Licensed KCC/Post-Kidney Transplant Centre Health Professional Contact Information

Name of Licensed Health Care Pro	Name of KCC/Post-Transplant Centre	Signature
Phone	Email	Pager/cell

Part 4: Location (mark v beside location)

Kidney Care Clinic	or	Post-Kidney Transplant Clinic
<input type="checkbox"/> Abbotsford		<input type="checkbox"/> Kamloops
<input type="checkbox"/> BC Children's	<input type="checkbox"/> Penticton	<input type="checkbox"/> Kelowna
<input type="checkbox"/> Campbell River (North Is)	<input type="checkbox"/> Prince George	<input type="checkbox"/> Kootenays (Trail/Cranbrook)
<input type="checkbox"/> East Kootenays (Cranbrook)	<input type="checkbox"/> Royal Jubilee	<input type="checkbox"/> Nanaimo
<input type="checkbox"/> Kamloops	<input type="checkbox"/> St Paul's Hospital	<input type="checkbox"/> Penticton
<input type="checkbox"/> Kelowna	<input type="checkbox"/> Surrey	<input type="checkbox"/> Prince George
<input type="checkbox"/> Nanaimo	<input type="checkbox"/> Van General Hospital	<input type="checkbox"/> St Paul's
<input type="checkbox"/> New West (Royal City)	<input type="checkbox"/> West Kootenays (Trail)	<input type="checkbox"/> Surrey
	<input type="checkbox"/> Williams Lake	<input type="checkbox"/> Vancouver General
		<input type="checkbox"/> Victoria

Part 5: Desire for contact by Kidney Foundation

Would the applicant like to receive Kidney Foundation newsletters by e mail?

Yes. Email: _____ No thanks

Would the applicant like to be contacted by the Kidney Foundation for quality improvement and/or patient-based research purposes?

Yes. Preferred means of contact: _____ No thanks

Email: _____
Phone: _____