The War Amps

CHAMP Child Amputee Program

2827 Riverside Drive
Ottawa, Ontario K1V 0C4

Tel.: 1 800 267-4023, 613 731-3821
Fax: 1 866 235-0350, 613 731-4092
champ@waramps.ca

CHAMP Enrolment Form

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. To ensure your child satisfies the eligibility criteria, a photo of the amputation may be required.

Basic Information

Child's name: _____
first name surname

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 only.

Home phone: _____ Email address: _____

Parents/Guardians

1st parent/guardian: _____
first name surname

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.: _____ Cell phone: _____

Email address: _____

2nd parent/guardian: _____
first name surname

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.: _____ Cell phone: _____

Email address: _____

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.).

☐ 1st parent/guardian ☐ 2nd parent/guardian ☐ 1st and/or 2nd parent/guardian

September 2015

Type of Amputation

Upper Limbs	Left	Right
Hand	☐	☐
Partial hand	☐	☐
Wrist disarticulation	☐	☐
Below elbow	☐	☐
Elbow disarticulation	☐	☐
Above elbow	☐	☐
Shoulder disarticulation	☐	☐

Lower Limbs	Left	Right
Foot	☐	☐
Partial foot	☐	☐
Ankle disarticulation	☐	☐
Below knee	☐	☐
Knee disarticulation	☐	☐
Above knee	☐	☐
Hip disarticulation	☐	☐

The amputation is the result of a limb length discrepancy of the: ☐ femur or ☐ tibia/fibula

The limb length discrepancy is: _____ cm or _____ inches

Special Procedures

☐ Van Nes rotationplasty ☐ Ilizarov ☐ 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: _____

Please indicate the prosthetic/rehabilitation centre you attend: _____

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? _____

Signature

_____ 1st parent/guardian

Date: _____ day/month/year

_____ 2nd parent/guardian

Date: _____ day/month/year

September 2015

Charitable Registration No.: 13196 9628 RR0001

Please return your completed form to CHAMP.