

**FACIAL FOUNDATION OF CANADA  
DOMESTIC VIOLENCE PROJECT APPLICATION**

The Facial Foundation of Canada is a non-profit organization that aims to improve the quality of Facial Plastic and Reconstructive Surgery care, both locally and worldwide. Our mission is to support education, research, and humanitarian efforts in the service of patients in need. The Foundation helps raise funds to provide free of charge restorative nasal and facial surgery to patients who have suffered a nasal and/or facial deformity due to domestic violence to help them overcome the negative memories in their past.

**STEP 1: VERIFY IF YOU FIT ALL THE ELIGIBILITY CRITERIA BELOW**

1. The applicant must be in a financial situation that does not allow them access to cosmetic nasal or facial surgery that is not covered by the Provincial health care system.
2. The applicant must have received the trauma from an abusive intimate partner, spouse, parent or sibling. For example: husband, wife, partner, boyfriend, girlfriend, sister, brother, mother or father. If the injury was caused by violent attacks, stranger assault or accidental injury not related to domestic violence, the application will be denied.
3. The applicant must be out of the situation for at least twelve months. If the applicant is not out of the situation, then the application will not be considered until such time the applicant meets this requirement.

**STEP 2: PREPARE THE FOLLOWING DOCUMENTS FOR YOUR APPLICATION**

- Intake form** (next page)
- Proof of Canadian citizenship or permanent resident status**
- Proof of financial need (Quebec or Canada income tax return of the previous year)**
- Two photos of your full face (one front and one side profile)**
- A typed and scanned letter from a social worker, conjugal therapist, counselor, domestic violence advocate, psychologist, or psychiatrist summarizing your readiness to begin the physical aspects of your healing process. **This letter must include the following:****

  - a. Name, title and/or organization (preferably on letterhead)
  - b. Confirm that you have had more than one session
  - c. Ascertain that they believe your injuries were caused by domestic violence
  - d. Ascertain that they believe you are no longer experiencing domestic violence
  - e. And, that you have been out of the domestic violence situation a minimum of twelve months.
  - f. Signature and date

**STEP 3: E-MAIL YOUR FULL APPLICATION TO [FFC@CLINIQUEFACEMD.COM](mailto:FFC@CLINIQUEFACEMD.COM)**

- Once your electronic application is submitted, you will receive an e-mail confirmation.
- Once your application is received, and it is determined that you qualify; you will be notified in writing that your application was accepted by FFC.

**... AND WAIT TO SEE IF YOUR APPLICATION IS ACCEPTED**

- If you are accepted, Facial Foundation of Canada will contact you with an appointment with a surgical specialist. Please know this process takes time, and it may take several weeks before you are contacted with a referral.
- There is no guarantee that you will be able to benefit from this program until you see the medical professional for the first consultation. If you must cancel an appointment for any reason, notify the medical professional's office directly (*failing to show up for an appointment without calling could jeopardize your standing in the program*).
- While the medical professionals directly assisting you are volunteering their services, there is no guarantee that other services will also be free (prescriptions, anesthesiologists, x-rays, follow-up treatment, etc.).

**FACIAL FOUNDATION OF CANADA  
DOMESTIC VIOLENCE PROJECT INTAKE FORM**

The information in this application is strictly confidential, and it will not be released without your consent.

Full name : \_\_\_\_\_ Sex:  male  female  other: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ RAMQ: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Address at home: \_\_\_\_\_  
\_\_\_\_\_  
Email address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Have you reported your abuse to the police?  Yes  No

Have you had prior cosmetic or reconstructive surgery? If yes please describe

\_\_\_\_\_

If you are selected for the program, do you agree with the possible distribution of your story, photos or recordings in any medium, be it print or electronic form, which may include the Internet, for promotional and education purposes, and that there is no reimbursement for the right to take, or to use your photograph or video or recording?  Yes  No

I agree to a drug test and background check  Yes  No

What can the Facial Foundation of Canada do for you? Please tell us your story below.

I verify that the statements on this application are true. I authorize release of this information to the Facial Foundation of Canada, and medical professionals providing the medical care needed to repair the damage caused by domestic violence. I give permission to the Foundation to contact me to discuss and review any aspects of this application.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**