



The Sabiha Fund

Doula Support Subsidy Program Application

Please complete the application below to the best of your ability. Include a written statement outlining your case and explaining why you are a good candidate for a Doula Support Subsidy. Send to doulacollective1@gmail.com

(**Note: Combined household income must be less than \$75,000 annually to be eligible for a Doula Support Subsidy)

Applicant: _____ Estimated birthing time: _____

Address: _____

Phone number(s): _____

Email address: _____

I prefer to be contacted by: _____

I am applying for birth doula support ____ post-partum doula support ____

Both ____

I have a doula in mind: _____

I can contribute: _____

Household Income	Monthly Amount (Please be specific)
Job earnings	
EI / Social Assistance	
Alimony / Child Support	
Child Tax Credit	
Student loan	
Pension	
Rental Income	
Other (specify)	

Supporting documents may be requested.

Household Expenses	Monthly Amount (Please be specific)
Rent or Mortgage	
Property Taxes & Insurance	
Groceries	

Heat & Light	
Phone/Internet/Cable	
Car payments & Insurance	
Transportation (gas, bus etc.)	
Medical Expenses	
Child Care	
Child lessons/activities	
Credit Card/Loan Payments	
Other (specify)	

Supporting documents may be requested.

I, _____, declare the above information to be true to the best of my knowledge. I agree to notify the Doula Collective if my situation should change in any way. I understand that the Doula Support Subsidy Program is subject to availability of funds as well as availability of doulas. I understand that The Doula Collective of Newfoundland and Labrador is not directly responsible for the conduct or service provided by the doula.

Name (please print): _____

Signature: _____

Date: _____

For office use only

Date application received: _____

Members of review committee: _____

Decision: _____