FAMILY SUPPORT FUND APPLICATION

Client Information
My child is a current ErinoakKids client (only current client families are eligible to apply) ☐ Yes ☐ No
Have you applied to ErinoakKids Family Support Fund or other ErinoakKids funds before? ☐ Yes ☐ No
If yes, when and how much received? (only families who have not received ErinoakKids Family Support Funds in the last 12 months are eligible to apply)

Client and Family Information (client must be 0-18 years of age)			
Client First Name	Client Last Name	Middle Initial	Date of Birth (DD/MM/YYYY)
Parent/Guardian First Name	Parent/Guardian Last Name	Relationship to client:	
Apartment #	Address		
City	Province		Postal Code
Main Phone Number	Cell Phone Number	Work Phone Number	

Is an interpreter needed? ☐ Yes ☐ No	If yes, what language?

CLINICAL AND FINANCIAL BACKGROUND INFORMATION
In the past 2 years, my child used these ErinoakKids service(s):

- ☐ Assistive Devices Resource Service (ADRS)
- ☐ Autism Services
- ☐ Auditory Verbal Therapy & American Sign Language Instruction
- ☐ Behaviour Consultation Services
- ☐ Communication Checkup
- ☐ Coordinated Service Planning
- ☐ Drama Services
- ☐ Early Childhood Resource Service
- ☐ Feeding/Swallowing Clinic
- ☐ Fetal Alcohol Spectrum Disorders (FASD) Services
- ☐ Infant Hearing Screening
- ☐ Infant Hearing Services
- ☐ Independent Living Program
- ☐ Music Therapy
- ☐ Nursing Services
- ☐ Nutrition Clinic
- ☐ Occupational Therapy
- ☐ Orthopedic Clinics
- ☐ Orthotics Clinic
- ☐ Personal Care Program/Nursing
- ☐ Physiotherapy
- ☐ Recreation Therapy
- ☐ Rehabilitation Clinic
- ☐ Respite Services
- ☐ School Based Rehabilitation Services (SBRS)
- ☐ Service Navigation
- ☐ Social Work Services
- ☐ Special Services at Home
- ☐ Speech and Language Services
- ☐ Splinting Clinic
- ☐ Summer Therapy Programs
- ☐ Transition Services
- ☐ Vision Services
- ☐ Other: *(please share)*

My child currently participates in recreation programs: ☐ Yes ☐ No

If yes, please specify:_____

I am applying for a program, or an item provided by ErinoakKids	☐ Yes ☐ No	
My family's (household) yearly income* is: $_____ **Salary before taxes and deductions – Line 150 of CRA Notice of Assessment (NOA) or line 150 on page 2 of T1.* NOA reviewed by ErinoakKids Clinician ☐ Yes	☐ Under $26,000 ☐ $26,000 - $45,000	☐ $45,000 - $75,000 ☐ Above $75,000
My family's financial situation can be described as: *Please select all that apply*	☐ I am receiving social assistance. (*Ontario Disability Support Program, Ontario Works, or Assistance for Children with Severe Disabilities)* ☐ There is no other funding options available for this item / program	☐ I have other funding options but this item/program is very expensive. ☐ I have a significant income but lots of expenses due to my child's disability ☐ I have applied for other funding. options but have been denied
Has your family work status or income changed over the past year? If yes, provide details below and how this impacts your financial situation.	☐ Yes ☐ No	

My family circumstances:	☐ There is a need for parental relief and support ☐ Parental job loss ☐ Single parent family ☐ There are other medical / health issues in the family ☐ We have more than one child with special needs (explain below)
Please specify the # of adults that live in the home:	
Please specify the # of children that live in the home:	

Please tell us more about:

- Your financial situation,
- The areas of stress in your life,
- Your child's needs, and
- How this specific item/service will help your child and family.

These factors are considered when applications are being reviewed. The more you can tell us, the better we can help.