

MSIFN Maada'ookii Committee

Application for Assistance – Medical

Form for Occupational Therapists, Social/Case Workers, Support Personnel, etc.

MISSISSAUGAS OF SCUGOG ISLAND
FIRST NATION



Applicant Information

NAME: _____

DATE OF BIRTH: _____

INDIGENOUS STATUS MEMBER? Y N

IF YES, WHERE? _____

ADDRESS: _____

MEDICAL CONDITION(S): _____

Requestor's Information

NAME: _____

POSITION/TITLE: _____

EMAIL: _____

PHONE: _____

ORGANIZATION: _____

ADDRESS: _____

Checklist

LETTER OF RECOMMENDATION (FROM AN AUTHORIZED OCCUPATIONAL THERAPIST, PHYSICIAN, PHYSIOTHERAPIST, SOCIAL/CASE WORKER, FAMILY SUPPORT ASSISTANT ETC.)

- 1ST LETTER OF RECOMMENDATION
- 2ND LETTER OF RECOMMENDATION (APPRECIATED WHEN POSSIBLE)

EQUIPMENT OR CONSTRUCTION QUOTATIONS (PLEASE PROVIDE FROM TWO SOURCES):

**NOTE ALL REQUESTS FOR BUILDING RAMPS, DECKS, ETC. FOR CLIENTS WITH DISABILITIES MUST ADHERE TO THE STANDARDS OF THE ONTARIO BUILDING CODES, AND BE COMPLIANT WITH THE AODA.*

- COMPANY A: _____ COST: \$ _____
- COMPANY B: _____ COST: \$ _____
- GPE MEDICAL: _____ COST: \$ _____

PROOF OF INCOME (PLEASE PROVIDE THE MOST RECENT NOTICE OF ASSESSMENT (NOA) FOR EVERYONE IN THE HOUSEHOLD OF 18 YEARS OLD AND OLDER, PLEASE NOTE CHILD SUPPORT AMOUNTS PAID OR RECEIVED, ODSP, CHILD TAX BENEFIT, ONTARIO TRILLIUM BENEFIT, OR ANY OTHER INCOME NOT DECLARED ON THE NOA):

- APPLICANT
- SPOUSE OR COMMON LAW PARTNER OF APPLICANT
- OTHER: _____
- PARENTS OF MINORS

PLEASE NOTE THAT IF THE HOUSEHOLD INCOME EXCEEDS \$100,000 ANNUALLY, THE COMMITTEE REQUESTS THAT YOU PROVIDE ADDITIONAL INFORMATION AS TO REASON FOR REQUESTING FINANCIAL ASSISTANCE. WE SUGGEST PROVIDING A GENERAL BUDGET LIST OF EXPENSES THAT VERIFY YOUR NEED FOR ASSISTANCE (RENT, MORTGAGE, INSURANCE, UTILITIES, PHONE, TREATMENTS, CHILDCARE, MEDICAL NEEDS, GROCERIES, NUMBER OF DEPENDENTS, ETC.)

Other Funding Support Accessed

MSIFN Maada’ookii Committee wishes to be the last resort for funding. Please provide evidence of all efforts made to access alternative funding by checking the organization and stating the result in the table below.

Organization	Pending	Results
Assistive Devices Program (ADP)		
March of Dimes		
Easter Seals		
Partners In Service		
Local Rotary Club		
Love Of A Child		
Home & Vehicle Modifications (MOD)		
Jennifer Ashleigh Children’s Charity		
MS Society		
Muscular Dystrophy Association		
Ontario Federation Of Cerebral Palsy		
Assistance for Children With Severe Disabilities (ACSD)		
Ontario Works Discretionary Fund		
Durham Region Social Assistance/Oral Health Division		
Employer Extended Health Benefits		
Private Insurance		
Go Fund Me		
Other (Please Specify)		
Other (Please Specify)		

I hereby provide my consent for MSIFN Maada’ookii committee to seek specific details regarding other funding.

APPLICANT’S SIGNATURE: _____ **DATE:** _____

Application Submission

Please forward completed requests by:

**EMAIL: MSIFN-MC@SCUGOGFIRSTNATION.COM OR
 FAX: 1-289-312-4688 ATTN: MSIFN MAADA’OOKII COMMITTEE**

Thank you for your cooperation with our process of requests. All applications will be reviewed by the MSIFN Maada’ookii Committee at the meeting following receipt of all requirements of your request. Approved requests will be paid directly to the service or equipment provider when applicable. Due to the high volume of requests received, only one request per year will be considered. All personal information received with an application will be kept confidential, only viewed by MSIFN Maada’ookii Committee Members.

With kind regards,

Kayla Ponce de Leon

MSIFN Maada’ookii Committee Administrative Assistant