

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 1: _____ COST: \$ _____
- COMPANY 2: _____ 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 THE COMMITTEE REQUESTS THAT YOU PROVIDE ADDITIONAL INFORMATION AS TO REASON FOR REQUESTING ASSISTANCE. WE SUGGEST PROVIDING A GENERAL BUDGET LIST OF EXPENSES THAT VERIFY YOUR NEED FOR ASSISTANCE.

Other Funding Support Accessed

MSIFN Maada’ookii Committee will only consider applications as the last resort for funding. Please provide documentation of all efforts made to access alternative funding by checking the organization and stating the result in the table below.

Organization	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. It is up to the MSIFN Maada’ookii Committee’s discretion to approve or deny any requests, if your request is approved it 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,

Kristen Watkins

MSIFN Maada’ookii Committee Administrative Assistant