

# 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.)

- 1<sup>ST</sup> LETTER OF RECOMMENDATION
- 2<sup>ND</sup> LETTER OF RECOMMENDATION (APPRECIATED WHEN POSSIBLE)

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

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

*\*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.*

PROOF OF INCOME (PLEASE PROVIDE A NOTICE OF ASSESSMENT OR 2-3 RECENT PAYSTUBS OF EVERYONE IN THE HOUSEHOLD OF 18 YEARS OLD AND OLDER):

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

*PLEASE NOTE THAT IF THE HOUSEHOLD INCOME EXCEEDS \$100,000 ANNUALLY, THE COMMITTEE REQUESTS THAT YOU PROVIDE ADDITIONAL INFORMATION AS TO REASON FOR FINANCIAL ASSISTANCE.*

**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](mailto: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