



Deafblind and Sensory  
Support Network of Canada

Réseau canadien de soutien à la  
surdicécité et troubles sensoriels

*Children's Intervenor Services Funding (CISF) decisions are based on the applicant's needs and available resources.*

**CONTACT INFORMATION-PERSON ASSISTING IN THE COMPLETION OF APPLICATION**

**First Name:**

**Last Name:**

**Full Address (#, Street, Unit/Suite/Apt, City, Province, Postal Code):**

**Phone:**

**Cell:**

**Email Address:**

**INFORMATION FOR INDIVIDUAL WHO IS DEAFBLIND**

**First Name:**

**Last Name:**

**Full Address (#, Street, Unit/Suite/Apt, City, Province, Postal Code):**

**Date of Birth (DD/MM/YYYY):**

**Gender:**

Male

Female

**Cause of Deafblindness:**

**Educational Placement:**

**SUPPORTING DOCUMENTATION ATTACHED**

- Audiology Report (less than 5 years old)
- Vision Report (less than 5 years old)
- Deafblind Functional Assessment
- Reports on file with Sensity from previous year's CISF application

**NATURE OF THE REQUEST**

**Please check all those that apply:**

- Intervenor Services
- Intervenor costs
- Program fees
- Camp fees
- Parent or caregiver training
- Assessment or consultations related to deafblindness
- Respite Program

**Please provide details on how these services would be used.**

**AMOUNT OF FUNDING REQUESTED (NOT TO EXCEED \$1500)**

- |  |    |   |           |
|--|----|---|-----------|
| <input type="checkbox"/> Intervenor Services | \$ | <input type="checkbox"/> Parent or caregiver training                         | \$        |
| <input type="checkbox"/> Intervenor costs    | \$ | <input type="checkbox"/> Assessment or consultations related to deafblindness | \$        |
| <input type="checkbox"/> Program fees        | \$ | <input type="checkbox"/> Respite Program                                      | \$        |
| <input type="checkbox"/> Camp fees           | \$ |   |           |
| <b>Total Amount Requested</b>                |    |   | <b>\$</b> |

**REIMBURSEMENT**

Children's Intervenor Services Funding (CISF) is a reimbursement program. Families submit invoices and receipts to Sensity, and are reimbursed for their expenses. Processing for invoices will take approximately 4 weeks.

**MISUSE OF FUNDING**

Children's Intervenor Services Funding (CISF) is to be used for the sole purpose of providing the services that have been outlined in this document for the benefit of the individual who is deafblind and their caregiver. Sensity may suspend or terminate funding where the individual(s) receiving or managing the funding do not comply with the appropriate uses for this funding.

**QUESTIONS**

If you have any further questions about the Children's Intervenor Services Funding (CISF) please contact us at: [cisf@sensity.ca](mailto:cisf@sensity.ca) or toll free 1-877-760-7439, ext. 136.

<b>Applicant Signature:</b>	<b>Date:</b>
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**Please send the completed application form by mail or email**

**to:**

Sensity  
Attention: CISF Application  
50 Main Street  
Paris, ON N3L 2E2  
[cisf@sensity.ca](mailto:cisf@sensity.ca)

*If you have difficulty completing this  
form, please contact 1-877-760-7439  
ext. 136.*