



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

- | | |
|---|---|
| <input type="checkbox"/> Audiology Report (less than 5 years old) | <input type="checkbox"/> Deafblind Functional Assessment |
| <input type="checkbox"/> Vision Report (less than 5 years old) | <input type="checkbox"/> Reports on file with Sensity from previous year's CISF application |

NATURE OF THE REQUEST

Please check all those that apply:

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

Total Amount Requested \$

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 or toll free 1-877-760-7439, ext. 158.

Applicant Signature:

Date:



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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

If you have difficulty completing this form, please contact 1-877-760-7439 ext. 158.