

Deafblind and Sensory

Réseau canadien de soutien à la Support Network of Canada 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,	Full Address (#, Street, Unit/Suite/Apt, City, Province, Postal Code):						
Phone:	Cell:		Email Address:				
INFORMATION FOR INDIVID	IIAI WHO IS DEA	FRUIND					
First Name:	OAL WIIO IS DEA	Last Name:					
Full Address (#, Street, Unit	Full Address (#, Street, Unit/Suite/Apt, City, Province, Postal Code):						
Date of Birth (DD/MM/YYYY	/):	Gender:	_				
		Male 🗌	Female				
Cause of Deafblindness:							
<b>Educational Placement</b>							
SUPPORTING DOCUMENTAT	TION ATTACHED						
Audiology Report (less tha		Deafblind Fund	ctional Assessment				
old)		Reports on file with Sensity from previous year's CISF					
☐ Vision Report (less than 5	years old)	application	John providus year 5 dist				



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## PLEASE PROVIDE DETAILS ON HOW THESE SERVICES WOULD BE USED.

AMOUNT OF FUNDING R	REQUESTED	(NOT TO EXCEED \$1500)					
Intervenor Services	\$	Parent or careg	_	\$			
Program fees	\$	<u>—</u>	onsultations related	¢			
Camp fees	\$	to deafblindnes		\$			
Sensory items	\$	Respite Program	1	\$			
		Tot	al 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							
		ng (CISF) is to be used for the		•			
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.							
COMMUNICATION	iate uses for	this funding.					
	wacu and wil	ll not chara your contact info	mation without your	ovnroce approval If			
Sensity respects your privacy and will not share your contact information without your express approval. You wish to opt in to receive the monthly Sensity Scoop newsletter and other informational emails, pleas							
check the box below.	cive the mo	nemy bensity bedop newsiete	er and other informat	cional cinalis, picasc			
Yes, I wish to receive	the Sensity	Scoop newsletter.					
		and updated on any upcoming	Family Education Ser	ies sessions.			
Yes, I wish to be infor	med of any	current funding opportunitie	s, and any other availa	ble options.			
QUESTIONS							
If you have any further queisf@sensity.ca or toll free		ut the Children's Intervenor S 1463 ext. 132.	ervices Funding (CISF)	please contact us at:			
Applicant Signature:			Date:				
Please send the complete	ted applica	tion form by mail or email					
to: Sensity	or	cisf@sensity.ca	If you have difficu	lty completing this			
Attention: CISF Application	ation			act 1-519-442-0463			
50 Main Street			ext. 132.				
 Paris, ON N3L 2E2							