



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

Phone:	Cell:	Email Address:
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INFORMATION FOR INDIVIDUAL WHO IS DEAFBLIND

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

Date of Birth (DD/MM/YYYY):	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
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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

