

ACCESS FUND APPLICATION

APPLICANT INFORMATION		
Name		
Address	City	Postal Code
Phone	Email	
Currently receiving services from ILCWR	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Program
ITEM TO BE PURCHASED		
	Cost	
SOURCES OF FUNDING APPROACHED		
APPROVED	ELIGIBLE	AMOUNT
Ontario Disability Support Program	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ontario March of Dimes Programs	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Region of Waterloo	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Sources		
ATTACHMENTS TO APPLICATION		ENCLOSED
FUNDING REQUESTS	Copies of letters of request with the amount requested and received from sources above.	
LETTER OF REQUEST	Letter of request to ILCWR to demonstrate how device will improve your quality of life.	
VENDOR QUOTES	A competitive quote from a vendor of your choice.	
PROFESSIONAL ASSESSMENT	Verification of recommendation from an Occupational or Physical Therapist.	
Mail To: ACCESS FUND COMMITTEE Independent Living Centre of Waterloo Region 127 Victoria St. S., Suite 201 Kitchener, ON N2G 2B4 Phone (519) 571-6788 Fax (519) 571-6388		