



Independent  
Living Centre

OF WATERLOO REGION

www.ilcwr.org

*Since 1982*

# ACCESS FUND APPLICATION

## APPLICANT INFORMATION

Name

Address

City

Postal Code

Phone

Email

Currently receiving  
services from ILCWR

Yes

No

Name of Program

## ITEM TO BE PURCHASED

Cost

FUNDING SOURCES APPROACHED  
AND APPROVED

ELIGIBLE

AMOUNT

Ontario Disability Support Program

Yes

No

Ontario March of Dimes Programs

Yes

No

Region of Waterloo

Yes

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  
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