

Canadian Deafblind Association

CDBA NATIONAL SUPPORT FUND

APPLICATION

PURPOSE:

The purpose of this National Support Fund is to provide CDBA members living in Canada who are deafblind with another funding option to assist them with the purchase of:

1. Short term Intervention services during or as the result of an emergency
2. Short term Intervention services for individuals confined to a hospital
3. Specialized education or recreation program registration fee
4. Specialized equipment
5. Other services or equipment resulting from specialized or unique circumstances

The funds provided are short term and are to supplement other sources of funding. They are not intended to replace funding which may be otherwise available nor are they to be of an ongoing nature.

Emergency: *will be defined as*—an unplanned event for which the individual or their advocate has had less than 14 days to prepare.

Supplemental: *will be defined as*—adding to other funding sources which may be insufficient to cover Intervention Services during short-term hospital stays or specialized education or recreational programs, the cost of such programs or specialized equipment etc.

CRITERIA FOR FUNDING:

Persons Qualifying:

1. Those individuals who have been identified as deafblind and/or receiving deafblind services.
Documentation may be required to verify deafblindness of the individual.
2. The individual or their immediate family must be a current member of CDBA in good standing for a minimum of six months prior to the submission of the funding application.

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APPLICATION FORM

Name of individual who is deafblind: _____

Documentation may be required to verify deafblindness of the individual.

Name of person making request (if different from above): _____

Relationship to individual who is deafblind: _____

Street Address: _____

City/Town: _____ Postal Code: _____

Telephone: _____ Email: _____

Amount of funding being requested: \$ _____

Provide a detailed cost breakdown and describe how the funds will be used (services, equipment, fees, travel):

Other funding sources contacted for assistance and results:

1. _____

2. _____

Amount individual or family will contribute: \$ _____

Date: _____ Signature of Applicant: _____

Please forward the completed application form to the CDBA National office either by:

Email: info@cdbanational.com

Mail: 1860 Appleby Line, Unit 14, Burlington, Ontario Canada L7L 7H7

For additional information please call CDBA National at 1-365-366-4525

Additional forms available on the CDBA National Website at www.cdbanational.com

COMMITTEE USE ONLY

Amount of Funding Approved by the National Support Fund Committee: \$ _____

Date: _____ Signature of Committee Chair: _____