

Funding Application Form

Funding for Unusually Difficult to Serve Situations (UDSS)

Agency: _____ Program or residence: _____

Contact person: _____ Phone /Ext.: _____

Email: _____ Fax: _____

Child's Name: _____ Birth date:(dd/mm/yy) _____

Child case code: _____ Gender: F M Other

Camps and Organized Activities

Name of Camp / Agency: _____

From: _____ To: _____

Cost per week: _____ and / or Total Cost Requested _____

Respite Services

Respite Plan

The goal of the respite is to facilitate or support the following:

Community Skills Activity Support Parental / Family Respite

Other: _____

From _____ To _____ Number of hours weekly _____

Previous respite details: (provider, length, hours, details and outcome)

Other Requests:

Cost: _____

If payment is required please complete the Payment Information on the last page of the application.

Funding Request Information

Describe the circumstances, situation and process upon which the request is based.
(Current service information, family support /information, financial and resource availability)

Identify the need(s) which will be addressed by the request.

How will the funding / intervention address or support the outlined need (s)?

Coordinated Access is not a long term funding option, describe the funding phasing out plan for this family. Indicate the services / options that have and will be pursued to meet this family's ongoing or future needs.

Payment Information

Information must be completed and attached to the application for payment to be processed.

- Funds are **not payable** to parents, guardians or family members.
- Funds are payable to **organizations, agencies, camps and workers only**.
- Payment will **not indicate** the child's name. The contact person is asked to facilitate the registration process ensuring the payment accompanies the registration or application. If the registration or application is not successful please ensure the cheque is returned to Coordinated Access.

Funds payable to: _____

Choose one of the following to receive payment:

1. **Payment is to be mailed to the contact person.**

Attention: _____

Address: _____

2. **Payment will be picked up at the Youth Services Bureau Reception by:**

Please allow processing time (minimum 5 days)

3. **Youth Services Bureau of Ottawa can be invoiced directly for payment.**

Invoice should be mailed to the Youth Services Bureau of Ottawa

C/o Ottawa Children's Coordinated Access & Referral to Services
2675 Queensview Drive
Ottawa, Ontario
K2B 8K2

Please attach the Coordinated Access application form.

Request prepared by: _____

Position: _____

Date of request: _____