



FRESH AIR FUND REQUEST FORM

Please complete all questions to assist in processing your application as quickly as possible.

Application Date: _____

PART A: CHILD INFORMATION

Name: _____

Date of Birth: _____
(dd/mm/yyyy)

Gender: Male Female

Address: _____
(street) (apt #) (city) (postal code)

Parent/Guardian Name(s): _____

Telephone Number: () _____ Cell Phone Number: () _____

Email Address: _____

PART B: REFERRAL INFORMATION

- How were you referred to The Fresh Air Fund? Self CAS Worker Other _____
- How did you hear about The Fresh Air Fund? _____
- If you are currently a client of the CAS, please provide your Worker's name: _____

PART C: ELIGIBILITY INFORMATION

- Source of Family Income: Ontario Works Disability Child Support
 Child Tax Benefits Employment
 Other (Please state) _____
- Annual Income: 0 – \$10,000 \$10,000 – \$20,000 \$20,000 – \$30,000
 \$30,000 – \$40,000 over \$40,000
- Number of Children at Home: _____



PART D: PROGRAM INFORMATION

Program Name : _____

Brief Description: _____

Program Location: _____ Program Date(s): _____

Phone Number: () _____

Payable To (please confirm as may differ from program name): _____

Billing Address: _____ (street) _____ (city) _____ (postal code)

Telephone Number: () _____

Total Program Cost (including tax): \$ _____

Are you able to assist financially with the cost of registration? Yes No

If yes, please provide contributing amount: \$ _____

All applicable program registration forms and waivers are completed and attached to this form.

Please note that The Children's Aid Society of Haldimand and Norfolk does not provide transportation to camps or recreational activities.

PART E: FOR OFFICE USE ONLY

Fresh Air Fund Support Requested \$ _____

- To be invoiced
- Pre-payment required, *Payment – Purchase Order Requisition.doc* attached
- Fresh Air Fund database updated

Approvals:

(volunteer coordinator) _____ (date)

(director of service, if applicable) _____ (date)