



## 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)