



## FRESH AIR FUND REQUEST FORM

Please complete all questions to assist in processing your application as quickly as possible. Applications are considered for qualifying children on a first come, first serve basis as well as availability of funds.

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: PROGRAM INFORMATION

Program Name : \_\_\_\_\_

Brief Description: \_\_\_\_\_

Program Location: \_\_\_\_\_ Program Date(s): \_\_\_\_\_

Program Contact Person: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_  
(street) (city) (postal code)

Telephone Number: ( ) \_\_\_\_\_

Total Program Cost (including tax): \$ \_\_\_\_\_

Please indicate amount that you will contribute: \$ \_\_\_\_\_

Please indicate fees/costs requested from the Fresh Air Fund: \$ \_\_\_\_\_

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

**PART C: ENDORSEMENT/ FINANCIAL INFORMATION**

Please provide a copy of your most recent income tax assessment **OR** provide the name of a person (**who is not a relative**), who is familiar with your financial situation and who can verify that you require assistance from the Fresh Air Fund. This person should be an adult who knows your child, and who is active in community activities. (Example; Teacher, Coach, Clergy, Social Worker, Group Leader.)

Name of Reference: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening: \_\_\_\_\_

I, \_\_\_\_\_ (*Parent or Guardian*) authorize the above reference to discuss personal information as required by the Fresh Air Fund.

Signature: \_\_\_\_\_ (*Parent or Guardian*) Date: \_\_\_\_\_

I certify my endorsement of the above child/youth and verify that all the information given is correct and can be substantiated.

Signature: \_\_\_\_\_ (*Endorser*) Date: \_\_\_\_\_

**PART D: REFERRAL INFORMATION**

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

**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
- Parent advised

**Approvals:**

\_\_\_\_\_ (volunteer coordinator)

\_\_\_\_\_ (date)

The Fresh Air Fund and The Children's Aid Society of Haldimand and Norfolk (the Society) will respect the confidentiality of all applicants. By completing this application, I hereby authorize the Society to consult with the endorser and share this information with the organization or company that will receive the payment for my child. Personal information will not be used for any other propose then reference to the funding provided.