



APPLICATION FOR FINANCIAL ASSISTANCE (MEMBER)

(Note: only one application need be submitted. An application form is to be submitted by either the member or the service provider.)

Name of Applicant:

Address:

Are you a (please circle): First Responder Retiree Veteran Partner or spouse, or dependant

First responder affiliation (please circle): Police Fire Paramedic

Are you working with a Peer Team Member? No Yes

Service Provider – name, address and contact means:

Clinician Designation and Registration Number (if applicable):

(NOTE: In providing the above information it is acknowledging that you are granting permission for the Foundation to contact the service provider. The Foundation shall only be contacting the service provider to verify that the applicant is indeed seeking these services.)

Amount being requested: _____

_____ I am not qualified to receive WSIB coverage. If I am waiting for approval and it is accepted, I agree to reimburse the Ottawa First Responder Foundation for the monies used to support my treatment to date.

_____ I have exhausted all extended benefits coverage available to me.

I, _____ (name) _____ acknowledge that if subsequently reimbursed by the City or Province or other agency for the funds requested that I shall reimburse the Foundation. Furthermore, I acknowledge that I grant permission to the Foundation to contact the above service provider and Peer Team member to determine the validity of this application.

date: _____

(signature)