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## Request for Funds to Assist Children with Camp Costs Form

Family Member's Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM / DD / YYYY

Caregiver Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The intake process at Halton Support Services is required in order to access funds.

Please confirm intake has been completed: YES  NO

If you have not completed intake and will like to complete the intake process please contact:  
905-844-7864 Ext. 221

Please describe the needs of the family member; behavioural, medical, family situation.

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Do you receive SSAH funds? YES  NO

Name of camp: \_\_\_\_\_

Camp fee: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM / DD / YYYY

Please submit completed form by mail, e-mail, fax or drop-off, before April 6, 2018 at:

CWSDS Main Reception  
53 Bond Street, Oakville, L6K 1L8  
Email: [hssinfo@cwds.ca](mailto:hssinfo@cwds.ca)  
Fax: 905-849- 6980

If you want to discuss your application, please contact:  
Toni at 905-844-7864 OR 1-800-600-2013 Ext. 460