



Application #: _____
Date received by Foundation: _____

Please forward to:
Muskoka Victor Therapy Fund
49 Pine Street, Bracebridge, ON P1L 1T6
Tel: 705-645-4226
Email: _____

Muskoka Victor Therapy Fund

The ***Muskoka Victor Therapy Fund*** is to provide funding for children in Muskoka who have experienced sexual abuse (directly or indirectly), whether alleged or verified, for treatments which cannot be accessed through publicly funded service, the Health Care System or family health care plan. Funding is available to children and youth for whom traditional and publicly available treatments are not appropriate, insufficient, or who may benefit from additional service/treatments. We endeavour to review applications and notify applicants within 4 weeks by phone, letter or email.

DATE: _____ PARENT/GUARDIAN NAME: _____

ADDRESS: _____

POSTAL CODE: _____ TELEPHONE: (H) _____ (W) _____

1. Name of child: _____ Date of Birth: _____

2. Brief description of child's story (attach additional sheet if necessary):

3. Interventions to date including dates and outcomes (attach additional sheet if needed):

4. Plan for use of funds, if approved, and why needed instead of or in addition to publicly available interventions:

5. PROFESSIONAL reference who can verify the information provided:

Name of Reference: _____ Professional Designation: _____

Address: _____

Telephone: _____

(This section MUST be completed. Reference source CANNOT be person or organization receiving funds from this grant.)

6. Do we have your permission to discuss this application with the reference or service provider as named above?

YES _____

NO _____

7. COST BREAKDOWN OF THE REQUESTED INTERVENTION:

Estimated cost	\$
Amount requested	\$
Amount Applicant can pay	\$

8. What other resources have your explored? With what resulted?-

9. The Muskoka Victor Therapy Fund has a close working relationship with Simcoe Muskoka Family Connexions.

Are you currently involved with Simcoe Muskoka Family Connexions? YES _____ NO _____

If yes, do we have your permission to share information with Simcoe Muskoka Family Connexions concerning your application for a grant? YES _____ NO _____

If yes, please sign here: _____

10. Other information that you wish to provide that is important to this application:

*****PLEASE NOTE THAT FUNDING CANNOT BE PROVIDED FOR SERVICES THAT
HAVE ALREADY BEEN PAID OR CONTRACTED FOR*****

Signature of Applicant

Date

For Committee Use Only:

Application #: _____

Application reviewed to ensure information is complete by: _____

Date of Presentation to the Committee: _____

Amount of Grant approved: _____

Committee Approval Date: _____

Committee Authorized Signature: _____

Cheque # _____

Payable to: _____

Date: _____

Deferred (details):
