



Life on Campus Criteria for funding requests

- ✓ **Allocation of funds is for adults with developmental disabilities, who are 18-29 and transitioning to community life.**
- ✓ **Allocations are awarded on an individual basis through an existing agency represented by the committee (foundations program)**
- ✓ **Improve a person's/family's access to funds and better use of existing resource.**
- ✓ **Increase a person's participation in developing transitional skills and the participation in continuing education.**
- ✓ **Ongoing short term funding will be considered as part of a transitional plan. The committee can allocate funds due to the fiscal needs of the client.**
- ✓ **Consideration will be made for supplies and supports related to courses. For example: In class supports (note taker, peer support ...) Tutorial support outside of classroom (help with homework, preparation for classes, research assistance for projects)**
- ✓ **Orientation support (assistance in becoming familiar with post Focus of funding is to support People who have well thought out plans to pursue adult and or post secondary education and assistance is needed to bridge/support the person to meet their goals. secondary and adult education environments and their processes)**
- ✓ **Course fee's are considered normal costs and are the responsibility of the person/their family.**

Life On Campus Program

FUNDING APPLICATION FORM

****PLEASE TYPE OR PRINT****

OFFICE USE ONLY:

Date Rec'd: _____

Initials: _____

Assigned: _____

Amount Requested: \$ _____

SECTION I

ADULT'S NAME: _____ GENDER: M _____ F _____

D.O.B.: _____ AGE: _____

(mm/dd/yy)

PARENT/GAURDIAN(S) NAME(S): _____

ADDRESS: _____

CITY: _____ POSTAL CODE _____

PHONE #: H) _____ B) _____

IF APPROVED FOR FUNDING, CHEQUE SHOULD BE ISSUED TO: _____

REASON FOR REQUEST: Career Directed [] Leisure & Personal Development []
Academic Upgrading [] Other []

I/we verify that all information contained in this application is true and correct to the best of my/our knowledge.

Signature: _____ Date: _____
(applicant)

Signature: _____ Date: _____
(Parent or Guardian)

SECTOR COORDINATING

I, _____, on behalf of _____,
(Name of Contact Person) (Name of Agency)

have been actively involved with the _____ family since _____ (date) and have assisted them in exploring all known service and funding options available in Durham Region. We recognize our role in relationship to case management/responsibility.

Signature: _____ Date: _____
(Agency Personnel)

LIFE ON CAMPUS PROGRAM COMMUNICATION AGREEMENT

All application information is treated confidentially. In order to evaluate the application, respect your right to confidentiality, and to ensure accountability for public funds, it may be necessary to clarify some of the information contained. **In order to proceed with your application we require authorization for release of information as outlined below.**

I/we _____ of _____
(applicant) *(address)*

I/we _____ of _____
(parent/guardian) *(address)*

understand that clarification and/or verification of information contained in the application may be required and within those limits, authorize the Life on Campus Program to contact/or be contacted by the individuals/agencies/services.

The membership of the Life on Campus Program includes representatives from Community Living Oshawa/Clarington, Durham Association for Family Respite Services, Community Living Durham North, Colleges Without Walls, The Downs Syndrome Association Community Living Ajax/Pickering Durham Region, and parents or consumers of services.

Unless otherwise noted, this authorization is valid for the period necessary to reach a decision (not to exceed 6 months) regarding the proposal dated _____ 20__.

(Date) *(Signature of applicant)*

(Date) *(Signature of Parent/guardian)*

(Date) *(Signature of witness)*

SECTION III

Please ensure that your Proposal responds to the following questions and budget information. Feel free to include additional information that you feel would assist the committee.

The information you submit will be photocopied, so please ensure that it is legible.

1. Identify your learning plan.

2. Refer to criteria sheet identify the need/supports required to move forward with your learning plan.

3. What are the items and/or the amount of funds being requested?

4. Indicate how you will fund other cost related to your plan ie; registration fees, materials, transportation.

5. What other services/supports are currently being accessed to aid with this goal and what is the level of involvement (what are they providing and how often)?

Agency/Service	Contact Person	Type Of Service	Frequency

6. Can you provide documentation of registration for the course? Now or when register.

7. Who will help administrate funds?

8. What funds are you currently accessing (ie. S.S.A.H.) on behalf of the person with the developmental disability?

Source	Amount	Purpose

