

MCA Special Needs Fund Application

Applicant: This section conforms to the MCA *Access to Information & Protection of Personal Privacy Regulation*, Chapter Three, Section 37 which states, "A department must collect personal information directly from the individual to whom the information pertains unless another method of collection is authorized by that individual" and with Section 41 a) i. which states, "A department may use personal information only for the purpose for which the information was collected or compiled or for a use consistent with that purpose".

SECTION A: Applicant identity

This application is for:

myself

another person for whom I am authorized to divulge personal information

Applicant: _____

On behalf of: _____

Birth date: _____ MM/DD/YYYY

I am, or I am applying on behalf of, an MCA Member as defined by the Akwesasne Membership Code; I understand that this will be verified by the MCA Office of Vital Statistics and provide information, attached, for verification.

Residence: _____ Kawehnoke Kanatakon TsiSnaihne
Street Address

Applicant Phone Number: _____

If applicable:

School District Attending : _____

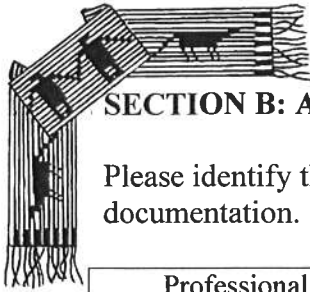
School Contact: _____

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Note to Applicant: All applications are contingent on available funding. In all cases, you are encouraged to use additional paper when pertinent information requires additional space.

Committee members seek to fully understand your special need.

Niawen Kowa



SECTION B: ASSESSMENT SUMMARY

Please identify the professional(s) with whom you've consulted, and attach pertinent documentation. Please type or print clearly.

Professional	Date	Assessment	Diagnosis/Recommendation

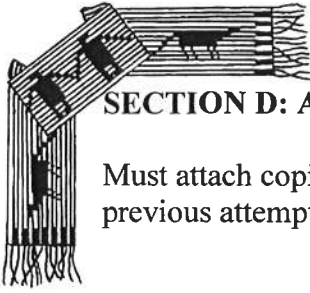
Summary of current special needs for the individual and/or family:

Summary of circumstances that warrant special consideration pertinent to this request:

SECTION C: REQUEST FOR FUNDING

Based on the information I have provided, I request: **Assistive Devices** **Services**
(Please √ check)

Description	Cost
TOTAL REQUEST	\$



SECTION D: ADDITIONAL DETAILS

Must attach copies of any and all denial letters and or documentation received regarding previous attempts to secure funding or services.

Please describe alternate sources of funding that are, or may be, available to you:

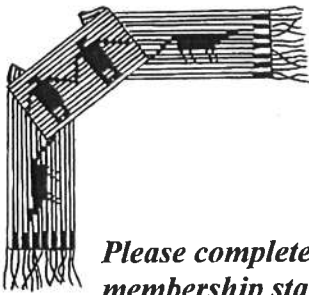
If applicable:

I am the Parent or Guardian of a minor, _____ . I declare and certify that this minor is resident in my home on a full-time basis. Where another living situation exists, I have correctly described it on the bottom of this page.

Signature of Applicant or Parent/Guardian

Date

Alternate residency description, if applicable:



**MOHAWKS OF AKWESASNE
MEMBERSHIP CONFIRMATION REQUEST**

Please complete your name and date of birth. Submit to OVS Office for Verification of membership status.

PART I:

Name: _____

Date of Birth: _____

Registry Number: _____

Signature of Applicant or Authorized Representative

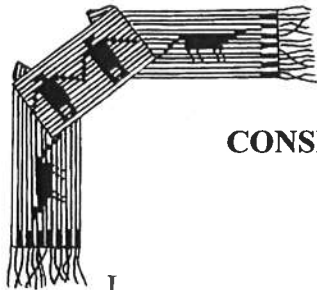
I have applied to the Special Needs committee for funding. The Committee will need additional membership information as listed in part II before assistance can be determined. When complete, please forward to DCSS Administration office.

PART II: STATUS OF MEMBERSHIP

- Member under Akwesasne Membership Code
- Probationary member under the Akwesasne Membership Code
Expiration Date of Probation _____
- Not a member under Akweasne Membership Code

OVS Authorized Signature

Date



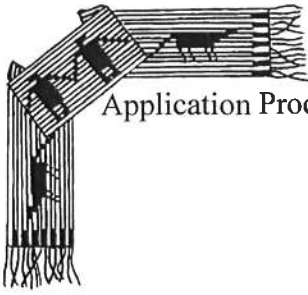
CONSENT REGARDING USE OF PERSONAL INFORMATION

I, _____, certify that this application contains correct, complete information and hereby give my consent to the Special Needs Committee to discuss, confirm, or research any matter pertaining to, and consistent with, this application. I understand that this may include, but not be limited to, the professionals, schools, service providers, or funding agencies listed on this application.

I understand that the Special Needs Committee is bound by the *Access to Information and Protection of Personal Privacy Regulation* in the collection, use, storage, and disposition of this personal information.

Signature of Applicant or Authorized Representative

Date



Application Process

Program | Overview

Application Requirements

Financial Assistance Available

Costs	Max Allowable
Equipment	
Education	
Home Repair	75% of costs to \$
Medications	
Special Services	