Down Syndrome
Association of Simcoe County

Bursary Claim Form

INDIVIDUAL INFORMATION:

Name: _____

Address: _____

_____

Parent/Caregiver Signature:

_____

By signing this claim form, I acknowledge I have not submitted this same claim previously or elsewhere.

WORKER/PARENT RELIEF INFORMATION:

Name: _____

Telephone #: _____

Worker's Signature:

_____

By signing this claim form, I acknowledge I have provided the services describer below, if a family member I am 18 years of age or older, and I am not the primary caregiver/spouse.

Type of Service and/or Program	Date	Total Hours	Hourly Rate	Total Amount
			TOTAL	$

Return to:

admin@dsasc.ca

or

DSASC

P.O. Box 22008

Barrie ON L4N 0Z5