



**CEDSA/ACSDE**

3-247 Barr Street, Renfrew, ON, K7V 1J6 | [www.ectodermaldysplasia.ca](http://www.ectodermaldysplasia.ca)

## CEDSA/ACSDE Application Form

The CEDSA/ACSDE Support Fund is available to supporters affected by the Ectodermal Dysplasia (ED) Syndromes who are Canadian citizens or have a permanent resident card, and currently reside in Canada who need financial assistance to acquire equipment, treatment or care needs deemed essential to the well-being of the applicant. Individuals must be over 18 or a parent if the child is under 18 years of age, and must submit this application form to the CEDSA/ACSDE, together with any documentation specified below and in the accompanying CEDSA/ACSDE Support Fund Guidance and Policy document. The level of funding provided will follow the established guidelines of the CEDSA/ACSDE Board of Directors. All payments will be made directly to the provider of such equipment, treatment or care needs.

In addition to this application form, all applicants must:

- Submit evidence in the form of a letter from the doctor, dentist or medical specialist confirming the diagnosis of an ectodermal dysplasia syndrome (For doctors, dentists, or medical specialists, also include proof they are licensed to practice in their province and/or Canada);
- Submit a letter confirming the need for the applicants request;
- Submit a copy of a written quotation or estimate of the costs from the care provider, manufacturer, supplier etc., for the equipment, treatment or care need;
- Include a recent photograph of the individual for whom this application is being made; and
- Be a current supporter of the CEDSA/ACSDE.

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Name of Applicant: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of parents/guardians (if applicable):  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

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

Type of treatment: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Describe the equipment, treatment or care need for which the application is being submitted:

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The CEDSA/ACSDE was formed to help improve the lives of those with an ectodermal dysplasia syndrome. Please tell us how receiving this equipment, treatment or care need meets this mandate. \* Please add an additional page if required.

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Have you submitted this assistance request to any other body for funding? If so, whom?

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What amount is the applicant or parent able pay towards the cost of the treatment for which assistance is requested?

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Please provide any additional information which may be pertinent to this application:

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**For office use only:**

Application received on: \_\_\_\_\_ Urgency of application: \_\_\_\_\_

Considered for funding on: \_\_\_\_\_ Funding awarded on: \_\_\_\_\_

Amount of funding: \_\_\_\_\_