



# Grief & Trauma Support Foundation

79 Gosford Blvd. Unit 6, Downsview, Ontario M3N 2G9

647-724-5114 • oobgtsfoundation@gmail.org • outofboundsjf.org

## Bereavement Financial Request Form

NAME OF APPLICANT: \_\_\_\_\_

NAME OF FAMILY IN NEED: \_\_\_\_\_

APPLICANT EMAIL: \_\_\_\_\_

APPLICANT PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

APT/UNIT: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?  WEBSITE  SOCIAL MEDIA  OTHER

CHILD / YOUTH'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

CAUSE OF DEATH: \_\_\_\_\_ PLACE OF DEATH \_\_\_\_\_

FUNERAL HOME & ADDRESS: \_\_\_\_\_

FUNERAL HOME CONTACT INFO: \_\_\_\_\_

FUNERAL HOME DIRECTOR: \_\_\_\_\_

OPEN TO CREMATION  YES  NO REASON: \_\_\_\_\_

DATE OF THE FUNERAL DATE/S OF VIEWING: \_\_\_\_\_

CEMETERY: \_\_\_\_\_

DATE OF BURIAL DAY: \_\_\_\_\_

\* IF NOT THE MOTHER –TELL US ABOUT YOURSELF AND THE REASON/S WHY YOU'RE THE APPLICANT INSTEAD OF THE MOTHER

## Mother's Information

FULL NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SALARY: \_\_\_\_\_

ON SOCIAL SERVICES  YES  NO HOW LONG? \_\_\_\_\_

\* NB: Please provide supporting documents for Annual Income.

All information will be kept confidential

## Send completed form to [rev.sky@outofboundsjf.org](mailto:rev.sky@outofboundsjf.org)

Awarding Support: Applications award decisions will be determined as quickly as possible after it has been received. While we aim to support applicants, there is no guarantee of assistance. Once approved, Bereavement Financial Support are paid directly to the service providers (funeral homes/cemetery). The child/youth must have died suddenly, unexpectedly and of traumatic cause.

\*Reimbursement of services already rendered is not granted through this foundation process.