

Family Support Fund - Clinician Support Document

(Letter of Support)

Holland Bloorview
Kids Rehabilitation Hospital

Clinician Name:

Title:

Organization:

Letter in support of (applicant name):

Please provide a brief summary of your client's medical condition, including client's name, age, and any diagnoses details that you feel are relevant to their application for funding support:

Please briefly describe how the items or services your client is requesting funding for will address or improve **client safety**:

Please briefly describe how the items or services your client is requesting funding for will address or improve **client wellness**:

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Please briefly describe how the items or services your client is requesting funding for will address or improve **family wellness**:

Please share any other information about the client and their family that you feel is relevant to this application for funding support:

Note: For all questions above, please enter N/A if you do not have relevant information to share.

Signature:

Date: