

## **Family Support Fund - Clinician Support Document (Letter of Support)**

### **How to Use This Template**

This template is provided as a support tool to assist clinicians and partners in preparing Letters of Support for Family Support Fund applications. Use of the template in its entirety is optional; however, use of the prompts and guiding questions is required.

The prompts are designed to ensure that all applications are assessed using consistent information and a shared framework. Adhering to these prompts helps promote equity, fairness, and comparability across applications, and supports transparent and balanced funding decisions.

You may choose to format your letter differently or incorporate organizational letterhead, but all prompts should be clearly addressed in your submission. Where a prompt is not applicable, please indicate “Not applicable (N/A)”.

Questions? Please reach out to [fsfdoc@hollandbloorview.ca](mailto:fsfdoc@hollandbloorview.ca)

# 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: