



The Children's Foundation

Helping One Child at a Time

Strive to Thrive Care Package Application

Strive to Thrive will offer care packages for those who may need the extra support, youth who are out on their own, or at school. Care packages will be curated specifically to the youth's interests & needs.

Eligibility for Strive to Thrive Care Packages

Register a minimum of 10 business days prior to the start of when you will need the booklet

- Recipients must be between the ages of 13-21 years (26 years of age if in care of HSCA)
- Family must reside in Hastings, Northumberland or Prince Edward Counties and be unable to pay the registration costs
- Recipients may apply for up to **4 care packages per calendar year**

How can Families Apply?

- Online: [www.thechildrensfoundation.ca/ Programs and Services/ Strive to Thrive Resource Booklets Download](http://www.thechildrensfoundation.ca/Programs%20and%20Services/Strive%20to%20ThriveResource%20Booklets%20Download) and print the application from the above website
- Pick up a form at any of The Children's Foundation locations
- Call- 613-962-9292
- Email - donna.wood@thechildrensfoundation.ca



The Children's Foundation

Helping One Child at a Time

Strive to Thrive Care Package Form

All sections of the application must be filled out completely.

Section 1: Recipient (Ages 13-21, or ages 13-26 if	In the care of HSCA)
First Name:	Last Name:
Date of Birth:	Age:
Section 2: Parent/ Guardian information (If recipients information)	The applicant is under 18, if over 18 use
Name:	Telephone:
Address:	
City:	Postal Code:
Email:	
Is the family involved with Highland Shores	Children's Aid Society or another agency:
What agency:	Worker Name:
Are you on social assistance:	
Yearly Household Income:	# People in Household:
Section 3: About the Recipient	
Favourite Colour:	Least favourite colour:
Themes you enjoy:	1.
2.	3.
Themes you dislike:	1.
2.	3.
Do you require unscented products:	Allergies:
Would you prefer a gender-neutral care package:	

Signature of Parent/ Guardian (if under 18): _____

I have thoroughly read and understood the guidelines of Strive to Thrive Funding and agree that this application meets the guidelines: Yes / No

I consent to have The Children's Foundation contact me for photos or testimonials to use at their discretion: Yes / No

If you are so inclined, we would appreciate a letter or photo of how the participant used the funding and how it benefitted their life.

Please scan and email your application to: tcf@highlandshorescas.com with the subject line being the name of the participant.

You may also drop off or mail completed forms to **The Children's Foundation Attn: Donna Wood**

Belleville- 363 Dundas St. West, Belleville, ON, K8P 1B3.....P.613-962-9292