



# OHIO REHABILITATION ASSOCIATION SUCCESS FUND REQUEST FORM

*The Success Fund is available to all ORA members and the individuals they serve. Requests may be made for an individual preparing for or seeking employment. Three requests may be made each year. The limit is \$50.00 per request.*

*Please complete the following information and email this form to the Success Fund Committee noted below. Please note, all information is required. If you have any questions, please contact Tom Kinser at [tomk@3hab.com](mailto:tomk@3hab.com) or call (513) 221-3422. Thank you!*

**DATE OF REQUEST:** \_\_\_\_\_

ORA Member's Name: \_\_\_\_\_ **Please provide one daytime phone #**  
ORA Member's Email: \_\_\_\_\_ Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Home # \_\_\_\_\_

Nominee's First Name / Last Name Initial (only) \_\_\_\_\_  
Description of Item Being Requested\* \_\_\_\_\_

Reason for Request \_\_\_\_\_

Cost of Item \_\_\_\_\_

Check Payee Name \_\_\_\_\_

*\*The following items are excluded from Success Fund requests: Medication, car payments, rent, mortgage, or hotel payments, and legal fees.*

*Please note, receipts must be sent to the ORA Treasurer to document the purchase. Applicants failing to turn in a receipt may not make further requests.*

Send your Success Fund Request Form to all Committee members identified below:

Tom Kinser, Chair [tomk@3hab.com](mailto:tomk@3hab.com)  
Libby Land [eland@matrixvoc.com](mailto:eland@matrixvoc.com)  
Doug Bailey (ORA Treasurer) [doug.bailey@mha.ohio.gov](mailto:doug.bailey@mha.ohio.gov)

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## For Committee Use Only

Date Request Received \_\_\_\_\_ Date Request Approved or Denied \_\_\_\_\_  
Date Check Issued \_\_\_\_\_ Check Issued by [Name] \_\_\_\_\_  
Date Receipt Received \_\_\_\_\_