



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 at the ORA Home Office at ora@bex.net or call (419) 841-8889. Please note, all information is required. If you have any questions, please contact the ORA Home Office. 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.

Upon receipt of your Success Fund Request Form to the ORA Home Office, it will be forwarded to our Committee for review and approval as appropriate.

Renee Scheidweiler, Co-Chair Renee.Scheidweiler@guardianmcs.com

Libby Land, Co-Chair libbyland16@gmail.com

Sara Apazeller, ORA Treasurer sapazell@kent.edu

For Committee Use Only

Date Request Received _____ Date Request Approved or Denied _____

Date Check Issued _____ Check Issued by [Name] _____

Date Receipt Received _____

OHIO REHABILITATION ASSOCIATION (ORA)
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EMAIL: ORA@BEX.NET