



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 Libby Land at eland@matrixvoc.com or call (513) 312-1222. 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:

Libby Land eland@matrixvoc.com
Tom Kinser tomk@3hab.com
Doug Bailey (ORA Treasurer) doug.bailey@mha.ohio.gov

For Committee Use Only

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