



**GRANT APPLICATION FOR WASHABLE INCONTINENCE PRODUCTS**  
 (maximum \$100)

Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is this a transition to washable products?      Yes       No

I agree to use the sustainable incontinence products purchased.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Items for which the grant is being requested**

If similar items appear on two or three different receipts, please provide all the details of each receipt.

	Item	Number	Receipt number	Amount (specify currency)
<input type="checkbox"/>	Washable underwear for urinary incontinence			
<input type="checkbox"/>	Washable underwear for bedwetting			
<input type="checkbox"/>	Washable liners for incontinence			
<input type="checkbox"/>	Waterproof transport bag			
<input type="checkbox"/>	Fabric to make incontinence products			

**Proof provided** (to be completed by the City's multiservice counter)

MULTI Card                       Other proof of residence                       Receipt(s) and proof(s) of payment