

Easter Seals Ontario **Guidelines for Completing Request for Financial Assistance Application**

1. **The applicant must be registered with Easter Seals Ontario and have a valid Ontario Health Card.**
2. The level of funding assistance may vary based on the cost of the item and the availability of Easter Seals' funds at the time the request is received. **Funds are provided by public donations and not government funding.**
3. The application period for submission of applications will be January 1st to September 30th annually. Ability to fund all eligible applications received is conditional on the availability of funds. Should there be insufficient funds, a wait list will be started.
4. A separate application must be completed for each piece of equipment being requested. **Faxed copies will not be accepted.**
5. **The Request for Financial Assistance must be submitted and a response must be received prior to the equipment/items being ordered or received.**
6. **Easter Seals will only fund items on its current list of approved items.** Priority is given to requests for primary mobility and communication devices. Maximum funding is up to \$3,000/year/client (Limit does not include Easter Seals Camp fees or Recreational Choices funding). Easter Seals reserves the right to make the decision as to whether an item requested meets the funding criteria and is on the list of approved items. Please note that accessibility aids are only considered if being used for primary access into the home or to access the client's bedroom and bathroom.
7. Parents are responsible to pay for the first \$50.00 or more, based on their financial resources, for each request. The \$50.00 is to be paid directly to the vendor, not to Easter Seals.
8. Parents are to access all other sources of funding available to them, prior to requesting funds from Easter Seals. If you are looking for funding for an accessibility aid, such as a lift system, please make sure that you access the **Home and Vehicle Modification Program at 1-877-369-4867, administered by Ontario March of Dimes. If you are applying for a van lift, please note that Easter Seals will not consider funding for a lift if the vehicle is over 5 years old.**
9. All supporting documentation must accompany the completed application. This includes:
 - For non-ADP approved items, a Health professional authorization (i.e. occupational or physio therapist) for the need of the equipment. Current vendor quotes. Two quotes for equipment are preferred, exception if only one vendor is available locally or if customized equipment. It is the family's choice of which vendor they would like to use, however if the higher quoted vendor is chosen, parent is responsible to pay for the difference between the two quotes.
 - For ADP funded items (i.e. walkers, standers, wheelchairs), please obtain a copy of the ADP application form or a letter of support from the prescribing therapist that clearly states the date that they have submitted an application to ADP for the specific item being requested. The vendor quote accompanying the request for funding must be current and have the amount that is expected to be covered by ADP. If for any reason ADP does not cover the anticipated amount, Easter Seals cannot change the amount approved. Alternatively, a copy of the ADP approval can be submitted.
 - When applying for an ADP funded computer, communication device or orthotic, you must include a current quote that states the amount that is being covered by ADP. There is no ADP approval or letter of support required with the application, as it is a specific amount set by the Ministry of Health and Long Term Care.
 - Copy of building permit if building a ramp (as required by local municipality).
 - Vendors must be located in Ontario



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10. If any information is missing or the application is incomplete, the application will be returned for completion, potentially delaying the process for assistance.
11. Labour/installation, delivery or assessment costs are not funded. Please ensure the quote does not include these costs.
12. **Quotes or letters of support must accompany the application request.**
13. Fully complete the calculation box on page two, A through to F, for the amount being requested.
14. Complete the authorization to release information by stating the vendor to whom Easter Seals Ontario is to release the notification of approved funding.
15. No additional funding for the same piece of equipment will be provided after Easter Seals Ontario funding is approved if other agencies have not fulfilled their approval of funds or changed their funding criteria; the quote provided was not current; items were missed in the quote; increase in size of item; additional items required for equipment, or if ADP did not fund the anticipated amount on the quote.
16. Sign and date the completed application. Remember to keep a copy of the completed application for your own files.
17. Funding approval is valid for **four (4) months** from the date of approval. The invoice from the vendor **must** be received prior to the end of the four months.
18. If an invoice is received and the date of delivery is noted to be prior to approval given by Easter Seals, then it is not eligible for Easter Seals funding. Funding approval is not valid; the parent will be responsible for the full amount to the vendor.
19. Parents are responsible to order the equipment after approval letter has been received from Easter Seals. **Parents must sign and date the invoice upon receiving the equipment.** Once the item has been received, Easter Seals payment will be paid to the vendor directly and not to the parent.
20. Easter Seals does not fund private sales or loan parents funds to pay for their insurance or ADP portion.
21. **The client must submit the application 6 months prior to their 19th birthday to allow for processing.**

PLEASE NOTE, parent(s) will indemnify and save harmless Easter Seals Ontario and its employees from and against any and all expenses related to all claims, demands, liabilities, losses, costs, damages, actions, suits or other proceedings of any nature or kind whomsoever sustained, brought or prosecuted in any manner based upon, occasioned by or attributable to the negligent act or omissions or the willful or reckless misconduct of the vendor/contractor, in the fulfillment of utilizing the funds provided by Easter Seals Ontario. Easter Seals Ontario acts as a third party funder and as such has no role in prescribing, recommending equipment, selecting a vendor/contractor or in the relationship between the parent and vendor. Payment from the Financial Assistance Program is not an acknowledgement that the work or equipment was acceptable.

If you have any questions about the application or whether certain equipment is eligible for funding, please do not hesitate to contact the Financial Assistance Program toll free at 1-866-630-3336. If you live in the Greater Toronto Area, please call (416) 421-8146. Visit our website at www.easterseals.org for more information.

**Financial Assistance Program
Easter Seals Ontario
One Concorde Gate, Suite 700
Toronto, Ontario
M3C 3N6**



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Request for Financial Assistance Application

FAXED COPIES WILL NOT BE ACCEPTED. Please print in pen.

Please Note: The level of funding assistance may vary based on the cost of the item and the availability of Easter Seals' funds at the time the request is received. Complete one application for each piece of equipment requested. Parent is responsible for first \$50.00 per equipment request. This should be forwarded directly to the vendor.

Annual Funding Limit: Possible maximum funding: up to \$3,000 per child per year (does not include Easter Seals Camp fees or Recreational Choices Funding) and is dependent on funds being available.

Parent Name: Last Name, First Name Date of Request: Month, Day, Year
Address:
City: Postal Code:
Telephone Numbers: Home: Work:
Parent E-mail Address:
Child's Name: Last Name First Name Date of Birth: Month, Day, Year
Diagnosis:
Have you received Easter Seals' funding previously: Yes No
For Statistical Purposes Only: Please indicate your total household income:
\$0 - \$20,000 \$20,000 - \$40,000 \$40,000 - \$60,000 \$60,000 - \$80,000 \$80,000-\$100,000 over \$100,000

Equipment/Item Requested: (Please specify: name of equipment)

Estimated Cost of Equipment/Item:

Vendor(s): 1. Name of Vendor 2. Name of Vendor

*Please attach copies of the quotes from the vendors and building permit if building a ramp

Other funding sources you accessed:

Employer Extended Health Care Benefits Yes No N/A
Other Agencies: If yes, please list Yes No N/A

For ADP funded items: Please attach a copy of the Assistive Devices Program (ADP) application form or a letter of support from the prescribing therapist that states the date the application was submitted to ADP and that the required device is an ADP funded item, or a copy of the ADP Approval.

For non ADP funded items: Attach a Health Professional's (i.e. occupational or physio therapist) current authorization for the need for the requested piece of equipment.



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Calculation of Request for Financial Assistance: please complete by inserting funds received from other funding sources:

A) Estimated Cost of Equipment/Item	_____
	Write in Amount from Preferred Vendor Quote
B) ADP Approved Amount	_____
	Write in Approved Amount (if Applicable)
C) Employer Extended Health Care Benefits	_____
	Write in Amount (attach letter)
D) Other Agencies	_____
	Write in Amount (if Applicable)
E) Parent Contribution (minimum \$50.00)	_____
	Write in Amount
F) Total Remaining	_____
	Line A - B - C - D - E = F
TOTAL REQUESTED FROM EASTER SEALS	_____
	Write in Amount

I instruct and authorize Easter Seals Ontario to provide and release any information to _____ after Easter Seals Ontario funding has been approved for the equipment being requested in this application.

I understand that no information will be released without my authorization. I understand and agree that Easter Seals Ontario may carry out inquires for the purpose of confirming or clarifying the information submitted, processing the application, addressing an appeal, or with any other agency listed on this application form. I further understand and agree that these inquires may require exchange of information that may take the form of electronic data exchanges.

I certify that the information provided in the application is true, correct, and complete to the best of my ability and that the equipment has not been received.

I will indemnify and save harmless Easter Seals Ontario its employees from and against any and all expenses related to all claims, demands, liabilities, losses, costs, damages, actions, suits or other proceedings of any nature or kind whomsoever sustained, brought or prosecuted in any manner based upon, occasioned by or attributable to the negligent act or omissions or the willful or reckless misconduct of the vendor/contractor, in the fulfillment of utilizing the funds provided by Easter Seals Ontario. Easter Seals Ontario acts as a third party funder and as such has no role in prescribing, recommending equipment, selecting a vendor/contractor and in the relationship between the parent and vendor. Payment from the Financial Assistance Program is not an acknowledgement that the work or equipment was acceptable.

Parent Signature: _____ Date: _____

Please review the form to ensure all information and supporting letters/documentation are provided. If any information is missing, the application will be returned for completion, resulting in a delay in processing the request. Ensure you keep a copy of the completed form for your files.

If you have any questions about the application or whether Easter Seals Ontario funds certain equipment, or items, please do not hesitate to contact the Financial Assistance Program toll free line at 1-866-630-3336. If you live in the Greater Toronto Area please call (416) 421-8146. Please return the completed form to:

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