Assistance for Children with Severe Disabilities

Overview

The Assistance for Children with Severe Disabilities (ACSD) program provides monthly financial support and benefits to eligible families with **household incomes**[1] of $77,640 or less (depending on family size and other factors) to help with the **extraordinary costs**[2] associated with the care of a child under the age of 18 who has a **severe disability**[3] and is living at home with you. Eligible parents and guardians can receive between $25 and $678 a month to help with disability-related costs.

Your eligibility and the amount of assistance you receive is based on a combination of factors.

If you would like to apply for more than one child, you will need to complete a separate application for each child.

For explanation of the terms used in this application, see Appendix A: Definitions.

Income eligibility

You may be eligible if your total **household income**[1] is $77,640 or less. You must also meet other factors of eligibility.

Other factors for eligibility

Along with your **household income**[1], your eligibility and the amount you receive from the program is based on the:

- size of your family
- severity of the child's disability
- **extraordinary costs**[2] related to the child's disability

Eligibility

To apply for the ACSD program, you must be the child's **primary caregiver**[4] and the child must:

- be under 18 years of age
- have a **severe disability**[3] supported by medical documentation
- be a resident of Ontario living with the **primary caregiver**[4]
- have ongoing **extraordinary costs**[2] related to the disability

If you are in a **shared custody**[5] arrangement and the child is in your care for part of the time, the Ministry of Children, Community and Social Services (the ministry) regional office will contact you to request details about your situation after you submit your application.

Tourists and visitors who are in Canada for a short period of time or for a temporary purpose are not eligible for the ACSD program.

Before you apply

You will be asked to provide information about:

- the individual or agency assisting you with completing your application (if applicable) such as their full name, phone number and email address
- you, the child, your spouse (if applicable) and an alternate contact (if applicable) such as full name, address and phone number
- your total **household income**[1]
- a medical and functional questionnaire that assesses the child's disability
- a summary of the **extraordinary costs**[2] related to the child's disability

The ministry will require consent from all people included in this application for the collection, use and release of their information. This includes consents from you, the child, your spouse (if applicable) and the alternate contact (if applicable).

To fill out the application, you will need:

- the child's health card number
- the Social Insurance Number (SIN) for you and your spouse (if applicable)

As part of your application, you will need to attach:

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- documentation of **proof of your immigration status or citizenship in Canada** (such as your Ontario or other Canadian province or territory birth certificate, certificate of Indian status, Canadian citizenship, Canadian passport, Permanent Resident card, or Immigration, Refugees and Citizenship Canada letter)
- documentation of **proof of your residency in Ontario** (such as your Ontario driver's license, Ontario health card, valid Ontario Photo Card, rental or lease agreement, property tax bill, utility bill, or statement of direct deposit for Ontario Works or for the Ontario Disability Support Program)
- documentation of **proof of immigration status or citizenship in Canada for the child** (such as the child's Ontario or other Canadian province or territory birth certificate, certificate of Indian status, Canadian citizenship, Canadian passport, Permanent Resident card, or Immigration, Refugees and Citizenship Canada letter)
- a copy of the child's Ontario health card
- a copy of the child's **medical and supporting documentation**[13] that provides details and verification of the child's medical condition and disability
- a copy of pages 1 and 2 of your most recent **Canada Revenue Agency (CRA) Notice of Assessment**[12] for you and your spouse (if applicable)
- a copy of your most recent **Canada Child Benefit (CCB) notice**[14] (must include all pages, which includes your name, family net income, marital status, and the names of eligible children)

If you are not receiving the CCB, the ministry regional office will contact you to request details about your situation after you submit your application.

You can only submit one application for the child. Submitting duplicate applications will result in delays in processing your application.

Submitting your application

Once you complete your application, you can send it to your local ministry regional office along with the required documentation. For a list of the ministry regional offices and contact information, please visit https://www.ontario.ca/page/regional-offices-ministry-children-community-and-social-services.

This form is also available in French.

After you submit your application

The ministry will review your application to determine if you are eligible for the ACSD program and notify you in writing by mail of the ministry's decision regarding your application.

The ministry may contact you for clarification or to seek additional information, including supporting medical documentation, if required.

Notice of collection of personal information

To process your application for the ACSD program, the ministry will be collecting information about you, the child, your spouse (if applicable) and an alternate contact (if applicable) in accordance with ss. 38(2) of the *Freedom of Information and Protection of Privacy Act* (FIPPA) and s.49 of the *Ontario Disability Support Program Act*, 1997.

This information will be used for the purposes of:

- verifying identity
- managing the child's file
- determining your and the child's eligibility for funding
- providing funding

Read more about the collection of personal information and how it will be used in Appendix B: Notice of Collection of Personal Information.

Get help with your application

If you require assistance with completing your application, you can reach out to:

- community agencies
- **health care professionals**[6]
- social workers
- family or friends
- other individuals who may be involved in the child's regular care and treatment

If you have any questions about this application, please contact your local ministry regional office:
https://www.ontario.ca/page/regional-offices-ministry-children-community-and-social-services

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Fields marked with an asterisk (*) are mandatory.

1. Assistance with completing the application

If someone is assisting you with completing this application, please provide their contact information below.

First Name | Last Name

Agency/Organization Name (if applicable)

Phone Number | Email Address

2. Applicant Information

The applicant must be the child's **primary caregiver**[4], who is the child's parent, guardian, or any person primarily responsible for the care and upbringing of the child.

First Name * | Last Name *

Relationship to child *

☐ Parent ☐ Caregiver ☐ Guardian

Primary Phone Number * | Alternate Phone Number

Email Address (The ministry will use this email address to communicate with you about your application) * | Date of Birth (yyyy/mm/dd) *

Are you in a **shared custody**[5] situation? *

☐ Yes (The ministry regional office will contact you for more information about your situation after you submit your application.)

☐ No

Social Insurance Number *

Address Information

Provide your home address.

Street Number and Name * | P.O. Box (if applicable) | Rural Route (if applicable)

City/Town * | Province * | Postal Code *

3. Spouse Information

If you currently have a spouse, please provide your spouse's information below.

First Name | Last Name

Date of Birth (yyyy/mm/dd) | Primary Phone Number | Alternate Phone Number (optional)

Email Address | Social Insurance Number

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4. Child Information

First Name *

Middle Name

Last Name *

Date of Birth (yyyy/mm/dd) *

What is the child's current lived **gender identity**[8]? *

- ☐ Woman/Girl
- ☐ Man/Boy
- ☐ Gender Non-binary
- ☐ Transgender (woman/girl)
- ☐ Transgender (man/boy)
- ☐ Two-spirit
- ☐ Do not know
- ☐ Prefer not to say
- ☐ Another Gender Identity - Please specify: _____

Ontario Health Card Number *

☐ The child is a refugee claimant and does not have an Ontario health card.

Is the child currently residing or will be residing in a hospital, institution and/or group home? *

- ☐ Yes
- ☐ No

If you answered "Yes" above, please complete the following three questions:

Planned Admission/Admission Date (yyyy/mm/dd)

Planned Discharge Date (yyyy/mm/dd)

Please provide additional details.
Examples of additional information can include the name of the hospital, institution or group home, reason for admission, etc.

5. Alternate Contact Information

If you would like to add an alternate contact for the child, please provide their information below. The alternate contact can be a parent, guardian, family member or family friend.

First Name

Last Name

Relationship to Child

- ☐ Parent
- ☐ Guardian
- ☐ Family Member
- ☐ Family Friend

Primary Phone Number

Alternate Phone Number (optional)

Email Address

6. Other Children Information

How many people are in your immediate family (including you, the applicant)? *

Do you have other children under the age of 18 in your immediate family who currently live in your household? *

☐ Yes

☐ No

If you answered "Yes" above, please complete the following two questions:

Please indicate the number of children under the age of 18 in your immediate family who currently live in your household.	**Please indicate the age of each child under the age of 18 who currently lives in your household.**

7. Financial Information

Are you currently receiving assistance from Ontario Works or Ontario Disability Support Program (ODSP)**? *

☐ Yes (You do not need to attach your **Canada Revenue Agency (CRA) Notice of Assessment**[12] for you or your spouse, if applicable)

☐ No

** To read more about Ontario Works or ODSP, visit www.ontario.ca/page/social-assistance

If you answered "No" above, please complete the following two questions:

What is your current **household income**[1]?

If you and/or your spouse (if applicable) have not filed your income tax or have filed but are waiting to hear back, you can still apply for the ACSD program. The ministry will contact you to request more information.
The ministry needs your most recent **Canada Revenue (CRA) Notice of Assessments**[12] for you and your spouse (if applicable) to verify your **household income**[1] and determine your eligibility for ACSD.

Do you have your most recent **CRA Notice of Assessments**[12] for you and your spouse (if applicable)?

☐ Yes (You will need to attach a copy of your and your spouse's (if applicable) most recent CRA Notice of Assessment to this application.)

☐ No (You will need to attach a detailed list of your current income to this application. Examples of acceptable documents include record of employment, most recent pay stub, Employment Insurance (EI) statements, etc.)

If you answered "Yes" above and your current **household income**[1] is substantially different from your most recent **CRA Notice of Assessment**[12], please complete the following question:

Please explain why your **household income**[1] has changed.If you or your spouse (if applicable) are receiving the Canada Disability Benefit (CDB), please let us know in the explanation below and include the amount you are receiving. Any money received from the CDB will not impact eligibility or the amount of money provided under ACSD.

You will also need to attach a detailed list of your current income to this application. Examples of acceptable documents include record of employment, most recent pay stub, Employment Insurance (EI) statements, notice from the Government of Canada regarding your Canada Disability Benefit (CDB) eligibility and amount, etc.).

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8. Medical and Functional Questionnaire

The Medical and Functional Questionnaire gathers information about the child's medical condition and disability, current treatment and interventions, and their ability to function in daily living activities. This information will assist in determining whether the child meets the requirements of having a **severe disability**[3] for the ACSD program.

Please attach **medical and supporting documentation**[13] regarding the child's medical condition and disability to this application. Examples of medical and supporting documentation include:

- functional assessments
- hospital records/medical reports
- specialists' reports
- psychological reports
- Identification Placement and Review Committee Report (IPRC)

This medical and supporting documentation is required to verify the child's disability. This information will assist in making an informed decision.

Please complete the following questionnaire. If you need help with completing the questions, you can reach out to a family member, friend, **health care professional**[6], social worker and/or an agency involved with the child's care.

Section A: Asks questions about the child's medical condition, disability, related treatment and interventions, including medications.

What is the child's medical condition and disability? *

How does the child's disability and medical condition impact their daily life in the following settings?
At home: *

In the community: *

At school (if applicable):

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Has the child required treatment or other interventions from a health care provider in the past year or is on a waitlist for treatment (for example, from a doctor, nurse, speech therapist, physiotherapist, occupational therapist, behavioural therapist, etc.)? *

- [ ] Yes
- [ ] No

If you answered "Yes", please provide additional details.

Did the child require any regular or ongoing visits to a clinic, hospital or treatment/rehabilitation centres in the past year? *

- [ ] Yes
- [ ] No

If you answered "Yes", please provide additional details.

Does the child require any services, supports or assistive devices/aids? (for example, wheelchair, hearing and vision aids, personal support worker, respite care, etc.) *

- [ ] Yes
- [ ] No

If you answered "Yes", please provide additional details.

Does the child take medication? *

- [ ] Yes
- [ ] No

If you answered "Yes", please provide the names of the medications, including the frequency and dosage.

Section B: Asks questions about the child's functional daily living skills, please answer Yes or No

Mental, Emotional, Behaviour

Is the child's ability to perform age appropriate daily activities severely impacted by a cognitive, developmental or mental impairment? * ☐ Yes ☐ No

Does the child demonstrate age appropriate interaction with their peers? * ☐ Yes ☐ No

Does the child demonstrate age appropriate interaction with adults? * ☐ Yes ☐ No

Does the child demonstrate age appropriate social interactions? (for example, saying please and thank you, apologizing, parallel play, etc.) * ☐ Yes ☐ No

Does the child require supervision outside of their age range? (for example, safety, danger, rules, etc.) * ☐ Yes ☐ No

Does the child follow instructions? * ☐ Yes ☐ No

Does the child display any behaviours at home, at school or in the community that are considered inappropriate for age, or behaviours that are considered disruptive or challenging (for example, difficulty with changes in routines, inattention, aggression, destructiveness or self-injury)? * ☐ Yes ☐ No

Communication Skills

Does the child have age appropriate speech/language skills? (for example, single word, short phrases or full sentences) * ☐ Yes ☐ No

Does the child have difficulty with speech? (for example, stuttering, lisps or language delays) * ☐ Yes ☐ No

Is the child non-verbal? * ☐ Yes ☐ No

Does the child use medical devices or specialized equipment for communications? * ☐ Yes ☐ No

Does the child use sign language to communicate? * ☐ Yes ☐ No

Hearing

Does the child have difficulty with hearing? * ☐ Yes ☐ No

Does the child use hearing aids or cochlear implants? * ☐ Yes ☐ No

Vision

Does the child have difficulty with vision? * ☐ Yes ☐ No

If you answered "Yes" above, please complete the following two questions:

Please select which of the following applies to the child. ☐ The child is legally blind. ☐ The child is partially sighted.

Does the child use any visual aids (for example, glasses)? ☐ Yes ☐ No

Does the child require other visual supports like braille, white cane, guide dog or any other supports? * ☐ Yes ☐ No

Mobility

Is the child able to ambulate at an age appropriate level? (for example, walking, running, climbing stairs) * ☐ Yes ☐ No

Does the child use a wheelchair, walker, prosthesis, cane or other mobility aids? * ☐ Yes ☐ No

Is the child confined to bed? * ☐ Yes ☐ No

Dressing

Can the child dress/undress by themselves? * ☐ Yes ☐ No

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Can the child do buttons/zippers/laces by themselves? *	☐ Yes	☐ No
Does the child require special clothing and/or special footwear? *	☐ Yes	☐ No

Hygiene

Does the child have age appropriate personal hygiene habits? (for example, appropriate hand washing) *	☐ Yes	☐ No
Does the child have control of elimination (for example, is age appropriate toilet trained)? *	☐ Yes	☐ No
Is the child able to use the toilet by themselves (age appropriate)? *	☐ Yes	☐ No
Does the child require use of diapers/pull ups outside of the expected age range? *	☐ Yes	☐ No
Does the child require other equipment such as urinary bags, colostomy bags, etc.? *	☐ Yes	☐ No

Food and Nutrition (Eating Habits, Feeding)

Is the child able to feed/drink at an age appropriate level? *	☐ Yes	☐ No
Is the child able to feed themselves? *	☐ Yes	☐ No
Is the child able to drink from a cup by themselves? *	☐ Yes	☐ No
Is the child able to cut their own food? *	☐ Yes	☐ No
Does the child require specially designed eating utensils or aids? *	☐ Yes	☐ No
Does the child require tube feeding? *	☐ Yes	☐ No

Schooling

Does the child attend school? *	☐ Yes	☐ No
Does the child have difficulty with basic academic skills such as reading, writing or counting? *	☐ Yes	☐ No
Does the child require a special education program (such as an Individual Education Plan)? *	☐ Yes	☐ No
Does the child require special learning/development equipment? *	☐ Yes	☐ No
Does the child have an educational assistant at school? *	☐ Yes	☐ No

Is there any additional information you would like to share about the child's disability, their functional daily living skills, and how it impacts their daily living?

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9. Disability-Related Expenses

Please provide an estimate of the **extraordinary costs**[2] of caring for the child with a disability over the course of the year. Expenses must be directly related to the child's disability.

Please provide the expenses in the sections that are applicable.

The ministry will review your total **extraordinary costs**[2] and your **household income**[1] to determine your eligibility and amount of assistance. You may be eligible to receive up to a maximum of $678 per month on behalf of the child with a **severe disability**[3].

You may be required to verify these expenses. Please keep all receipts.

Please do not include disability-related expenses that are funded through a third-party insurance or other programs. For example, costs that are covered by private insurance, the Ministry of Health's Assistive Devices Program (ADP), Ontario Works and/or the Ontario Disability Support Program (ODSP).

A. Transportation, Accommodation and Meal

Provide travel costs to escort the child for medical care and/or treatment, and any associated accommodation and meal costs. Costs to visit the child are not included.

If your mode of travel to a location varies, please enter costs for each mode of travel separately (for example, if you drive to a location for some trips and you take the bus to the location for other trips, provide separate costs for each mode of travel).

Please keep all your receipts as you may be asked to provide them.

If you live in the North region**, are you currently receiving funding from the Northern Health Travel Grant?

- ☐ Yes, I am currently receiving funding from the Northern Health Travel Grant.
- ☐ No, I have applied to the Northern Health Travel Grant and I am waiting to hear back.
- ☐ No, I have not applied to the Northern Health Travel Grant.

**North Region serves the following areas: Algoma, Cochrane, Kenora, Manitoulin-Sudbury, Nipissing, Parry Sound, Rainy River, Sault Ste. Marie, Sudbury, Thunder Bay, Timiskaming

Travel by Car

**If you are in the Central, East, West or Toronto region, use the mileage rate of $0.40/km. If you are in the North region, use the mileage rate of $0.41/km.

		A	B	C	D	
Name of health care professional/hospital/ clinic/treatment centre/ program and address travelled to	**Reason for travel**	**Number of kilometres per round trip**	**Number of trips per year by car**	**Average parking cost per trip (if applicable)**	**Number of trips for which you pay for parking in the year (if applicable)**	**Total yearly travel cost to this location by car = A x mileage rate** x B + (C x D)**
Example: Sick Kids Hospital - 555 University Avenue, Toronto, ON M5G 1X8	Medical appointment	30 km	10	$10.00	2	30 km x $0.40/km x 10 + ($10 x 2) = $140

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Travel by Train, Bus, Taxi and/or Air

			A	B	
Name of health care professional/hospital/clinic/ treatment centre/program and address travelled to	**Reason for travel**	**Mode of travel (air, bus, taxi, train)**	**Estimated fare cost per round trip**	**Number of trips per year by this mode of travel**	**Total yearly travel cost to this location by this mode of travel = A x B**
Example: Sick Kids Hospital - 555 University Avenue, Toronto, ON M5G 1X8	Medical appointment	Train	$20.00	5	$20 x 5 = $100

Accommodation Costs

Accommodation costs are costs incurred if you are required to stay overnight for the child's out-of-town medical care and/or treatment.

	A	B		
Name of health care professional/ hospital/clinic/treatment centre/ program and address travelled to	**Number of overnight stays in the year**	**Estimated cost per night**	**Reason for your stay**	**Total yearly accommodation cost for travel to this location = A x B**
Example: Sick Kids Hospital - 555 University Avenue, Toronto, ON M5G 1X8	5	$200.00	Medical appointment	5 x $200 = $1000

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Meal Costs

Meal costs are costs incurred for breakfast, lunch, and/or dinner for the child and caregiver during the child's out-of-town medical care and/or treatment.

	A	B	C	
Name of health care professional/ hospital/clinic/treatment centre/ program and address travelled to	**Meal cost** **• Breakfast ($5.00)** **• Lunch ($8.00)** **• Dinner ($15.00)**	**Number of people (meal costs are only considered for the child and the caregiver)**	**Number of times you pay for this meal in the year**	**Total yearly meal cost for travel to this location = A x B x C**
Example: Sick Kids Hospital - 555 University Avenue, Toronto, ON M5G 1X8	Breakfast ($5.00)	2	5	$5.00 x 2 x 5 = $50

Sibling Care

Provide cost of childcare for other children in your family (under 12 years of age) while attending appointments/meetings related to the child's disability.

Total Number of Hours of Sibling Care in the Year	**Average Cost per Hour of Sibling Care**	**Total Yearly Cost (Total Number of Hours in the Year x Average Cost per Hour)**

Extra Clothing

Provide costs for additional clothing required as a result of the child's disability and beyond what every caregiver is responsible for purchasing for their children.

Examples of clothing could include pants, tops, socks, shirts, underwear, jackets and snowsuits.

Rationale for additional clothing costs could include wear and tear on clothing due to falling or picking and rubbing, special clothing due to sensory needs, frequent soiling of clothing which requires several change of clothes each day and bedwetting accidents.

Estimated Total Yearly Cost of Extra Clothing	**Rationale for the Extra Clothing**

Extra Linen

Provide costs for additional linens required as a result of the child's disability and beyond what every caregiver is responsible for purchasing for their children.

Examples of linens (if over 2 sets per year) could include bed linens, mattress pads/sheets, blankets, bibs, tailoring, towels, bed sheets, pillowcases, pillows and comforters.

Rationale for additional linen costs could include bedwetting accidents and wear due to picking and rubbing.

Estimated Total Yearly Cost of Extra Linen	**Rationale for the Extra Linen**

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Diapers/Incontinence Supplies

Provide costs for diapers/incontinence supplies not covered by Easter Seals Ontario**.

Examples could include diapers, gloves, wipes and pull-ups.

If you are receiving assistance from Ontario Works or Ontario Disability Support Program (ODSP), the child may be eligible for health-related benefits. Please contact your case worker for details.

**If the child has a chronic disability (physical or developmental) and requires the use of incontinence supplies, please contact Easter Seals Ontario at https://services.easterseals.org/incontinence-supplies-grant/ or 1-888-377-5437 to apply for the Incontinence Supplies Grant.

Item	Estimated Monthly Cost of Item
Total Yearly Cost (Total Monthly Costs x 12 months)	

Are you currently receiving funding from Easter Seals Ontario for diapers? (if applicable)

- ☐ Yes, I am currently receiving funding from Easter Seals Ontario.
- ☐ No, I have applied for Easter Seals Ontario funding and I am waiting to hear back.
- ☐ No, I have not applied for Easter Seals Ontario funding.

If you answered "Yes" above, please complete the following question:

Total amount of funding received from Easter Seals Ontario (this amount will be subtracted from your yearly total cost for diapers)

Extra Laundry

Provide additional laundry costs directly related to the child's disability.

Rationale for additional laundry costs could include bedwetting accidents and frequent soiling of clothing.

The standard cost per load is $4.00.

Number of Loads of Laundry per Week (for this child only)	Rationale for the Extra Laundry	Total Yearly Cost (Number of Loads of Laundry x $4.00 x 52 weeks)

Shoes, Boots and Custom Orthotics

Provide additional costs for shoes, boots and/or custom orthotics related to the child's disability.

	A	B		
Item	**Number of Pairs Purchased per Year**	**Estimated Cost per Pair**	**Rationale for Requiring Additional Items**	**Total Yearly Cost of Item = A x B**
Shoes				
Boots				
Custom Orthotics**			**Attach any receipts for custom orthotics to this application.**	

** Please provide the portion of the cost that is not covered by private insurance or other programs (for example, Ontario Works, Ontario Disability Support Program, Assistive Devices Program, etc.).

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Special Diet

Provide cost of special diet(s) related to the child's disability prescribed or recommended by a physician, nurse practitioner or dietitian.

If you are currently receiving assistance from Ontario Works or Ontario Disability Support Program (ODSP), the child may be eligible for a special diet allowance. Please contact your case worker for details.

Does the child receive a special diet allowance from Ontario Works or ODSP? *

- ☐ Yes (The ACSD program will only consider the cost of special diets that are not covered under the special diet allowance.)
- ☐ No

Details About the Child's Required Special Diet	Estimated Monthly Cost of Special Diet
Total Yearly Cost (Total Monthly Costs x 12 months)	

Medical/Surgical Equipment and Supplies

Provide costs of medical and/or surgical equipment and supplies related to the child's disability.

Examples could include mobility devices, communication aids, hearing aids, specialized glasses, feeding bags and oxygen tanks.

If you are receiving funding from the Ministry of Health's Assistive Devices Program (ADP), the ACSD program will consider your portion of the costs for approved equipment and supplies that are not covered by the ADP. To learn more about supplies/equipment covered under the ADP, visit www.ontario.ca/page/assistive-devices-program#section-2.

Description of Medical/Surgical Equipment or Supply Required**	Estimated Yearly Cost for Medical/ Surgical Equipment or Supply ***
Total Yearly Cost	

** Please include the quantity of the supply/equipment in the description. Examples could include mobility devices, communication aids, hearing aids, specialized glasses, feeding bags and oxygen tanks.

*** This should be the portion of the cost that is not covered by private insurance or other programs (for example, Ontario Works, Ontario Disability Support Program, Assistive Devices Program, etc.).

Family Relief/Respite

Provide total cost for caregiver(s) relief necessitated by the severity of the child's disability or to allow the caregiver(s) to devote more time to other children in the family. Please keep a record of relief/respite care.

A person who cares for the child can include a relative over the age of 18, respite worker, babysitter, neighbour, family friend, etc.

Number of Hours per Month for all Relief/Respite Care Provided	Estimated Cost per Hour	Number of Months of Relief/Respite Care Provided

Total Yearly Cost (Number of Hours x Estimated Cost per Hour x Number of Months)

Social Programs

Provide costs for social programs that encourage socialization and/or physical stimulation.

Examples could include community programs such as recreational programs, swimming lessons and soccer lessons.

Please include details and costs if you are also planning to register the child in social programs.

Name of Social Program	Yearly Cost of Social Program
Total Yearly Cost	

Camp

Provide cost of camps for child with disability.

Name of Camp	Actual Cost of Camp (not including subsidy)
Total Yearly Cost	

Extraordinary Childcare

Provide costs for childcare for the child with a disability (if 12 years of age or older) who requires ongoing supervision.

Average Number of Hours per Month	Average Cost per Hour	Total Yearly Extraordinary Childcare Cost (Average Number of Hours per Month x Average Cost per Hour x 12 months)

Specialized Day Care/Nursery School

Provide cost for specialized day care or nursery school used for social skills enhancement for the child with disability.

Description of Specialized Day Care/Nursery School	Estimated Monthly Cost	Total Yearly Cost (Estimated Monthly Cost x 12 months)

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Special Learning/Developmental Equipment

Provide costs for special learning and/or developmental equipment that you purchase, specifically for the child's learning and development.

Examples could include educational/specialized toys, weighted vests, weighted blankets, software for electronic devices and noise cancelling headphones.

Special Learning/Developmental Equipment/Item	Estimated Cost of this Equipment/Item
Total Yearly Cost	

Other Expenses

Provide any other costs not captured in the above categories that are directly related to the child's disability.

Examples could include service dogs, non-prescription drugs, household repairs and special equipment repairs.

Item	Rationale	Estimated Cost per Year

Banking Information

If you are eligible to receive funding from the ACSD program, funding will be made available to you via direct deposit or cheque.

Direct deposit is a fast, secure and efficient way to receive payments. It is highly encouraged to use direct deposit so that you can receive payments directly through your financial institution without the need to rely on mail or pick up cheques.

If you have a bank account at a Canadian financial institution, you can get a void cheque or a Pre-Authorized Deposit Form online or in-person from your financial institution.

If you would like to receive funding from the program via direct deposit, please attach a void cheque or a Pre-Authorized Deposit Form to this application.

The void cheque or Pre-Authorized Deposit Form must include your name, the transit/branch number, financial institution number and the account number. The name on the void cheque or Pre-Authorized Deposit Form must match your name listed in this ACSD application.

☐ I confirm that the banking information provided in this application is accurate and I, the applicant, am the holder of the account to which the ACSD program funding should be deposited. *

Your consent is required to deposit the funding into your bank account.

☐ I consent to the release of my personal information to the Ministry of Public and Business Service Delivery (MPBSD) and the financial institution named in this application for the purpose of directly depositing ACSD program funding into my bank account. *

Attachments

You must attach the following documents to this application.
Please note that submitting incorrect documents will result in a delay in processing your application.

☐ Your proof of immigration status or citizenship in Canada *
Documentation of **proof of your immigration status or citizenship in Canada** (such as your Ontario or other Canadian province or territory birth certificate, certificate of Indian status, Canadian citizenship, Canadian passport, Permanent Resident card, or Immigration, Refugees and Citizenship Canada letter)

☐ Your proof of residency in Ontario *
Documentation of **proof of your residency in Ontario** (such as your Ontario driver's license, Ontario health card, valid Ontario Photo Card, rental or lease agreement, property tax bill, utility bill, or statement of direct deposit for Ontario Works or for the Ontario Disability Support Program)

☐ Child's proof of immigration status or citizenship in Canada *
Documentation of **proof of immigration status or citizenship in Canada for the child** (such as the child's Ontario or other Canadian province or territory birth certificate, certificate of Indian status, Canadian citizenship, Canadian passport, Permanent Resident card, or Immigration, Refugees and Citizenship Canada letter)

☐ Child's health card *
A copy of the child's Ontario health card (unless the child is a refugee claimant and does not have an Ontario health card)

☐ Child's medical and supporting documentation *
A copy of the child's **medical and supporting documentation** that provides details and verification of the child's medical condition and disability

☐ Your **Canada Revenue Agency (CRA) Notice of Assessment**[12] *
A copy of pages 1 and 2 of your most recent CRA Notice of Assessment

☐ Your spouse's **CRA Notice of Assessment**[12] (if applicable)
A copy of pages 1 and 2 of the most recent CRA Notice of Assessment for your spouse (if applicable)

☐ Your Canada Child Benefit (CCB) *
A copy of your most recent **Canada Child Benefit (CCB) notice** (must include all pages, which includes your name, family net income, marital status, and the names of eligible children)
Note: If you are not receiving the CCB, the ministry regional office will contact you to request details about your situation after you submit your application.

Other documents you may need to attach to this application (if applicable) include the following:

☐ A detailed list of your current income
Examples of acceptable documents include record of employment, most recent pay stub, Employment Insurance (EI) statements, etc.

☐ Receipts for custom orthotics

☐ A void cheque or a Pre-Authorized Deposit Form
This must include your name, the transit/branch number, financial institution number and the account number.

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Consents

Consent to Recover Overpayments

In order to receive financial assistance through the ACSD program, you must agree to the recovery of any overpayments made to you.

An overpayment is created when you receive more financial assistance than you are entitled to receive. If you receive an overpayment, the excess may be recovered through deductions of your regular monthly payment until the overpayment has been recovered.

You can help avoid potential overpayments by immediately notifying the ministry of any changes to your circumstances that may affect your entitlement, including changes in disability-related expenses or **household income**[1].

As a person receiving financial assistance under the ACSD program, you may appeal an overpayment decision and you may appeal a decision to recover an overpayment to the Social Benefits Tribunal. Please contact your local ministry regional office (https://www.ontario.ca/page/regional-offices-ministry-children-community-and-social-services) for further information on the appeal process.

☐ As a condition of eligibility to receive financial assistance under the ACSD program, I, the applicant, agree that if an excess amount of financial assistance has been given to me, the ministry may deduct that amount from any future financial assistance provided under the ACSD program to which I may be entitled. *

Consent to collect and share information

The ministry requires consent from all people included in this application for the collection, use and release of their personal information. This includes consents from you, the child, your spouse (if applicable) and the alternate contact (if applicable).

For the collection, use and release of the child's **personal information**[10] and **personal health information**[11], you will be required to do one of the following:

a) If the child is under the age of 16 **OR** is 16 years of age or older and does not have **capacity**[9] to provide informed consent, you will be required to provide consent on behalf of the child.

OR

b) If the child is over the age of 16 and has capacity to provide informed consent, you will be required to attest that the child has reviewed and provided their consent.

A. Consent to collect and share information with third parties

Consent is required for the **exchange**[15] of your personal information, your spouse's personal information (if applicable) and the child's personal information and personal health information between the Ministry of Children, Community and Social Services (the ministry) and third parties such as:

- Ontario Works delivery agents or the Ontario Disability Support program (ODSP) (if you/your family is in receipt of benefits under these programs)
- a ministry or department of the Government of Canada, including the Canada Revenue Agency (CRA)
- a ministry or department of the Government of Ontario, including the Ministry of Health (MOH)
- any community agency, organization or service provider that provides services to the child

The purposes for the exchange of your personal information, your spouse's personal information (if applicable) and the child's personal information and personal health information include:

- determining and/or verifying your and the child's initial and ongoing eligibility for financial assistance and benefits through the ACSD program
- verifying your identity
- managing your ACSD file, including verifying and confirming the child's disability-related expenses and the child's disability
- verifying information that affects your eligibility for ACSD, such as your total income on your **CRA Notice of Assessment**[12]
- verifying other sources of income that you may be receiving

☐ I, the applicant, have reviewed and consent to the sharing of my information with the third parties as outlined above. *

☐ I, the applicant, attest that my spouse has reviewed and consents to the sharing of their information with the third parties as outlined above (required, if applicable).

Complete one of the following: *

☐ I, the applicant, have reviewed and provide consent on behalf of the child for the sharing of their information with the third parties as outlined above.

OR if the child is 16 or older and has capacity to provide informed consent, you will be required to attest that the child has reviewed and provided their consent below.

☐ I, the applicant, attest that the child has reviewed and consents to the sharing of their information with the third parties as outlined above.

B. Consent to collect and share information with the individual or agency assisting you with completing this application (if applicable)

If an individual or agency is assisting you with completing this application, consent is required for the **exchange**[15] of your personal information, your spouse's personal information (if applicable) and the child's personal information and personal health information between the ministry and the individual or agency so they can assist you with completing this application.

☐ I, the applicant, have reviewed and consent to the sharing of my information as outlined above. *

☐ I, the applicant, attest that my spouse has reviewed and consents to the sharing of their information as outlined above (required, if applicable).

Complete one of the following: *

☐ I, the applicant, have reviewed and provide consent on behalf of the child for the sharing of their information as outlined above.

OR if the child is 16 or older and has capacity to provide informed consent, you will be required to attest that the child has reviewed and provided their consent below.

☐ I, the applicant, attest that the child has reviewed and consents to the sharing of their information as outlined above.

If you have added an alternate contact to this application, the ministry requires the alternate contact's consent in order to exchange their personal information with the individual or agency assisting you with completing this application.

☐ I, the applicant, attest that the alternate contact has reviewed and consents to the sharing of their information as outlined above (required, if applicable).

C. Consents related to your spouse (if applicable)

If you have a spouse, the ministry requires your spouse's consent to collect their personal information from you and to allow the ministry to use their personal information for the purposes of verifying their identity and income to confirm eligibility for ACSD.

☐ I, the applicant, attest that my spouse has reviewed and consents to the sharing of their information as outlined above (required, if applicable).

Consent is required to release your personal information and the child's personal information and personal health information to your spouse when they contact the ministry to make inquiries about your ACSD file. If consent is not provided, the ministry cannot release your or the child's information to your spouse.

☐ I, the applicant, have reviewed and consent to the sharing of my information as outlined above. *

Complete one of the following: *

☐ I, the applicant, have reviewed and provide consent on behalf of the child for the sharing of their information as outlined above.

OR if the child is 16 or older and has capacity to provide informed consent, you will be required to attest that the child has reviewed and provided their consent below.

☐ I, the applicant, attest that the child has reviewed and consents to the sharing of their information as outlined above.

If you have added an alternate contact in this application, your spouse's consent is required to release their personal information to the alternate contact when they contact the ministry to make inquiries about this application. If consent is not provided, the ministry cannot release their information to the alternate contact.

☐ I, the applicant, attest that my spouse has reviewed and consents to the sharing of their information as outlined above (required, if applicable).

D. Consents related to the alternate contact (if applicable)

If you have added an alternate contact in this application, the ministry requires the alternate contact's consent to collect their personal information from you for the purposes of verifying their identity when they contact the ministry to make inquiries about this application.

☐ I, the applicant, attest that the alternate contact named in this application has reviewed and consents to the sharing of their information as outlined above. *

Consent is required to release your personal information and the child's personal information and personal health information to the alternate contact when they contact the ministry to make inquiries about this application. If consent is not provided, your and the child's information cannot be shared with the alternate contact.

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☐ I, the applicant, have reviewed and consent to the sharing of my information as outlined above. *

Complete one of the following: *

☐ I, the applicant, have reviewed and provide consent on behalf of the child for the sharing of their information as outlined above.

OR if the child is 16 or older and has capacity to provide informed consent, you will be required to attest that the child has reviewed and provided their consent below.

☐ I, the applicant, attest that the child has reviewed and consents to the sharing of their information as outlined above.

If you have a spouse, the ministry requires the alternate contact's consent to release their personal information to your spouse when they contact the ministry to make inquiries about this application. If your spouse does not provide their consent, the ministry cannot release the alternate contact's personal information to your spouse.

☐ I, the applicant, attest that the alternate contact named in this application has reviewed and consents to the sharing of their information as outlined above (required, if applicable).

Attestation

☐ I, _____ , certify that: *
Name of Applicant *

- the child meets the eligibility requirements for the ACSD program (is under the age of 18; resides in my care; is a resident of Ontario; and has a severe disability supported by medical documentation)
- I am the only applicant, to the best of my knowledge, applying for the ACSD program on the child's behalf
- the information provided in this application is to the best of my knowledge, correct and true
- I will inform the Ministry of Children, Community and Social Services if there are any changes to the information I have provided or if there has been a change in my or the child's circumstances that would affect eligibility for the ACSD program
- I understand that it is against the law to knowingly provide false information in an application for the ACSD program. If it is suspected that false information was provided in order to qualify for the ACSD program, an investigation may begin on my application.

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Appendix A: Definitions

1. **Household income** is the "total income" line reported on the Canada Revenue Agency (CRA) annual Notice of Assessment (NOA) for the parent/guardian and the spouse (if applicable).
2. **Extraordinary costs** represent the expenses directly associated with the child's disability, as opposed to normal costs of maintaining the child at home. Examples include transportation to medical appointments or to a special program(s) related to the child's special needs, family relief, learning and developmental equipment, medical supplies, etc.
3. A **severe disability** is a mental, developmental or physical condition that severely limits the child's development and/or functional capacity to perform tasks and activities necessary in their daily life. Functional loss refers to a major loss of ability, delay in developmental milestones or the ability to engage in any age appropriate activity considered necessary to normal living; examples include, but are not limited to, mobility, communication, social interaction, self-feeding, dressing, hygiene and learning.
4. The **primary caregiver** is the person who receives or is eligible to receive the Canada Child Benefit (CCB) on behalf of the child. They can be the child's parent, guardian, or any person primarily responsible for the care and upbringing of the child.

   Where no Canada Child Benefit (CCB) is eligible to be paid, the primary caregiver is the person who is primarily responsible for the care and upbringing of the child. That person is responsible for things such as:

   - supervising the child's daily activities and needs
   - making sure the child's medical needs are met
   - arranging for childcare when necessary
5. If the child shares their time equally between the parents, then both parents may be considered to have **shared custody**.
6. A **health care professional** can include a physician, psychologist, nurse practitioner, occupational therapist, physiotherapist or other individuals who may be involved in the child's regular care and treatment.
8. **Gender identity** is each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their birth-assigned sex. Gender identity is fundamentally different from a person's sexual orientation.
9. **Capacity** means an individual is able to:

   - understand the information that is relevant to deciding whether to consent; and
   - appreciate the reasonably foreseeable consequences of giving, withholding or withdrawing the consent
10. **Personal information** is recorded information about an identifiable individual. This includes, but is not limited to, your name, address, phone number, email address and employment and financial information.
11. **Personal health information** includes identifying information that relates to an individual's physical or mental health. This includes, but is not limited to, health conditions, diagnoses, health history and health care services accessed.
12. Your **Canada Revenue Agency (CRA) Notice of Assessment (NOA)** is an evaluation of your tax return that the CRA sends you every year after you file your tax return. It shows your total income for the previous taxation year. This information is required to assist in determining your eligibility for the ACSD program.

    If you need copies of your Notice of Assessment (NOA), please access through your CRA MyAccount or contact CRA at 1-800-959-8281.
13. **Medical and supporting documentation** can be from any health care professional, such as a physician, psychologist, occupational therapist, physiotherapist, nurse practitioner, social worker, etc. Medical and supporting documentation can include:

    - functional assessments
    - hospital records/medical reports
    - specialists' reports
    - psychological reports
    - Identification Placement and Review Committee Report (IPRC)
14. If you need copies of your **Canada Child Benefit (CCB) notice**, please access through your Canada Revenue Agency (CRA) MyAccount or contact CRA at 1-800-959-8281.

    Where no Canada Child Benefit (CCB) is eligible to be paid, the primary caregiver is the person who is primarily responsible for the care and upbringing of the child. That person is responsible for things such as:

    - supervising the child's daily activities and needs
    - making sure the child's medical needs are met
    - arranging for childcare when necessary
15. **Exchange** of information means the indirect collection of your personal information and the child's personal information and personal health information from third parties and disclosing (such as sharing or releasing) this information to third parties.
16. If you are receiving funding from the Ministry of Health's **Assistive Devices Program (ADP)**, the ACSD program will consider your portion of the costs for approved equipment and supplies (for example, mobility devices, hearing aids, communication aids, enteral-feeding pumps, ostomy supplies, etc.) that are not covered by the ADP.

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Appendix B: Notice of Collection of Personal Information

The collection of **personal information**[10] and **personal health information**[11] by the Ministry of Children, Community and Social Services (the ministry) in this application is authorized by ss. 38(2), 39(1)(a) and (h) of the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31 (FIPPA) and s.49 of the *Ontario Disability Support Program Act*, 1997.

Your personal information and the child's personal information and personal health information that is collected in this application will be used for the purposes of:

- verifying identity, managing the child's individual file and determining the child's eligibility for the Assistance for Children with Severe Disabilities (ACSD) program
- determining your initial and ongoing eligibility for financial assistance through the ACSD program
- administering funding and addressing any funding-related issues

This information will be collected for the purpose of determining the child's eligibility for funding, supports and services.

Please note that the ministry is bound by the *Freedom of Information and Protection of Privacy Act* (visit www.ontario.ca/laws/statute/90f31) and any information collected by the ministry may be subject to release in accordance with that Act or by order of a court or tribunal.

If you have questions about how we collect and use your personal information, contact Service Ontario:

Toll-free: 1-888-789-4199 from Monday to Friday between 8:30 a.m. to 5:00 p.m.

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