

GUIDELINES

The applicant must be a registered client of Easter Seals Ontario, under the age of 19, and have a valid Ontario Health Card.

Please be advised that the **Incontinence Supplies Grant Program** is a separate program that requires a different application to be completed. Please visit our services website to obtain an application: www.services.easterseals.org

1. Easter Seals Ontario's funds are provided by public donations and not government funding. **The amount of funding approved may vary based on the item and how much money Easter Seals has at the time the request is received.**
2. **Applications will be accepted from January 1 to September 30 or until all funds are gone.** Please be advised because the funding for equipment is based only on the donations we raise it is not uncommon for Easter Seals to exhaust all funds prior to September.
3. The maximum funding Easter Seals Ontario can assist with is \$3,000 per child, per calendar year.
4. **One application must be completed for each piece of equipment required.** Bathroom Aids can be requested together
5. The Equipment Funding Request (EFR) must be submitted to Easter Seals, and you must have received a response back from Easter Seals prior to the equipment/items being ordered. **Easter Seals Ontario cannot fund equipment that has already been purchased/received by the family.**
6. **Easter Seals Ontario will only fund items on its current list of approved items.** Easter Seals Ontario 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.
7. **Parents are responsible for paying the first \$100 or more for each request,** based on their financial resources. The parent contribution is to be paid directly to the vendor, not Easter Seals Ontario. If a family cannot contribute due to financial difficulties, it must be requested on the application form with reason provided to be considered.
8. Parents must access all other sources of funding available to them prior to requesting funds from Easter Seals Ontario. This includes other organizations that provide direct funding such as the Ontario Federation for Cerebral Palsy, Muscular Dystrophy Canada, and the Home and Vehicle Modification Program administered by March of Dimes Canada. **You must also check with your Employer's Extended Health Care Benefits.**
9. **VAN LIFT FUNDING:** Easter Seals Ontario will not consider funding for a lift if the vehicle is over 5 years old. If you are accessing additional funding from the Home and Vehicle Modification Program, the process is:
 - Apply to the Home and Vehicle Modification program first. They will contact you to confirm you are eligible to proceed to the second stage.
 - Once you are proceeding to the second stage, apply for Easter Seals Funding. Easter Seals will contact you to discuss the funding process, as van lift applications will not be reviewed until the confirmation of other funding has been received.
10. All supporting documentation must accompany the completed application. This includes:
 - **For Assistive Devices Program (ADP) funded items-** please obtain a copy of the ADP application form **or** a letter of support from the prescribing therapist which clearly states the date they have submitted the ADP application. The vendor's quote 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.
 - **ADP-Funded communication devices, AFO's or KAFO's-** you must include a current quote that states the amount being covered by ADP. There is not ADP approval letter or letter of support required with the application.
 - **Non-ADP Funded Items-** You must include a letter of support from a health professional (OT/PT) confirming the need for the requested equipment. You must include current vendor quotes. Two quotes are preferred. Exceptions may be made if there is only one vendor available locally or it is customized equipment. It is a family's choice which vendor they choose, however if the higher quoted vendor is chosen, the family is responsible to pay the difference between the two quotes.

ALL VENDORS MUST BE A REGISTERED BUSINESS AND LOCATED IN ONTARIO.

GUIDELINES CONTINUED

11. If any information is missing or incomplete, the application will be returned for completion, delaying the process for assistance.
12. Labour/installation, taxes, delivery, or assessment costs are not funded.
13. **Current quotes, letter of support and/or ADP information must accompany this application**
14. Complete the authorization to release information by stating your chosen Vendor to whom Easter Seals Ontario is to release the notification of approved funding
15. **No additional funding will be considered after Easter Seals Ontario has granted an approval.** If other agencies have not fulfilled their approval of funds or changed their funding, the quote provided was not current, items were missed in the quote, size of item has changed, additional items are required for equipment and/or if ADP did not fund the anticipated amount, Easter Seals will not change their approved amount.
16. **YOU MUST INITIAL THAT YOU HAVE NOT ALREADY RECEIVED THE REQUESTED EQUIPMENT.** (Exception for renewal of a communication lease)
17. Sign and date the completed application. Remember to keep a copy of the complete application for your own files.
18. Funding approval is valid for **4 months** from the approval date. The invoice from the vendor **must** be received prior to the end of the 4 month period
19. If an invoice is received and the date of delivery is noted to be prior to the approval notice given by Easter Seals Ontario, then it is not eligible for Easter Seals funding, and the approval will be invalid. The parent will be responsible for the full amount to the vendor.
20. Parents are responsible to order the equipment after an approval letter has been received from Easter Seals Ontario. **Parents must sign and date the invoice upon receiving the equipment.** Once the equipment has been received, Easter Seals' portion will be paid to the vendor directly, and not to the parent.
21. Easter Seals does not fund private sales (including eBay, Kijiji, etc.), or lend funds to pay for a family's insurance or ADP portion
22. **The application must be received 6 months prior to the child's 19th birthday to allow for processing**

Completed Applications can be sent via:

Mail: Equipment Funding Program, Easter Seals Ontario, 700-1 Concorde Gate, Toronto ON M3C 3N6

Fax: 416-696-1035 (to the attention of the Equipment Funding Program)

Email: services@easterseals.org

Please note it is the parent/ guardian(s) responsibility to follow up with Easter Seals to ensure the application has been received. If you have any questions about the application or whether certain equipment is eligible for funding, please do not hesitate to contact the Equipment Funding Program.

Phone: 1-866-630-3336 | Phone (GTA): 416-421-8146 | Email: services@easterseals.org



Easter Seals Ontario Equipment Funding Program

GENERAL INFORMATION:

Parent/Guardian Name: _____ **Date of Request:** _____
First Name Last Name MM/DD/YYYY

Address: _____ **City:** _____

Postal Code: _____ - _____ **Home Phone #:** (_____) _____ **Cell #:** (_____) _____

Email Address: _____

Please Note: Email is our primary method of communication for Easter Seals Services (equipment funding and recreation). Please provide email to receive correspondence faster. If no email is provided, you will receive all correspondence by mail.

Child's Name: _____ **Date of Birth:** _____
First Name Last Name MM/DD/YYYY

Diagnosis: _____ **Easter Seals ID #:** _____
If you are unsure of your Easter Seals ID#, please leave blank

Have you received Easter Seals' funding previously? Yes No If no, please ensure the child is a registered client with Easter Seals Ontario. If you are receiving funding from the Incontinence Supplies Grant Program, you are not automatically a client of Easter Seals Ontario. Please contact the office to confirm eligibility if you are unsure.

For statistical purposes only, please indicate your total household income:

- \$0-\$20,000 \$20,001-\$40,000 \$40,001-\$60,000 \$60,001-\$80,000 \$80,001-\$100,000
 \$100,001-\$120,000 \$120,001-\$140,000 \$140,001-\$160,000 \$160,001-\$180,000 \$180,001 -over

Equipment/Item Requested: _____
Please specify type (ex- wheelchair, walker, bath chair, etc.) **ONE PIECE OF EQUIPMENT PER APPLICATION PLEASE.**

VENDORS AND SOURCES OF FUNDING:

Note: Vendors **MUST** be a registered business and located in Ontario

Vendor(s): 1. _____ **2.** _____
Vendor Name Vendor Name

Employer Extended Health Care Benefits: Yes No N/A

Other Agencies: Yes No N/A If Yes, please list: _____

IMPORTANT NOTES:

For ADP-Funded items: Please attach a copy of the ADP application form **or** a letter of support from the prescribing therapist that states the date of ADP submission and that the required equipment is an ADP-funded item, **or**, a copy of the ADP approval

ADP-Funded computer, communication device/lease, or orthotic: A current quote must be included that states the ADP-approved amount. There is no ADP approval or letter of support required as it is a specific amount set by the Ministry of Health

For non-ADP-Funded items: Attach a letter of support and confirmation of the need of the requested item by a Health Professional (e.g. Occupational Therapist of Physiotherapist)

Easter Seals Ontario Equipment Funding Program

BREAKDOWN OF EQUIPMENT FUNDING REQUEST:

Please breakdown the sources of funding that will be used to finance this request:

- | | |
|---|--|
| <p>A) Estimated Total Cost of Equipment/Item
(ONE PIECE OF EQUIPMENT PER APPLICATION PLEASE)</p> | <p>Write in total amount from preferred Vendor Quote</p> |
| <p>B) ADP- Approved Amount (if applicable)</p> | <p>Write in Amount Approved (if applicable)</p> |
| <p>C) Employer Extended Health Care Benefits
(you MUST contact your insurance provide before applying)</p> | <p>Write in Amount Approved (if applicable)</p> |
| <p>D) Funding from Other Agencies (Total)</p> | <p>Write in Amount Approved (if applicable)</p> |
| <p>E) Parent Contribution
(minimum \$100 or \$ amount remaining after Easter Seals maximum)</p> | <p>Write in Amount</p> |
| <p>F) TOTAL REQUESTED FROM EASTER SEALS (maximum \$3,000)</p> | <p>Write in Amount</p> |

AUTHORIZATION AND SIGANTURES:

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

Would you like your prescribing Therapist or a support worker to be included in all correspondence regarding this request?
 Yes No

Therapist/Support Worker Email _____

I understand and agree that Easter Seals Ontario may carry out inquiries 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 inquiries 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 (exception- communication lease). If you have received the requested piece of equipment, you are NOT eligible to apply for Easter Seals Equipment Funding.

Please initial that you have read and understand the above statement and are NOT in possession of the requested equipment

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 Equipment Funding Program is not an acknowledgement that the work or equipment was acceptable.

Parent Signature: _____ Date: _____

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

Completed applications can be returned to:

Mail: Equipment Funding Program, Easter Seals Ontario, 700- 1 Concorde Gate, Toronto, ON M3C 3N6

Email: services@easterseals.org

Fax: 416-696-1035

Easter Seals Check List Request for Equipment Funding

You do not need to submit this sheet with your application. This is for your reference only.

ALL APPLICATIONS MUST INCLUDE:

- Employer Extended Health Care Provider (EHC) has been contacted (If Applicable)
- Application has been initialed that requested equipment has not been received (exception communication lease renewals)
- Application has been signed and dated
- You have kept a copy of the complete application form and documentation

Wheelchairs, walkers, and standers must include:

- 1 quote
- Copy of ADP application form
OR
Letter from the prescribing therapist that has the date that ADP was submitted
OR
Copy of ADP approval

AFO's, KAFO's, computers, communication devices and leases must include:

- 1 Quote

Accessibility aids (portable lifts, porch lifts, track lifts, ramps), bathroom equipment (bath aids, commodes, transfer aids) must include:

- 2 Quotes
- A letter of support from the prescribing therapist