



## Program Overview

Funded by the Ontario Government Ministry for Seniors and Accessibility, March of Dimes Canada's Home and Vehicle Modification Program provides funding for basic home and / or vehicle modifications. By reducing or eliminating physical barriers which create life safety risks, modifications, adaptations, and devices enable children and adults with mobility restrictions to continue living in their homes, avoid job loss, and participate in their communities.

### An eligible Applicant must:

- be a permanent Ontario Resident. Temporary residents and visitors (e.g. tourists, students, foreign workers on a work permit, etc.) are not eligible.
- be in financial need (combined household income of under \$60,000)
- have a permanent ongoing or recurring disability that impedes mobility and results in substantial restrictions in activities of daily living (eating, bathing, toileting, transferring, and mobility) and/or getting in and out of your home to access essential medical care or community services
- Applicants (and their spouses / life partners/ guardians if applicable) with an annual income over \$35,000 are required to contribute towards the cost of the modification(s). Note: Applicant contributions of \$5000 or more must be paid to the contractor before any project can begin.
- **(For Construction Projects Only)** be a homeowner who meets the program eligibility criteria who is applying for a modification to their home **or** be a homeowner who is applying for a modification to their home on behalf of a family member who meets the program eligibility criteria.

### Important Notes:

The HVMP provides funding for basic and essential solutions directly addressing physical barriers within a home explicitly related to an applicant's disability and current mobility restrictions. Any items prescribed and or quoted not directly related to accessibility and removal of barriers will not be funded by the program and will be the applicant's responsibility. Please note that equipment is often the most basic and essential solution to removing barriers. Construction projects will only be considered as a **last resort** and must be recommended by an Occupational Therapist (OT). In order for a construction project to be reviewed for eligibility, an OT must detail basic and essential equipment that has been trialed and explain why it was not suitable.

During construction, if any issues arise such as but not limited to water damage, mold, mildew, termites, items not to provincial code or safety standards, any electrical or plumbing issues those are the responsibility of the home owner, not March of Dimes Canada.

The Program will not approve reimbursement of any cost for modifications, adaptations, and devices prior to authorization from the program.



All applications for outdoor lifts and ramps (where concrete is required to be poured) will only be accepted between April-October. Concrete ramps are not eligible. Construction of a ramp will only be considered when all other attempts to use a modular ramp have been made and documented by an Occupational Therapist.



| <b>List of Eligible Home Modifications, Adaptations and Devices</b>  | <b>List of Ineligible Home Modifications, Adaptations and Devices</b>   |
|--|---|
| <ul style="list-style-type: none"> <li>• ramps;</li> <li>• inside and outside platform lifts, stairway lifts and lifting/ transferring devices, including necessary structural changes;</li> <li>• the paving of an access path between the client's home and mode of transportation if needed to facilitate the movement of a wheelchair;</li> <li>• elevating devices;</li> <li>• widening of doors and/or replacement of conventional doors by sliding or folding doors;</li> <li>• rearrangement of bathrooms to permit safe use;</li> <li>• installation of wheel-in showers, wall grab bars, and bathtub safety rails;</li> <li>• rearrangement and lowering or raising of kitchen equipment and cupboards;</li> <li>• a deck if it is an integral part of an access ramp or lift;</li> <li>• disability features for major appliances where the modification allows a person to safely use;</li> <li>• environmental controls may be provided as appropriate. These include remote control or mechanical devices to: operate appliances; switch lights and computers on or off; facilitate the use of a telephone; or to open, close and lock doors.</li> <li>• modifications to a child's play area</li> <li>• repairs to electrical or battery-operated modifications that are not covered by warranty</li> </ul> | <ul style="list-style-type: none"> <li>• concrete ramps</li> <li>• the purchase of a home;</li> <li>• modifications to newly constructed homes (i.e. buildings or structures that are brand new and have never been lived in)</li> <li>• therapeutic or supportive care-related items such as whirlpool baths, swimming pools, exercise bikes, wheelchairs, walkers, respiratory equipment and dialysis equipment will not be provided by this program;</li> <li>• upgrades or repairs to the home;</li> <li>• the construction of additional rooms;</li> <li>• a deck that is not an integral part of an access ramp or lift;</li> <li>• household appliances (refrigerators, stoves, microwaves, etc.);</li> <li>• a second accessible exit (not required by the Ontario Building Code);</li> <li>• hospital beds</li> <li>• suction grab bars</li> <li>• cosmetic improvements to modifications that are not in need of repairs.</li> <li>• construction projects where there is a rental agreement in place (i.e., landlord and tenants from individuals to property management companies)</li> </ul> |



| <b>List of Eligible Vehicle Modifications, Adaptations and Devices</b>  | <b>List of Ineligible Vehicle Modifications, Adaptations and Devices</b>   |
|---|--|
| <ul style="list-style-type: none"> <li>• transferable equipment such as hand controls, foot controls, lifts, safety devices etc. These should be fully convertible, if possible, to any type of vehicle so that they can be transferred when the applicant changes vehicles;</li> <li>• communication devices such as car phones, when necessary to ensure the safety of the person with a disability. Considerations should include: the severity of the disability, whether the person drives alone, and the area in which the vehicle is usually driven;</li> <li>• specialized seating and related accessories required for transportation purposes;</li> <li>• remote control devices to open garage doors for persons who use wheelchairs, scooters, or who walk with difficulty;</li> <li>• raising the roof of a vehicle;</li> <li>• lowering of the floor of a vehicle;</li> <li>• barrier-free modifications to garages or carports</li> <li>• further vehicle modifications required to meet the child's changing needs</li> <li>• Repairs to electrical or battery-operated modifications that are not covered by warranty</li> </ul> | <ul style="list-style-type: none"> <li>• the purchase of a vehicle;</li> <li>• vehicle upgrades and repairs</li> </ul> |

| <b>Required Documents</b>   |   |
|---|---|
| <p>Please do not send original documentation as documents cannot be returned and remove / black out Social Insurance Numbers (S.I.N.) from all submitted documentation</p>  |   |
| <p><b>For Home Modifications, Adaptations or Devices</b></p> <ol style="list-style-type: none"> <li>1) Complete and signed Modification Proposal</li> <li>2) Proof of income</li> <li>3) Occupational Therapist Letter of Assessment OR Verification of Disability depending on your request type.</li> <li>4) Price Quote(s)</li> <li>5) Proof of Home Ownership (for construction projects only)</li> </ol> | <p><b>For Vehicle Modifications</b></p> <ol style="list-style-type: none"> <li>1) Complete and signed Modification Proposal</li> <li>2) Proof of income</li> <li>3) Certified Driver Rehabilitation Specialist (CDRS) or an Occupational Therapist (OT) with advanced specialty training in assessing driving skills</li> <li>4) Quote(s)</li> <li>5) Proof of Vehicle Ownership</li> </ol> |



### Acceptable Proof of Income

Proof of Current Income Documentation is required for the Applicant and the Applicant's spouse/common law or life partner, if applicable. If the applicant is under the age of 18, both parents/guardians' incomes are required, or only the income of the single parent/guardian is considered.

Applicants (and their spouses / life partners/ guardians if applicable) with an annual income **over** \$35,000 (up to a maximum of \$60,000) are required to submit:

- T1 General (Most current tax year)

Applicants (and their spouses / life partners/ guardians if applicable) with an annual income **under** \$35,000 are required to submit ONE of the following documents:

- T1 General (Most current tax year)
- social assistance (GAINS, ODSP, Ontario Works)
- Notice of Assessment from Revenue Canada (Most current tax year)

### Acceptable Regulated Healthcare Professional Assessment

All modifications, adaptations or devices for the Home or Vehicle must be recommended by a healthcare professional. The type of accepted recommendation varies based on the request. **All recommendations must include the following information:**

- The client's disability
- What mobility device(s) the client is using in the home
- A description of how their disability impacts their ability to independently complete activities of daily living such as eating, bathing, toileting, transferring and mobility
- The recommendation of devices, adaptations and/or modifications and how they will remove the barrier.
- What internal and external supports (people or services) are available to the client.

To find an Occupational Therapist (OT), ask your family doctor or contact Home and Community Care Support Services (HCCSS) at 310-2222 (no area code required) who can recommend publicly funded OT services in your community. You can also find more information online about Finding an OT at: <https://otontario.ca/find-an-ot/>.

### For Home or Vehicle Adaptations or Equipment (i.e. a non-construction project)

An Occupational Therapist must complete either an assessment letter OR a regulated health care professional (<https://ontariohealthregulators.ca/>) can complete and sign the verification of disability form which is available on our website: [www.marchofdimes.ca/hvmp](http://www.marchofdimes.ca/hvmp).

### For Home modifications (i.e. construction projects)

An Occupational Therapist (OT) must complete either an assessment letter OR a Verification of Disability Form available on our website ([www.marchofdimes.ca/hvmp](http://www.marchofdimes.ca/hvmp)). The letter must also include the following information:



- A detailed list of equipment that has been trialed and why it was not suitable
- For Bathroom Modifications on the second floor: a description of the mechanics on how the client will manage the stairs safely and independently to access the bathroom located on another level, a description of the plan to address the level-to-level change within the home and the long-term plan for the client when they can no longer manage the stairs.

**For Vehicle Modifications**

An Occupational Therapist (OT) must complete either an assessment letter OR a Verification of Disability Form available on our website ([www.marchofdimes.ca/hvmp](http://www.marchofdimes.ca/hvmp)).

OR  
You must provide an assessment from a Certified Driver Rehabilitation Specialist (CDRS) for any adaptive driving devices.

**Price Quotes for Non-Construction Home and Vehicle Adaptation and Devices**

Price Quotation from a registered medical supplier, equipment supplier or medical vendor of the applicant's choice.

**Quotations must include the following:**

- name, address, and contact information
- separate line for all devices required, quantity, unit cost and applicable taxes
- separate line for labour charges and applicable taxes
- separate line for delivery charges and applicable taxes
- a clear description of any warranties

**Price Quotes for Construction Projects**

Two competitive price quotes detailing the scope and cost of work being requested

*All quotes for construction work must include a WSIB certificate(s) from those completing the work. MODC acts as a third-party payee; therefore, there is no exemption to residential construction work because the homeowner is not paying the contractor; MODC is issuing payment as a third-party payee.*

*All new contractors will be required to complete the new vendor setup paperwork with MODC and the setup process for Electronic Funds Transfer (EFT).*

**Quotations must include the following:**

- the contractor's name, address and contact information
- a thorough description of the project with details of the work to be done and the materials to be used or being constructed
- separate line for applicable permit fees, if required
- separate line for each commercial product supplied, quantity, unit cost and applicable taxes
- separate line for all materials required, quantity, unit cost and applicable taxes
- separate line for all subcontracted trades that will be required with cost and applicable taxes
- separate line for labour charges and applicable taxes
- a clear description of any warranties
- a work schedule, including start and completion dates
- who is responsible for clean up after the job is finished



**Proof of Home Ownership for Construction Projects**

All applicants requesting constructions projects are required to submit ONE of the following documents depending on their home status:

- Deed to the home being modified
- Property Tax Bill for home being modified

Please note, if you are a condo owner, a letter from the condo board approving your constructions project is required.

Note: When the applicant does not own the home (name not on the deed or property tax bill) the homeowner must provide a letter giving consent to the construction plus provide one of the required documents above.

**Proof of Vehicle Ownership and Valid Driver’s License**

All applicants requesting vehicle modifications must provide proof of each of the following:

- Copy of a valid driver's license both front and back
- Copy of current vehicle ownership
- Copy of current vehicle insurance
- Copy of a current vehicle inspection from a certified mechanic, if the vehicle is used, stating it is in good working condition with an odometer reading

**Type of Funding Request**

The person with the disability is referred to as the “Applicant.” All questions should be answered by the Applicant or on their behalf. Please provide information for one Applicant per form.

Are you applying for:

Home Adaptations and Device Funding?
  Home Modification Funding?
  Vehicle Modification Funding?
  Both Home and Vehicle Modification Funding?

**Must complete box for Home Modification requests**

1. Is your home:  Owned  Rented  Owned by Family
2. If rented, do you have landlord permission to install the equipment being requested?  
 yes  no  Not Applicable
3. Have you recently moved from an accessible to inaccessible home?  yes  no
4. Have you tried to look for other suitable accommodations?  yes  no
5. Is the home you are requesting modifications to your permanent residence?  yes  no
6. Type of Home:  Bungalow  Back Split  Side Split  Two Storey  Town Home  Condo  Mobile Home  Apartment  Other:



7. **If you are applying for a bathroom modification, what floor is the bathroom on?**  
 ground level  upper level  basement level
8. **If you are requesting a Construction Project in the Home has the contractor viewed your home?**  yes  no
- a. **If yes, when is the contractor available to start?** mm/dd/yyyy:  
 \_\_\_\_\_
- b. **If yes, how long will the project take to complete?**  
 \_\_\_\_\_

**Must complete box for Vehicle Modification requests**

1. **Is your vehicle:**  Owned  Leased  To be Purchased
2. **Does the driver of the vehicle have a valid driver's license?**  yes  no
3. **Are you requesting driving controls?**  yes  no
- a. **If yes, are you certified/approved to use the hand control?**  yes  no

**For all requests, please complete the following questions:**

1. **What type of mobility device(s) are you currently using? (Check all that apply):**  
 Cane  Braces/Crutches  Scooter  Pediatric Mobility Device (Aids)  
 Manual Wheelchair  Wheeled Walker  Power Wheelchair  
 Other: \_\_\_\_\_
2. **Is your disability or request for modification, adaptations and/or devices the result of (check all the apply):**
- A workplace Injury:**  Yes  No
- A Motor Vehicle Collison:**  Yes  No
3. **Have you approached any other funding agencies to help pay for the cost of your modification requests?**  Yes  No
- a. **If you answered yes, please tell us about all the other funding sources which have been approached to help pay for the cost of your modification requests, including your own or family contributions.**
- Please Note: The program will provide up to \$15,000 for home and/or vehicle modifications. Any remaining cost above \$15,000 listed on the quotes provided with your application will need to be listed.





|                                  |  |
|----------------------------------|--|
| Name/Organization:               |  |
| Amount Requested:                |  |
| Amount Approved (if applicable): |  |
| Contact Information:             |  |

|                                  |  |
|----------------------------------|--|
| Name/Organization:               |  |
| Amount Requested:                |  |
| Amount Approved (if applicable): |  |
| Contact Information:             |  |



|   |  |
|---|--|
| <b>Applicant Information:</b>   |  |
| This information helps us know how best to contact you about your application   |  |
| Date of Birth:  |  |
| First Name:   |  |
| Preferred Name (if different):  |  |
| Last Name:  |  |
| Pronouns:   |  |
| Mailing Address:  |  |
| City & Postal Code:   |  |
| Phone:  |  |
| Email Address:  |  |
| Marital Status:   |  |
| Source of Income:   |  |
| <b>Please contact me in the following ways:</b>   |  |
| <input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Mail Only <input type="checkbox"/> Do Not Contact Me  |  |
| <p>Please provide an Alternative Contact Person. This person can speak on your behalf, and <b>we will not contact you about your application</b>. I acknowledge that by listing an Alternative Contact Person below I will not receive any information or correspondence about the outcome of my application.</p> |  |
| <b>Alternative Contact Person:</b>  |  |
| If the Applicant is under the age of 18, an adult must be identified. If you are the Power of Attorney / Legal Guardian for the Applicant, enter your information here.   |  |
| First Name:   |  |
| Last Name:  |  |
| Pronouns:   |  |
| Your relationship to the Applicant:   |  |
| Mailing Address:  |  |
| City & Postal Code:   |  |
| Phone:  |  |
| Email OR Mailing Address  |  |
| <b>Please contact me in the following ways:</b> <input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Mail Only   |  |



**Information About the Applicant**

**1. How does your disability impact your mobility?**

**2. Check the areas of your home that you cannot access to perform activities of daily living (eating, bathing, toileting, transferring, and mobility) and/or getting in and out of your home to access essential medical care or community services?**

- |   |   |
|---|---|
| <input type="checkbox"/> Kitchen                | <input type="checkbox"/> Bedroom            |
| <input type="checkbox"/> Stairs                 | <input type="checkbox"/> Primary Entry/Exit |
| <input type="checkbox"/> Transferring           | <input type="checkbox"/> Turning Spaces     |
| <input type="checkbox"/> Laundry Room           | <input type="checkbox"/> Workspace          |
| <input type="checkbox"/> Bathroom               | <input type="checkbox"/> Narrow Doorways    |
| <input type="checkbox"/> Opening Doors          | <input type="checkbox"/> Doorway Thresholds |
| <input type="checkbox"/> Child Play Area        | <input type="checkbox"/> Living Room        |
| <input type="checkbox"/> Garage Access          | <input type="checkbox"/> Vehicle Access     |
| <input type="checkbox"/> Environmental Controls |   |

**3. Is the reason you need this modification because of employment?**

- Yes  No

**4. If you received the modification, would you be able to seek or maintain a job?**

- Yes  No

**5. Based on your answers above, what best describes your reason for needing the requested modifications, only select one.**

- remove or minimize a life safety risk
- prevent hospitalization/institutionalization by assisting the individual to continue living safely in their home (with or without assistance)
- allow discharge from hospital/institution by assisting the individual to continue living safely in their home (with or without assistance)



- avoid loss of employment and income
- allow a caregiver to meet the responsibilities of caring for a dependent with a disability (attend medical appointments, therapy, and community activities etc.).
- to support both children and adults to participate in developmental/community activities (Examples: to attend school, church, volunteer work, community activities, etc.).

**Permissions**

**I agree that March of Dimes Canada may contact me for the following reasons:**  
(check all that apply)

- Fundraising: To contact me about donating to March of Dimes Canada
- Survey: To obtain feedback on services I receive from March of Dimes Canada
- Opinion Poll & Research: To solicit my view on services or policies affecting people with disabilities
- Receive Information: To advise me of new information, services or opportunities that may be of interest to me but are from third party companies, agencies, or service providers
- Volunteer: To provide me with a volunteer opportunity
- Do not contact me

**Protection (Privacy) of Applicant Personal Information**

**Purpose**

March of Dimes Canada (MODC) collects personal information for a variety of purposes including the delivery of services, fundraising, quality management, research, billing and meeting legal and regulatory requirements.

MODC utilizes several safeguard measures to protect personal information and keep it confidential and will not share any personal information with any third parties unless it is directly related to the delivery or enhancement of the services that MODC provides or unless a Canadian law requires it.

Personal information that is no longer required to fulfill the identified purposes will be destroyed, erased, or made anonymous. MODC has guidelines and procedures to prevent unauthorized access and to govern the destruction of personal information.

The full MODC Personal Information Protection (Privacy) Policy is available on the MODC website or by request.



|   |  |
|---|--|
| <b><u>Consent</u></b>   |  |
| <p>I fully understand the reasons March of Dimes Canada (MODC) has requested my personal information and I give consent to MODC to use my personal information for the purposes outlined. I also understand that I may withdraw my consent at any time, subject to legal or contractual obligations and reasonable notice, and that MODC will inform me of the implications of such withdrawal.</p> |  |
| <b>Signature of Applicant:</b>  |  |
| <b>Date:</b>  |  |
| <p>OR if signed by someone other than the applicant, please write your full name below:</p> <p>_____</p> <p><b>(First &amp; Last Name)</b></p> <p><input type="checkbox"/> I certify that I am the Applicant's Power of Attorney or Substitute Decision Maker</p>   |  |

**Submit your completed and signed application with supporting documents to the Home and Vehicle Modification Program. Incomplete applications packages will not be processed for funding. One attempt will be made to secure missing information.**

**Mailing Address:**  
 March of Dimes Canada  
 920 Commissioners Rd East  
 London, ON N5Z 3J1

**Phone:**  
 1-877-369-4867

**Email Address:**  
[hvmp@marchofdimes.ca](mailto:hvmp@marchofdimes.ca)

**Fax:**  
 519-432-4923