



## **GUIDELINES FOR FINANCIAL ASSISTANCE**

The submission of an application does not guarantee our assistance. JACC aspires to help as many children and families as possible with our limited funds: we guarantee careful consideration of your request for financial aid. Therefore only those we determine to be in crisis or with the most immediate need can be considered.

### **ELIGIBILITY REQUIREMENTS**

- The need for financial assistance must result from extraordinary costs which are incurred directly as a result of the child's illness or disability.
- The child must be diagnosed with a serious illness or permanent disability by a Canadian Medical Practitioner.
- The child must be 18 years of age or younger.
- The child and parent or guardian must be a Canadian Citizen or Landed Immigrant and be a permanent resident of Ontario. Refugee/Convention refugee status does not qualify.
- The family's combined gross household income must be \$65,000 or less. Exception to income will **only** be considered if there is more than one child with special needs in the family.
- The family must have used up all other financial resources available to them. These include:
  - Government funding;
  - Funding from service agencies and non-profit organizations.
- If you own more than one property or home you are not eligible for assistance.

### **POLICIES AND GUIDELINES**

- Do not send your application without the required medical and financial documents. It **will not** be processed.
- The Application for Financial Assistance must be submitted and approved before the item or service is purchased or received. If the application is approved and an invoice is received with the date of purchase before the approval date, then the funding will not be granted.
- JACC pays registered therapists, respite workers and organizations directly. We do not reimburse parents.
- All bills or receipts submitted must be in the child or parent or guardian's name.
- Funding approval is valid for the timeframe indicated in our approval letter. Please read your letters carefully.
- Gifting policies may be changed by JACC at any time without notice. JACC's ability to fund eligible applications depends on the availability of funds.

### **CHECKLIST FOR APPLYING FOR FINANCIAL ASSISTANCE**

- All sections of the application must be completed or marked "N/A" if it does not apply to your family.
  - The parents or the guardian of the child may apply for financial assistance.
  - A Social Worker or Healthcare Professional may apply on behalf of the family.
- Provide a copy of a licensed Canadian medical practitioner's diagnosis of the child's disability or serious illness.
- Provide a letter from the child's therapist, medical professional, or social worker supporting the request.
- Provide a quote from the vendor/supplier for the services or items being requested if applicable.
- Provide any other documents not listed above that would assist the charity in making a decision.

**The following documents are MANDATORY (for both parents/guardians) and MUST be received with your completed application before it will be processed:**

- A copy of your most recent Notice of Assessment from Canada Revenue Agency  
**OR** - If you are a new resident to Canada, a copy of your Record of Landing

Canada Revenue Agency / Agence du revenu du Canada  
 NOTICE OF ASSESSMENT / T451 E (10)  
 Date: \_\_\_\_\_ Name: \_\_\_\_\_ Social insurance no.: \_\_\_\_\_ Tax year: \_\_\_\_\_ Tax centre: \_\_\_\_\_  
 Summary / 0025018

Line	Description	\$ Amount
150	Total income	
236	Net income	
	Deductions from net income	
260	Taxable income	
350	Total federal non-refundable tax credits	
6150	Total Ontario non-refundable tax credits	
420	Net federal tax	
435	Total payable	
437	Total income tax deduction	
	Ontario property tax credit	
	Ontario sales tax credit	
479	Total Ontario tax credits	
482	Total credits	
	(Total payable minus Total credits)	
	Balance from this assessment	CR
	Direct deposit	CR

- **If you receive Assistance to Children with Severe Disabilities (ACSD)**, a copy of your most recent ACSD statement or a copy of your most recent bank statement showing direct deposit
- **If you DO NOT receive ACSD**, then provide confirmation of all current sources of income. This can be a current payment stub or statement, or a copy of your bank statement showing direct deposit.
  - Employment
  - Employment Insurance (EIB)
  - Ontario Works (OW)
  - Ontario Disability Support Program (ODSP)
  - Canada Pension Plan (CPP) and/or Old Age Security (OAS)
  - If you are Self-Employed, provide your Statement of Business Earnings or Bank Statements for the last six months

If no income is declared, provide a signed letter from your social worker or medical professional stating how expenses are being met in the absence of any income and provide bank statements to support this.

**Mail or fax your application with all required documentation to:**

**Jennifer Ashleigh Children’s Charity**  
**10800 Concession 5**  
**Uxbridge, Ontario, L9P 1R1**  
**Fax: (905) 852-0124**

**Note: Please do not courier or email the application.**

- Requests that JACC considers to be emergency situations will be given the highest priority and processed promptly. All other requests will be processed as soon as possible.
- Please allow sufficient time for your request to be processed prior to enrolling in a program. The average application processing time is somewhere between 1 and 2 months unless it is an emergency.
- You will be notified by letter when a decision has been made.

<b>JACC FUNDS (If not listed below we cannot assist)</b>	<b>JACC DOES NOT FUND</b>		
<p><b><u>Diagnosis</u></b></p> <ul style="list-style-type: none"> <li>Physical disability</li> <li>Severe medical issue that cannot be controlled by medication and disrupts the life of the child and family</li> <li>Mental Health Disorders</li> </ul> <p>(extraordinary costs must be present which are incurred directly as a result of the child's diagnosis)</p>	<p><b><u>Diagnosis</u></b></p> <table border="0"> <tr> <td data-bbox="894 191 1166 401"> <ul style="list-style-type: none"> <li>Autism Spectrum Disorder</li> <li>ADD/ ADHD</li> <li>Asthma</li> <li>Diabetes</li> <li>Dyslexia</li> </ul> </td> <td data-bbox="1170 191 1526 401"> <ul style="list-style-type: none"> <li>Language Delays (Expressive or Receptive), unless caused by a serious illness diagnosis</li> <li>Learning Disabilities</li> <li>Stuttering</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>Autism Spectrum Disorder</li> <li>ADD/ ADHD</li> <li>Asthma</li> <li>Diabetes</li> <li>Dyslexia</li> </ul>	<ul style="list-style-type: none"> <li>Language Delays (Expressive or Receptive), unless caused by a serious illness diagnosis</li> <li>Learning Disabilities</li> <li>Stuttering</li> </ul>
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<p><b><u>Hospital and Treatment Costs</u></b></p> <ul style="list-style-type: none"> <li>Family accommodation while child is hospitalized</li> <li>Transportation between hospital and home, to/from medical appointments including fuel, public transit, train or bus fare, taxi, Wheel-Trans, car rental, ambulance</li> <li>Sibling childcare while child is hospitalized or attending medical appointments</li> <li>Out of Country trips when treatment is not available in Canada</li> </ul>			
<p><b><u>Household Costs (Must be directly related to child's medical issues)</u></b></p> <ul style="list-style-type: none"> <li>Rent</li> <li>Utilities</li> <li>Nutritious Groceries</li> <li>Vehicle Repairs associated with safely transporting your child</li> </ul>			
<p><b><u>Respite Care (can only apply once in a 12 month period)</u></b></p> <ul style="list-style-type: none"> <li>One:one respite worker <b>in the home</b></li> </ul>			
<p><b><u>Medical Treatment</u></b></p> <ul style="list-style-type: none"> <li>Special Formula recommended by medical doctor</li> <li>Prescription Medication</li> <li>Disposable Medical and feeding supplies</li> </ul>			
<p><b><u>Therapies (can only apply once in a 12 month period)</u></b></p> <ul style="list-style-type: none"> <li>Assessment Fees for therapies listed</li> <li>Speech Therapy</li> <li>Occupational Therapy</li> <li>Physiotherapy</li> <li>Specially Adapted Trikes (quote/estimate required)</li> </ul>			



Date of Request \_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year

**APPLICATION FOR FINANCIAL ASSISTANCE**

Submitting this request gives the Jennifer Ashleigh Children's Charity permission to contact organizations and individuals, which you provide on the application.

NOTE: If this request can be taken care of by another government program, service agency or organization, please do not apply.

Please read **GUIDELINES FOR FINANCIAL ASSISTANCE** and review the application before filling out this form.

**Child and Family Information**

**Child** \_\_\_\_\_

Last Name First Name Middle Initial

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
month / day / year

Medical Diagnosis \_\_\_\_\_

What care facility or hospital has your child received treatment from? \_\_\_\_\_

**Mother** \_\_\_\_\_

Last Name First Name

**Father** \_\_\_\_\_

Last Name First Name

**OR Legal Guardian** \_\_\_\_\_

Last Name First Name

Marital Status: Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Common-law \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_

Street Address \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Does this child live with you? Yes \_\_\_\_ No \_\_\_\_

Number of people living in the child's home \_\_\_\_\_ Ages of siblings \_\_\_\_\_

Who lives in your home other than your children? \_\_\_\_\_

**If you are assisting the family with their application, please complete (Community or Healthcare Professional)**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Organization/Agency Name \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

## Purpose of Funds

Describe each item and/or service you need and attach a cost quote and recommendation. If you need more than one item or service, please state which is the most critical.

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Have you contacted or applied to any other organizations for this request? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, provide details below.*

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## Financial Information (All blanks must be filled in with \$ amount or \$0)

**Household Total Annual Income** Mother \$ \_\_\_\_\_ Father \$ \_\_\_\_\_ or Guardian \$ \_\_\_\_\_  
(Salary before taxes and deductions – Line 150 of CRA Notice of Assessment or line 150 on page 2 of T1)

Do you receive Employment Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Do you receive Child Support? Yes \_\_\_\_\_ No \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Are you a new resident to Canada? Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, a copy of your record of landing is required showing amount of funds brought in to Canada.*

### Government Funding and Services (Monthly Amount)

Ontario Works (OW): \$ \_\_\_\_\_ If you do not receive OW, have you applied? Yes \_\_\_\_\_ No \_\_\_\_\_

Ontario Disability Services Program (ODSP): \$ \_\_\_\_\_ Temporary Care Assistance: \$ \_\_\_\_\_

Assistance to Children with Severe Disabilities (ACSD): \$ \_\_\_\_\_ Special Services at home (SSAH): \$ \_\_\_\_\_

Canada Child Benefit (CCB) + Ontario Child Benefit (OCB): \$ \_\_\_\_\_

Has your family work status or income changed over the past year? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, provide details below and how this impacts your financial situation.*

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### Child's extra expenses

List the monthly amount (\$) for each expense that is not covered by another organization. The expense must be for the child named on this application and be related to the child's medical diagnosis.

<b>Expense:</b>	<b>Monthly (\$) amount <b>NOT</b> covered by ACSD, Insurance or any other benefits:</b>
<b>Transportation</b> (excluding parking)	\$ _____
<b>Meals/Accommodation</b> (when in hospital)	\$ _____
<b>Respite/Extraordinary child care</b>	\$ _____
<b>Drugs or Special Formula recommended by medical doctor</b>	\$ _____
<b>Disposable medical and feeding supplies</b>	\$ _____
<b>Therapy</b> (Speech, Occupational or Physiotherapy)	\$ _____
<b>Total:</b>	\$ _____

