



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

| 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.

| JACC FUNDS (If not listed below we cannot assist) | JACC DOES NOT FUND | | |
|--|--|---|--|
| <p>Diagnosis</p> <ul style="list-style-type: none"> Physical disability Severe medical issue that cannot be controlled by medication and disrupts the life of the child and family Mental Health Disorders <p>(extraordinary costs must be present which are incurred directly as a result of the child's diagnosis)</p> | <p>Diagnosis</p> <table border="0"> <tr> <td data-bbox="894 226 1166 436"> <ul style="list-style-type: none"> Autism Spectrum Disorder ADD/ ADHD Asthma Diabetes Dyslexia </td> <td data-bbox="1170 226 1526 436"> <ul style="list-style-type: none"> Language Delays (Expressive or Receptive), unless caused by a serious illness diagnosis Learning Disabilities Stuttering </td> </tr> </table> | <ul style="list-style-type: none"> Autism Spectrum Disorder ADD/ ADHD Asthma Diabetes Dyslexia | <ul style="list-style-type: none"> Language Delays (Expressive or Receptive), unless caused by a serious illness diagnosis Learning Disabilities Stuttering |
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| <p>Hospital and Treatment Costs</p> <ul style="list-style-type: none"> Family accommodation while child is hospitalized Transportation between hospital and home, to/from medical appointments including fuel, public transit, train or bus fare, taxi, Wheel-Trans, car rental, ambulance Sibling childcare while child is hospitalized or attending medical appointments Out of Country trips when treatment is not available in Canada | | | |
| <p>Household Costs (Must be directly related to child's medical issues)</p> <ul style="list-style-type: none"> Rent Utilities Nutritious Groceries Vehicle Repairs associated with safely transporting your child | | | |
| <p>Respite Care (can only apply once in a 12 month period)</p> <ul style="list-style-type: none"> One:one respite worker in the home | | | |
| <p>Medical Treatment</p> <ul style="list-style-type: none"> Special Formula recommended by medical doctor Prescription Medication Disposable Medical and feeding supplies | | | |
| <p>Therapies (can only apply once in a 12 month period)</p> <ul style="list-style-type: none"> Assessment Fees for therapies listed Speech Therapy Occupational Therapy Physiotherapy Specially Adapted Trikes (quote/estimate required) | | | |



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 ____/____/____
month / day / year Male ____ Female ____

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.

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

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.*

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.

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

I certify that the information provided on this application is true, correct, and complete to the best of my ability.

Name of Parent/Legal Guardian (please print) Signature Date

How did you hear about JACC? _____

If it was from a health care professional, please provide the organization name _____

Have you applied to the Jennifer Ashleigh Children's Charity before? Yes _____ No _____ If yes, when _____

AUTHORIZATION / RELEASE FOR THANK YOU LETTERS AND PHOTOS

We love to receive letters and photos from the children and families that we assist. It is important for JACC to be able to communicate with our supporters and donors, what life is like for your sick child and for you as a family. We like to feature stories of children in our newsletters, letters to donors, on Facebook, Twitter and our website, and in the plaques that we present to our supporters.

Please indicate below if the Jennifer Ashleigh Children's Charity may use any photos, children's artwork, or thank you letters that you send to us along with your child's first name, age, and nature of their illness. This is for awareness and promotional purposes only. **Be assured if your letter is used, only first names will appear. Any last names or addresses will not be used.**

Yes _____ No _____ Newsletters, letters to donors, Facebook, Twitter, website and presentation plaques

Yes _____ No _____ Would you or your child be interested in speaking occasionally about your JACC experience at fundraising events or with media to benefit JACC?

Please note that your consent is not mandatory. We respect the privacy of each person in our program. This form makes it easier for us to know which photos and stories we are able to use. Thank you for your participation.

Child's Name (please print) Date

Name of Parent/Legal Guardian (please print) Signature

Privacy Policy

The Jennifer Ashleigh Children's Charity Privacy Policy makes every effort to ensure that any individual's personal information is protected and properly handled. The information you provide on this application is only used for the purpose of determining eligibility. It is reviewed and handled by only those designated and authorized to do so within the Jennifer Ashleigh Children's Charity office. For a full version of our Privacy Statement please visit: www.JenAsh.org

If your application is granted and a file is created, your secure file will be stored at our office location for five years (for audit purposes) before being shredded. Minimal information is also kept indefinitely on our secure database.

If you have a concern or inquiry regarding our Privacy Policy or our privacy practices please call our office at (905) 852-1799 ext 21 or email generalmail@jenash.org