



Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year

**APPLICATION FOR FINANCIAL ASSISTANCE**

Jennifer Ashleigh Children’s Charity has been helping children and their families since 1990. We aspire to help as many as possible. For more information, please visit [jenash.org](http://jenash.org) and refer to our Reference Guide.

**A few notes:**

- Applying does not guarantee approval.
- **You will be contacted by email.** Please provide the email address you use most often and remember to check your junk mail.
- Submitting this application gives the Jennifer Ashleigh Children’s Charity permission to contact organizations and individuals listed on your application.
- Please do not apply if your request can be funded by another government program, agency, or organization.

Your application must be submitted and approved before the item or service is purchased or received. JACC pays registered therapists, respite workers and organizations directly.

**Complete this section if you are assisting the family with their application (Community or Healthcare Professional)**

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

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

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

Email \_\_\_\_\_

Signature \_\_\_\_\_

**Child and Family Information**

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

	Last Name	First Name	Middle Initial
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Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ (child must be 18 or younger) Gender \_\_\_\_\_  
month / day / year

Are you a Permanent Resident of Ontario? \_\_\_\_\_

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

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

Is your child currently staying in hospital? (If so, please provide date of admission):  
\_\_\_\_\_

**Parent #1** \_\_\_\_\_

Last Name	First Name
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**Parent #2** \_\_\_\_\_

Last Name	First Name
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**OR Legal Guardian** \_\_\_\_\_

Last Name

First Name

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

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

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

Email \_\_\_\_\_ (This is how we will contact you)

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please help us understand your living situation by answering the following questions:

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? \_\_\_\_\_

**Your Request**

What expenses do you need help with?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you need our help?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please let us know if you've contacted another organization for this request and their response.

\_\_\_\_\_  
\_\_\_\_\_

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**Financial Information** (Please fill blanks with \$ amount or \$0)

**Annual Gross Household Income** (this should be \$65,000 or less)

Parent 1 \$ \_\_\_\_\_ Parent 2 \$ \_\_\_\_\_ or Guardian \$ \_\_\_\_\_

*(Line 15,000 of CRA Notice of Assessment)*

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): \$ \_\_\_\_\_

**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 (e-signature accepted)

Date \_\_\_\_\_

How did you hear about JACC? \_\_\_\_\_

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

\_\_\_\_\_  
Have you applied to us 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 we assist. It is important for JACC to be able to communicate with our supporters and donors. 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.

Below, please indicate if Jennifer Ashleigh Children's Charity may use 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. Any last names and 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 the media to benefit JACC?

*Please note that your consent is not mandatory and will NOT affect your application. We respect the privacy of each person in our program.*

\_\_\_\_\_  
Child's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Legal Guardian (please print)

\_\_\_\_\_  
Signature

*If submitting electronically, please fill in name again. This will be considered as electronic 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](http://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 32 or email [admin@jenash.org](mailto:admin@jenash.org)*

## APPLICATION CHECKLIST

### **APPLICATIONS CANNOT BE REVIEWED UNTIL WE HAVE ALL OF THE FOLLOWING DOCUMENTS:**

- Completed Application Form (3 pages)**
  - Can be completed by parents/guardian of the child or a Social Worker/Healthcare Professional on behalf of the family.
- Letter confirming diagnosis. This can be from:**
  - a licensed Canadian medical practitioner (MD) OR
  - another healthcare professional linked to the hospital/treatment facility where the child received treatment
- Notice of Assessment(s)** from Canada Revenue Agency (sample ->).
  - If you are a new resident to Canada and have not yet filed taxes with the CRA, please provide a copy of your Record of Landing documents.
- Proof of 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.
  - Please ensure that we can clearly see your name, date, and amount.

Notice details		
Social insurance number	XXX XX1 049	
Tax year	2020	

  

Tax assessment		
We calculated your taxes using the amounts below. The following summary is based on the information we have or you gave us.		
We may review your return later to verify income you reported or deductions or credits you claimed. For more information, go to <a href="http://canada.ca">canada.ca</a> for more details. Keep all your slips, receipts, and other supporting documents in case we ask to see them.		
Summary		
Line	Description	\$ Final amount CR/DR
15000	Total income	[REDACTED]

**\*If you DO NOT receive ACSD**, we need proof of current household income:

- i.e., most recent paystub showing year-to-date earnings OR
- proof of Employment Insurance (EI), Ontario Works (OW), Ontario Disability Support Program (ODSP), Canada Pension Plan (CPP) and/or Old Age Security (OAS). Ensure start/end dates, your name, and amount is included.
- If you do not have income, we need 3 months of recent bank statements.

The above financial documents help us understand your situation.

- OPTIONAL DOCUMENTS (NOT REQUIRED):**
  - Letter from the child's therapist, medical professional, or social worker supporting the request.
  - a quote from the vendor/supplier for the services or items being requested.
  - If you are new to Ontario, please provide proof of permanent residency

### **SUBMIT YOUR APPLICATION BY ONE OF THE WAYS LISTED BELOW:**

- Email:** [bevans@jenash.org](mailto:bevans@jenash.org)
- Mail:** Jennifer Ashleigh Children's Charity, 10800 Concession 5, Uxbridge, Ontario, L9P 1R1
- Fax:** 905-852-0124
- Online** at [jenash.org](http://jenash.org) (online application form)