

**JENNIFER ASHLEIGH CHILDREN'S CHARITY
FINANCIAL ASSISTANCE REFERENCE SHEET**



WHO IS ELIGIBLE?

1. The child must be:
 - a. diagnosed with a serious illness or permanent disability*
 - b. 18 years of age or younger. Eligible up until the child's 19th birthday
 - c. a Permanent Resident, residing in Ontario
2. The family must:
 - a. Provide Notice of Assessment(s) for the previous tax year
 - b. Have a combined gross household income of \$65,000 or less
 - i. Exception **only** if there is more than one child that qualifies under JACC's guidelines
 - ii. If you own more than one property or home, you are not eligible for assistance
 - c. All other financial resources should be used, including government and third-party funding
 - d. Have extraordinary expenses directly related to their child's medical condition

HOW CAN WE HELP?

<p>MEDICAL – please include quote</p> <ul style="list-style-type: none"> ● Prescribed medication and formula ● Disposable Medical and feeding supplies 	<p>RESPIRE CARE</p> <ul style="list-style-type: none"> ● 1:1 qualified respite worker in the home ● 1:1 worker at camp (case-by-case basis)
<p>THERAPY – please include quote</p> <ul style="list-style-type: none"> ● Specially Adapted Trikes (please include proof of additional funding) ● We will cover assessment fees and service fees for: <ul style="list-style-type: none"> ○ Speech Therapy ○ Occupational Therapy ○ Physiotherapy 	<p>NON-MEDICAL - Child must be an inpatient at an Ontario hospital/treatment center**</p> <ul style="list-style-type: none"> ● Rent ● Utilities ● Meals in hospital/Groceries ● Vehicle Repairs ● Accommodations ● Transportation to/from hospital ● Sibling childcare ● Out of Country trips when treatment is not available in Canada

*We do not fund primary diagnoses of:

- | | | |
|-------------|-----------------------------|-------------------------|
| ● Autism | ● Dyslexia | ● Learning Disabilities |
| ● ADD/ ADHD | ● Cleft palate or cleft lip | ● Stuttering |
| ● Asthma | ● Language Delays | ● Allergies |
| ● Diabetes | (Expressive or Receptive) | |

****Child is currently admitted into the hospital/treatment facility for a minimum 2-night stay.**

Funding does not assist with the following needs:

- | | | |
|--|--------------------|----------------------|
| ● ABA therapy | ● Clothing | ● Camp enrolment fee |
| ● Specialized helmets, beds, wheelchair lifts, orthotics, etc. | ● Tutoring | |
| | ● Parking fees | |
| | ● Credit card debt | |

Please note: Gifting policies may be changed by JACC at any time without notice.