



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.

A few notes:

- Please refer to the “Application Checklist” and “Reference Guide” at jenash.org BEFORE starting your application.
- 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, residing in Ontario? _____

Medical Diagnosis _____

Does your child have an autism 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? _____

Are you a new resident to Canada? Yes _____ No _____

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.

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 \$ _____

Do you own more than one property? _____

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: \$ _____

2

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

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

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 ->).

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 applicable.
 - Canadian Child Benefit (CCB) statement from the most recent tax year.

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 canada.ca .			
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		

SUBMIT YOUR APPLICATION BY ONE OF THE WAYS LISTED BELOW:

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