

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



**Qualifying Criteria: (Applicants must qualify for all 7 points listed below)**

1. A major medical event has occurred with your child.
2. The event requires your child to be admitted to a hospital for a minimum stay of 2 weeks (Note i)
3. This event is greatly impacting your family's routine and finances AND you have additional expenses directly related to this event.
4. Total gross household income (line 15000 on Notice of Assessment) must be \$65,000 or less. (Note ii)
5. Child is an Ontario RESIDENT.
6. Child is a permanent resident or Canadian citizen.
7. Applicant must be 18 years or younger. Eligibility runs up until the child's 19<sup>th</sup> birthday.

**Notes:**

- i. Intensive day patient or outpatient treatment, or a shorter inpatient stay followed by intensive day patient or outpatient treatment could be considered on a case by case basis.
- ii. Exception **only** if there is more than one child that qualifies under JACC's guidelines

**Applications are limited to once in a 12-month period, per child.**

**What do you need to apply?**

- A completed Application for Family Financial Support, through our online portal: <https://goapply2.akoyago.com/jenash/identity/account/login>.
  - Application may be completed by the family or a healthcare worker on their behalf.
- The following are required documents and must be submitted with your online application:
  - **Letter of support**, written by a healthcare worker at the hospital the child is receiving treatment from. Letter must:
    - Clearly show child's name and date of birth
    - Summarize the major medical event
    - Specify the length of hospital stay or intensive outpatient treatment
    - Describe the financial impact on household income because of the major medical event
  - Previous year's **Notice of Assessment(s)** for the household, clearly showing tax year, name, and gross income (line 15000)
- The following are optional documents:
  - Quote for item requested, if applicable (example: medical equipment)
  - Proof of additional funding, if applicable (example: medical equipment)

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

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



**How we can help (but not limited to):**

- **Accommodation costs** while staying away from home to care for your hospitalized child
- **Transportation** expenses incurred going back and forth to hospital appointments/treatments
- **Essential housing support (rent/utilities)** due to increased expenses and lost wages so parents can be at their child's bedside
- **Meal support** when on the road due to child's extended hospital stay
- **Vehicle repairs** to ensure reliable transportation for hospital visits/treatments
- **Prescription medications** not covered by OHIP or extended health benefits
- **Disposable medical supplies** not covered by government programs or insurance
- **Specialized equipment** that aids in the transition from hospital to home (ex: adaptive trike, mobility and sleeping aids) - *please include quote and proof of additional funds secured*
- Assessment and session fees for **rehabilitative therapy** related to the major medical event.
- **Sibling childcare** to enable parents to be with their child during the hospital stay
- **1:1 Respite Care** to provide parents time for self-care and the flexibility to return to work following an extended hospital stay with their child

***Please Note:***

- The request must be linked to the medical event.
- The family must exercise efforts to access all available government and third-party funding.
- If you own more than one property or home, you are not eligible for assistance.
- We cannot reimburse for expenses incurred prior to approval.

For questions, please contact Bryn Evans: [financialsupport@jenash.org](mailto:financialsupport@jenash.org)