

GUIDELINES

The applicant must be a registered client of Easter Seals Ontario, under the age of 19 years and have a valid Ontario Health Card. Please be advised that the Incontinence Supplies Grant Program is a separate program that requires a different application to be completed.

1. Easter Seals Ontario's funds are provided by public donations and not government funding. The amount of funding approved may vary based on the item and how much money Easter Seals has at the time the request is received.
2. **Applications will be accepted from January 1 to September 30 or until all funds are gone.** Please be advised because the funding for equipment is based only on the donations we raise it is not uncommon for Easter Seals to exhaust all funds prior to September.
3. The maximum funding Easter Seals Ontario can assist with is \$3,000 per child, per calendar year.
4. One application must be completed for each piece of equipment being requested.
5. **The request for financial assistance from the Equipment Funding Program must be submitted to Easter Seals and you must have received a response back from Easter Seals prior to the equipment/items being ordered or received.**
6. **Easter Seals Ontario will only fund items on its current list of approved items.** Easter Seals Ontario reserves the right to make the decision as to whether an item requested meets the funding criteria and is on the list of approved items.
7. **Parents are responsible for paying the first \$100 or more for each request,** based on their financial resources. The parent contribution is to be paid directly to the vendor, not to Easter Seals Ontario. If a family can not contribute due to financial difficulties, it must be requested on the application form with reason provided for Easter Seals to consider it waived.
8. Parents must access all other sources of funding available to them prior to requesting funds from Easter Seals Ontario. **You must call and check with your Employer's Extended Health Care Benefits to see if they will assist with the requested item.** This includes other organizations that provide direct funding such as the Ontario Federation for Cerebral Palsy, Muscular Dystrophy Canada, and the Home and Vehicle Modification Program administered by March of Dimes Canada.
9. **Van lift funding: Easter Seals Ontario will not consider funding for a lift if the vehicle is over 5 years old.** **If you are accessing additional funding from the Home and Vehicle Modification Program at 1.877.369.4867, the process is:** Apply to the Home and Vehicle Modification Program first. The Home and Vehicle Program will contact you to confirm you are eligible to proceed to the second stage. Once you are proceeding to the second stage, apply for Easter Seals funding. Easter Seals' Equipment Funding Program Administrator will contact you to discuss the funding process, as van lift applications will not be reviewed until the confirmation of other funding has been received.
10. All supporting documentation must accompany the completed application. This includes:
 - **For Assistive Devices Program (ADP) funded items** (i.e. walkers, standers, wheelchairs), please obtain a copy of the ADP application form or a letter of support from the prescribing therapist which clearly states the **date that they have submitted an application to ADP** for the specific item being requested. The vendor's quote accompanying the request for funding must be current and have the amount that is expected to be covered by ADP. If for any reason ADP does not cover the anticipated amount, Easter Seals cannot change the amount approved. Alternatively, a copy of the ADP approval can be submitted.
 - **When applying for an ADP funded computer, communication device, AFO's or KAFO's,** you must include a current quote that states the amount that is being covered by ADP. There is no ADP approval or letter of support required with the application, as it is a specific amount set by the Ministry of Health and Long-Term Care.
 - **For non-ADP approved items,** a health professional authorization (i.e. occupational therapist or physiotherapist) for the need of the equipment.
 - Current vendor quotes. Two quotes for equipment are preferred. An exception may be made if there is only one vendor available locally or if it is customized equipment. It is the family's choice which vendor they would like to use, however if the higher quoted vendor is chosen, the family is responsible to pay for the difference between the two quotes.
 - **Vendors must be located in Ontario.**

GUIDELINES CONT'D.

11. If any information is missing or incomplete, the application will be returned for completion, delaying the process for assistance.
12. Labour/installation, taxes, delivery or assessment costs are not funded.
13. **Current quotes, letter of support and/or Assistive Devices Information must accompany the application request.**
14. Complete the calculation box on page 4, letters A through F, for the amount being requested.
15. **Parent is responsible for first \$100 per equipment request. This should be forwarded directly to the vendor. *If family is unable to contribute because of financial difficulties please write in \$0 on line E of the calculation box, with a reason as to why the family can not contribute, and Easter Seals will consider waiving the minimum amount if funds are available.**
16. Complete the authorization to release information by stating the vendor to whom Easter Seals Ontario is to release the notification of approved funding.
17. **No additional funding will be considered after Easter Seals Ontario has granted an approval if: other agencies have not fulfilled their approval of funds or changed their funding criteria; the quote provided was not current; items were missed in the quote; size of item increased; additional items required for equipment; or if ADP did not fund the anticipated amount on the quote.**
18. **YOU MUST INITIAL THAT YOU HAVE NOT RECEIVED THE REQUESTED EQUIPMENT. Exception if applying for a renewal of a communication lease.**
19. **Please complete page 5 of the application form.**
20. Sign and date the completed application. Remember to keep a copy of the completed application for your own files.
21. Funding approval is valid for **4 months** from the date of approval. The invoice from the vendor **must** be received prior to the end of the 4 month period.
22. If an invoice is received and the date of delivery is noted to be prior to approval given by Easter Seals Ontario, then it is not eligible for Easter Seals funding. Funding approval will not be considered to be valid and the parent will be responsible for the full amount to the vendor.
23. Parents are responsible to order the equipment after an approval letter has been received from Easter Seals Ontario. **Parents must sign and date the invoice upon receiving the equipment.** Once the item has been received, Easter Seals' payment will be paid to the vendor directly and not to the parent.
24. Easter Seals does not fund private sales or lend funds to pay for a family's insurance or ADP portion.
25. **The client must submit the application 6 months prior to their child's 19th birthday to allow for processing.**

PLEASE NOTE, parent(s) will indemnify and save harmless Easter Seals Ontario and its employees from and against any and all expenses related to all claims, demands, liabilities, losses, costs, damages, actions, suits or other proceedings of any nature or kind whomsoever sustained, brought or prosecuted in any manner based upon, occasioned by or attributable to the negligent act or omissions or the willful or reckless misconduct of the vendor/contractor, in the fulfillment of utilizing the funds provided by Easter Seals Ontario. Easter Seals Ontario acts as a third party funder and as such has no role in prescribing, recommending equipment, selecting a vendor/contractor or in the relationship between the parent and vendor. Payment from the Equipment Funding Program is not an acknowledgement that the work or equipment was acceptable.

Completed Applications can be sent via:

Mail: Equipment Funding Program, Easter Seals Ontario, 700-1 Concorde Gate, Toronto, Ontario M3C 3N6

Fax: 416.696.1035 (please send to the attention of the Equipment Funding Program)

E-mail: services@easterseals.org

Please note it is the parent/ guardian(s) responsibility to follow up with Easter Seals to ensure the application has been received. If you have any questions about the application or whether certain equipment is eligible for funding, please do not hesitate to contact the Equipment Funding Program at 416.421.8146, toll-free at 1.866.630.3336 or at services@easterseals.org.



Helping Kids with Physical Disabilities Succeed

Easter Seals Ontario Equipment Funding Program

Note: The level of funding assistance may vary based on the cost of the item and the availability of Easter Seals' funds at the time the request is received. Complete one application for each piece of equipment requested. Parent is responsible for first \$100 per equipment request. This should be forwarded directly to the vendor.

Annual Funding Limit: Maximum funding: up to \$3,000 per child per year (does not include Easter Seals Camp fees) and is dependent on funds being available.

Parent Name: _____ Date of Request: _____
Last Name First Name Month, Day, Year

Address: _____

City: _____ Postal Code: _____

Telephone Numbers – Home #: (_____) _____ Cell #: (_____) _____

Contact e-mail address: _____

Please provide your email if you would like to receive information from Easter Seals. Easter Seals will send out information when there is exciting events in your area, resource information and our e-newsletter.

Child's Name: _____ Date of Birth: _____
Last Name First Name Month, Day, Year

Diagnosis: _____

Have you received Easter Seals' funding previously? Yes No If no, please make sure the child is a registered client with Easter Seals Ontario. If you are receiving funding from the Incontinence Supplies Grant Program you are not automatically a client of Easter Seals Ontario, it is a completely independent program and a separate registry.

For statistical purposes only, please indicate your total household income:

- \$0-\$20,000 \$20,001-\$40,000 \$40,001-\$60,000 \$60,001-\$80,000 \$80,001-\$100,000 \$100,001-\$120,000
- \$120,001-\$140,000 \$140,001-\$160,000 \$160,001-\$180,000 \$180,001 -over

Equipment/Item Requested: _____
Please specify – name of equipment

Estimated Cost of Equipment/Item: _____

Vendor MUST be in Ontario

Vendor(s): 1. _____ 2. _____
Name of Vendor Name of Vendor

Other funding sources you have accessed:

You must call your Employer Health Care Provider to confirm if they provided funding towards the requested device BEFORE applying to Easter Seals.

- Employer Extended Health Care Benefits Yes No N/A
- Other Agencies: If yes, please list Yes No N/A

For ADP funded items: Please attach a copy of the Assistive Devices Program (ADP) application form or a letter of support from the prescribing therapist that states the date the application was submitted to ADP and that the required device is an ADP funded item, or a copy of the ADP approval.

Applying for an ADP funded computer, communication device or orthotic: A current quote must be included that states the amount that is being covered by ADP. There is no ADP approval or letter of support required with the application, as it is a specific amount set by the Ministry of Health and Long-Term Care.

For non ADP funded items: Attach a Health Professional's (e.g. Occupational Therapist or Physiotherapist) current authorization for the need for the requested price of equipment.

Application Period for Submission: January 1 to September 30 or until all funds have been allocated.



Helping Kids with
Physical Disabilities
Succeed

Easter Seals Ontario Equipment Funding Program

Calculation of Request for Financial Assistance:

Please complete by inserting funds received from other funding sources

A) Estimated Cost of Equipment/Item	_____
	Write in Amount from Preferred Vendor Quote
B) ADP Approved Amount	_____
	Write in Approved Amount (if Applicable)
C) Employer Extended Health Care Benefits (MUST CALL AND SEE IF ITEM IS FUNDED BY EHC)	_____
	Write in Amount
D) Other Agencies	_____
	Write in Amount (if Applicable)
E) Parent Contribution (minimum \$100)	_____
	Write in Amount
F) Total Remaining	_____
	Line A – B – C – D – E = F
TOTAL REQUESTED FROM EASTER SEALS	_____
	Write in Amount

I instruct and authorize Easter Seals Ontario to provide and release any information to _____
Name Vendor of Your Choice

after Easter Seals Ontario has approved funding for the equipment being requested in this application.

I understand and agree that Easter Seals Ontario may carry out inquiries for the purpose of confirming or clarifying the information submitted, processing the application, addressing an appeal, or with any other agency listed on this application form. I further understand and agree that these inquiries may require exchange of information that may take the form of electronic data exchanges.

MUST BE INITIALED: EXCEPTION RENEWAL FOR A COMMUNICATION LEASE.

I certify that the information provided in the application is true, correct, and complete to the best of my ability and that the equipment has NOT been received. If you have received the requested piece of equipment you are NOT eligible to apply to Easter Seals for funding.

Please initial that you have read and understand the above statement and are NOT in possession of the requested equipment.

I will indemnify and save harmless Easter Seals Ontario its employees from and against any and all expenses related to all claims, demands, liabilities, losses, costs, damages, actions, suits or other proceedings of any nature or kind whomsoever sustained, brought or prosecuted in any manner based upon, occasioned by or attributable to the negligent act or omissions or the willful or reckless misconduct of the vendor/contractor, in the fulfillment of utilizing the funds provided by Easter Seals Ontario. Easter Seals Ontario acts as a third party funder and as such has no role in prescribing, recommending equipment, selecting a vendor/contractor and in the relationship between the parent and vendor. Payment from the Equipment Funding Program is not an acknowledgement that the work or equipment was acceptable.

Parent's Signature: _____ Date: _____

Please review this form to ensure all information and supporting letters/documentation is provided. If any information is missing, the application will be returned for completion, resulting in a delay in processing the request. Please keep a copy of the completed form for your files.

Completed Applications can be sent via:

Mail: Equipment Funding Program, Easter Seals Ontario, 700-1 Concorde Gate, Toronto, Ontario M3C 3N6

E-mail: services@easterseals.org **Fax:** 416.696.1035 (please send to Attention: Equipment Funding Program)

Questions? Contact the Equipment Funding Program at 416.421.8146, toll free at 1.866.630.3336 or at services@easterseals.org. Please note, it is the parent/guardian(s) responsibility to follow up with Easter Seals to ensure the application has been received.

Easter Seals Check List

Request for Equipment Funding

All Applications:

- Employer Extended Health Care Provider (EHC) has been contacted (If Applicable)
- Application has been initiated that item has not been received (exception communication lease renewals)
- Application has been signed and dated
- You have kept a copy of the application form and documentation

Wheelchairs, walkers and standers must include:

- 1 quote
- Copy of ADP application form
OR
Letter from the prescribing therapist that has the date that ADP was submitted
OR
Copy of ADP approval

AFO's, KAFO's, computers, communication devices and leases must include:

- 1 Quote

Accessibility aids (portable lifts, porch lifts, track lifts, ramps), bathroom equipment (bath aids, commodes, transfer aids) must include:

- 2 Quotes
- A letter of support from the prescribing therapist

