

TOP UP GRANT PROGRAM 2021-2022

Dear Parent/Legal Guardian

You are receiving this letter and Top Up application form as your child is currently receiving the Incontinence Supplies Grant Program (IG Program) and **may** be eligible for the **Top Up Grant Program**, administered by Easter Seals Ontario on behalf of the Ministry of Children, Community and Social Services.

The Top Up Grant is an **additional, one-time payment** to assist in the subsidy of your child's incontinence supplies. Please read the following carefully, as specific eligibility requirements must be met to qualify.

ELIGIBILITY PERIOD: APRIL 1, 2021 – MARCH 31, 2022

Your child may be eligible for the Top Up Grant Program if they meet **ALL THREE** of the following criteria:

- 1. Your child must be active on the Incontinence Supplies Grant Program (IG Program) administered by Easter Seals Ontario, during the eligibility period**
 - If your child is on review or will be on review before Dec 31, 2021, your review form and accompanying receipts must be submitted, and eligibility confirmed before your Top Up application can be considered
- 2. Your child must be receiving funding from the Assistance for Children with Severe Disabilities (ACSD) from the Ministry of Children, Community and Social Services (MCCSS) during the eligibility period**
 - If you are unsure of your status on the ACSD program, please contact your Special Agreement Officer
- 3. The parent(s)/legal guardian(s) of the child must not be receiving income support from Ontario Works (OW) or Ontario Disability Support Program (ODSP) during the eligibility period**
 - Please contact your OW/ODSP support worker to learn more about grants you may be eligible for

If ANY of the above criteria can not be met, you are **NOT ELIGIBLE** for the Top Up Grant Program, and this form **should not be submitted**

Your IG program status will not be affected by your eligibility in the Top Up Grant Program. You will continue to receive IG Program payments regardless of eligibility in the Top Up Grant Program, provided all requirements continue to be met.

TO APPLY:

- **Parent/Guardian** that receives ACSD payments must complete and sign the application and consent form.
- **Confirm & Complete** the information on file and the Confirmation Checklist (all boxes must be checked to qualify).
- **Consent:** Sign the Consent portion. Please be sure to print your name on the top line and sign the bottom line.
- **Witness:** Have a witness sign the form. The witness can be anyone over 16 years of age, including family members.
- **Return** Completed Top Up Consent form to Easter Seals Ontario by email, fax, or mail.

Applications must be received by Easter Seals Ontario no later than **December 31, 2021**. No exceptions.

Toll Free: 1-800-668-6252 | **GTA: 416-510-5088** | **Email: topup@easterseals.org**

Please allow 8 – 10 weeks to process your application.



TOP UP GRANT PROGRAM- APPLICATION & CONSENT FORM

ELIGIBILITY PERIOD: APRIL 1, 2021 – MARCH 31, 2022

To be eligible for the Top Up Grant Program, your child must meet **ALL THREE** of the following criteria:

1. Your child must be active on the Incontinence Supplies Grant Program during the eligibility period, **AND**
2. Your Child must be receiving Assistance for Children with Severe Disabilities (ACSD) during the eligibility period, **AND**
3. No parent/legal guardian of the child receives income support from Ontario Works (OW) or Ontario Disability Support Program (ODSP) during the eligibility period

Name of Parent/Legal Guardian that receives ACSD payments:

If the parent/legal guardian that receives ACSD is incorrect, please correct here: _____

Name of Child: _____

IG Client ID: _____

Child's Date of Birth: _____

Your child must be an active client of the Incontinence Supplies Grant Program. If you do not know your IG Client ID, please leave blank.

CORRECT	INFORMATION ON FILE
<input type="checkbox"/>	Address:
<input type="checkbox"/>	Phone:
<input type="checkbox"/>	Email:
<input type="checkbox"/>	OHIP Number:

I CONFIRM THAT MY CHILD MEETS THE ELIGIBILITY CRITERIA (check all that apply):

- My child is **ACTIVE** on the Incontinence Supplies Grant Program during the eligibility period
- My child **IS RECEIVING** Assistance for Children with Severe Disabilities (ACSD) during the eligibility period
- Please provide client's ACSD Member ID #: _____*
- All Parents/Legal Guardians of my child **ARE NOT** receiving social assistance (OW or ODSP) during the eligibility period

If **ANY** of the above criteria is not met, you are **not eligible** for the Top Up Grant Program, and this form **should not be submitted**.
You will continue to receive the Incontinence Supplies Grant Program, provided all requirements continue to be met.

CONSENT FOR RELEASE OF INFORMATION

I, _____ consent to the release of information, records, or documents between
 (Name of Parent/Legal Guardian that receives ACSD – please print)
 authorized representatives of Easter Seals Ontario and the **Ministry of Children, Community & Social Services** for the purposes of verifying my child's ongoing eligibility.

 Signature of Parent/Legal Guardian that receives ACSD

 Signature of Witness (anyone over 16 years old)

____/____/____
 Date (mm/dd/yyyy)

THIS CONSENT IS LEGAL UNTIL MARCH 31, 2022 UNLESS REVOKED SOONER IN WRITING

DEADLINE FOR SUBMISSION: DECEMBER 31, 2021 – NO EXCEPTIONS

EMAIL: topup@easterseals.org (.pdf attachment preferred)

MAIL: Easter Seals Ontario - Top Up Grant Program
700- One Concorde Gate Toronto, ON, M3C 3N6

FAX: 416-696-1035

OFFICE USE ONLY
IG ID #: