

TOP UP GRANT PROGRAM 2023-24

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. This is a **separate** grant program to the IG program and has different eligibility criteria.

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.

APPLICATION SUBMISSION DEADLINE: DECEMBER 31, 2023

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 (April 1, 2023 – March 31, 2024).**
 - If your child is on review or will be on review before Dec. 31, 2023, your review form and accompanying receipts must be submitted in addition to your Top Up application.
- 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. You, as the parent/legal guardian, must not be receiving additional income support from Ontario Works (OW) or Ontario Disability Support Program (ODSP) for yourself.**
 - Please contact your OW/ODSP support worker to learn more about other grants you may be eligible for.

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

If you do not meet the Top Up eligibility, you will continue to receive IG Program payments, provided you continue to meet the eligibility criteria for the IG Program.

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

Due to the nature of the program, it may take up to 10-12 weeks to process your application. We thank you for your patience.

Application on back 



TOP UP GRANT PROGRAM 2023-24

APPLICATION SUBMISSION DEADLINE: DECEMBER 31, 2023

- **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.

Name of Parent/Legal Guardian that receives ACSD payments: _____

Name of Child: _____

Child's Date of Birth: ____/____/____ (MM/DD/YY)

PLEASE NOTE: If your child is on review, you must complete and submit your Review Form and receipts in **addition to** your Top Up application.

OFFICE USE	PLEASE PROVIDE MOST CURRENT INFORMATION
<input type="checkbox"/>	Mailing Address:
<input type="checkbox"/>	Phone:
<input type="checkbox"/>	OHIP:
<input type="checkbox"/>	Email:

NOTE: The Top Up Grant Program will be moving to an email-preferred program in 2024. Please provide a current email address for all future correspondence. Clients who do not provide an email will receive applications via mail.

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 #: _____

- I am not receiving additional income support from Ontario Works (OW) or Ontario Disability Support Program (ODSP) that is meant for me or another legal guardian of the child named above.

If **ANY** of the above criteria is not met, your child is **not eligible** for the Top Up Grant, 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—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.

NEW: The Top Up Grant Program will be moving to an online/email-based program starting in 2024. I understand that is my responsibility to ensure that the Top Up Grant Program has a current email address on file.

Signature of Parent/Legal Guardian Signature of Witness (anyone over 16 years old) Date (mm/dd/yyyy)

THIS CONSENT IS LEGAL UNTIL MARCH 31, 2024 UNLESS REVOKED SOONER IN WRITING

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 #:
Status: