

# TOP UP GRANT PROGRAM 2024-25

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, 2024**

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, 2024 – March 31, 2025).**
  - If your child is on review or will be on review before Dec. 31, 2024, 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](mailto: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 



Helping Kids with  
Physical Disabilities  
Succeed

# TOP UP GRANT PROGRAM 2024-25

## APPLICATION SUBMISSION DEADLINE: DECEMBER 31, 2024

- **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 is moving to an email-preferred program. 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 is moving to an online/email-based program. 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, 2025 UNLESS REVOKED SOONER IN WRITING**

**EMAIL:** [topup@easterseals.org](mailto:topup@easterseals.org) (.pdf attachment preferred)

**MAIL:** Easter Seals Ontario - Top Up Grant Program  
700- 1 Concorde Gate Toronto, ON, M3C 3N6

**FAX:** 416-696-1035

**OFFICE USE ONLY**

**IG ID #:**  
**Status:**