



# LEVEL B INCREASE FORM

### IMPORTANT NOTES:

- **Grant Level B** is available when children are not physically or developmentally ready to train and costs are increasing (spending equivalent to or more than \$900/year). If you need to apply for the increase, please **complete and return this form with 4 months of current receipts**. If you do not need the increase your payment can continue at Level A. Please keep this form to apply in the future if your spending increases.

### STEP 1: Client Information (Please print in ALL CAPS):

IG Client ID # (if unknown, please leave blank): \_\_\_\_\_

Childs Health Card #: \_\_\_\_\_ Version Code: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender: Male: \_\_\_ Female: \_\_\_ X: \_\_\_

Please complete to ensure that the program has the most up to date information on file:

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Alternate # (work/cell): (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

- Please ensure we have a current email address for program correspondence.
- If you need to make changes to your banking information, please fill out a new bank deposit form found at [www.services.easterseals.org](http://www.services.easterseals.org) and submit to the program

### STEP 2: Provide an update on your child's current need for incontinence supplies.

<b>Bladder: (complete all areas)</b>			
Incontinent:	<input type="checkbox"/> Totally (no control)	<input type="checkbox"/> Frequently (some control)	<input type="checkbox"/> Rarely (occasional loss of control)
Incontinent during:	<input type="checkbox"/> Day & Night	<input type="checkbox"/> Night Only	
<b>Bowel: (complete all areas)</b>			
Incontinent:	<input type="checkbox"/> Totally (no control)	<input type="checkbox"/> Frequently (some control)	<input type="checkbox"/> Rarely (occasional loss of control)
Incontinent during:	<input type="checkbox"/> Day & Night	<input type="checkbox"/> Night Only	
Is the applicant on a toileting routine:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### Breakdown of typical monthly incontinence supplies:

#### Level A / Level B: Diapers or Catheters (diapers, pull-ups, swimmers etc.)

Product(s) used: \_\_\_\_\_ Number used during day: \_\_\_\_/ night: \_\_\_\_ Cost per month: \$ \_\_\_\_\_

Catheters used: \_\_\_\_\_ Number used during day: \_\_\_\_/ night: \_\_\_\_ Cost per month: \$ \_\_\_\_\_



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**STEP 3: Complete the chart by entering in the total amount you spent each month on incontinence products for the last 4 months. If you don't have your current receipts save for the next 4 months.**

**\*Month:** Write the name of the month in first column  
**\*Monthly Total:** Add all your receipts for each month and enter the total in the line for that month.

**Note:**

\*Parents with more than one child registered do not need to separate receipts. **Please include the receipts for all children. Applications are assessed on the total expenses.**

\*If for any reason you do not have the last 4 months receipts, save the next 4 months and submit at that time.

**\*We are not able to accept receipts that are dated over 6 months, unless your receipts are from a previous bulk purchase.**

Month	Total	Office use Verified
e.g. May	\$ 42	
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>

- **NOT COVERED** under the grant: Gloves, wipes, creams, prescriptions (including enemas), clothing/linens, laundry detergent and pads for menstrual period.

**STEP 4: Return this form with the 4 months of receipts as you have written above.**

- Receipts must be clear and show the complete receipt including: date of purchase/delivery, item purchased and amount spent.
- If submitting electronically by email or fax **please note: altered/folded receipts are not accepted. Online receipts must show shipping confirmation (we cannot accept an order form).**  
**Fax:** 416-696-1035 or **Email:** [igprogram@easterseals.org](mailto:igprogram@easterseals.org)
- **Receipts can also be mailed** (original receipts can be returned upon request; if not requested they are destroyed).  
**Mail:** Easter Seals Ontario, I.G. Program, 700-1 Concorde Gate, Toronto, ON, M3C 3N6
- You will receive a confirmation letter in the mail.

If your child becomes toilet trained please notify the program and return the payment you have just received, as it was to cover the next 6 months of incontinence supplies.

If you have any questions, please contact the program at (416) 510-5074 or by email at [igprogram@easterseals.org](mailto:igprogram@easterseals.org).

I have included **4 months of current receipts** with this form. Forms without **4 months** of receipts will not be processed. Misuse of funds is reportable to the Ministry of Health.

**Parent/Legal Guardian:**

**Name (print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(MM/DD/YYYY)

**Name (print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(MM/DD/YYYY)