FAMILY SUPPORT FUND APPLICATION 2022-2023

Client Information
My child is a current ErinoakKids client (only current client families are eligible to apply) ☐ Yes ☐ No
Have you applied to ErinoakKids Family Support Fund or other ErinoakKids funds before? ☐ Yes ☐ No
If yes, when and how much received?

Client and Family Information (client must be 0-18 years of age)			
Client First Name	Client Last Name	Middle Initial	Date of Birth (DD/MM/YYYY)
Parent/Guardian First Name	Parent/Guardian Last Name	Relationship to client:	
Apartment #	Address		
City	Province		Postal Code
Main Phone Number	Cell Phone Number	Work Phone Number	

Is an interpreter needed? ☐ Yes ☐ No	If yes, what language?

CLINICAL AND FINANCIAL BACKGROUND INFORMATION
In the past 2 years, my child used these ErinoakKids service(s):

- ☐ Assistive Devices Resource Service (ADRS)
- ☐ Autism Services
- ☐ Auditory Verbal Therapy & American Sign Language Instruction
- ☐ Behaviour Consultation Services
- ☐ Communication Checkup
- ☐ Coordinated Service Planning
- ☐ Drama Services
- ☐ Early Childhood Resource Service
- ☐ Feeding/Swallowing Clinic
- ☐ Fetal Alcohol Spectrum Disorders (FASD) Services
- ☐ Infant Hearing Screening
- ☐ Infant Hearing Services
- ☐ Independent Living Program
- ☐ Music Therapy
- ☐ Nursing Services
- ☐ Nutrition Clinic
- ☐ Occupational Therapy
- ☐ Orthopedic Clinics
- ☐ Orthotics Clinic
- ☐ Personal Care Program/Nursing
- ☐ Physiotherapy
- ☐ Recreation Therapy
- ☐ Rehabilitation Clinic
- ☐ Respite Services
- ☐ School Based Rehabilitation Services (SBRS)
- ☐ Service Navigation
- ☐ Social Work Services
- ☐ Special Services at Home
- ☐ Speech and Language Services
- ☐ Splinting Clinic
- ☐ Summer Therapy Programs
- ☐ Transition Services
- ☐ Vision Services
- ☐ Other: *(please share)*

My child currently participates in recreation programs: ☐ Yes ☐ No

If yes, please specify:_____

I am applying for a program or an item provided by ErinoakKids	☐ Yes ☐ No	
My family's (household) yearly income* is: $_____ **Salary before taxes and deductions – Line 150 of CRA Notice of Assessment (NOA) or line 150 on page 2 of T1.* NOA reviewed by ErinoakKids Clinician ☐ Yes	☐ Under $26,000 ☐ $26,000 - $45,000	☐ $45,000 - $65,000 ☐ Above $65,000
My family's financial situation can be described as: *Please select all that apply*	☐ I am receiving social assistance (*Ontario Disability Support Program, Ontario Works, or Assistance for Children with Severe Disabilities)* ☐ There are no other funding options available for this item / program	☐ I have other funding options but this item/program is very expensive ☐ I have a significant income but lots of expenses due to my child's disability ☐ I have applied for other funding options but have been denied
Has your family work status or income changed over the past year? If yes, provide details below and how this impacts your financial situation.	☐ Yes ☐ No	

My family circumstances:	☐ There is a need for parental relief and support ☐ Parental job loss ☐ Single parent family ☐ There are other medical / health issues in the family ☐ We have more than one child with special needs (explain below)
Please specify the # of adults that live in the home:	
Please specify the # of children that live in the home:	

Please tell us more about:

- Your financial situation,
- The areas of stress in your life,
- Your child's needs, and
- How this specific item/service will help your child and family.

These factors are considered when applications are being reviewed. The more you can tell us, the better we can help.

Complete Only One of the Sections Below:

CLIENT SAFETY

*These items try to reduce the client's immediate safety concerns at home, at school, on transit, and to their health.

☐ **Equipment/ Therapeutic Services** (Maximum of $3,000)	**Item/Service:**	
You are asking for:	**$**	

What items qualify: Items not eligible from other sources or exhausted.

- Wheelchairs, walkers, standers, commodes, serial castings, limb prosthetics, mobility aids (e.g. lap belts, canes), catheterization equipment, suction machine, oxygen machine, other respiratory devices (i.e. BiPAP), helmets, feeding pumps, sensory equipment, back-up wheelchairs, lifts, access ramps, hearing aids, specialized vision aids, splints, Hand braces, foot orthotics (Inserts), bathing systems, transfer boards, hospital mattresses, and accessibility modifications/renovations for vehicle or home **(includes special car seats, does not include cost of car or home).**
- Communication Technology (i.e. devices prescribed by ADRS clinic for families not receiving ACSD)
- OT/PT/SLP Therapy for children with ASD/OAP
- Psychological/psychoeducational assessments not covered by insurance/benefits

Documentation Needed:

- Confirmation of Support from ErinoakKids Clinician (Occupational Therapist, Physiotherapist, Nurse) ☐ Yes
- Quote or invoice from the chosen company (Include license# for registered professional) ☐ Yes
- If insurance is relevant, letter stating item will not be covered ☐ Yes

☐ **Medication (Prescribed)** (Maximum of $1,000)	**Item/Service:**	
You are asking for:	**$**	

What items qualify:

- Registered prescribed medication (not over the counter) with an assigned Drug Insurance Number (DIN) that is *not* covered by OHIP, ACSD, Trillium Drug Plan, or medical insurance.
- Medication/Supplements not covered by OHIP Plus that is critical for your child's health (i.e. Formula)

Documentation Needed:

- Confirmation of actual medication prescription (from the prescribing Physician) ☐ Yes
- If insurance is relevant- letter stating item will not be covered ☐ Yes
- Quote or invoice from the chosen pharmacy or ErinoakKids Medical Team ☐ Yes

☐ **Emergency Needs** (Maximum of $2,000)	**Item/Service:**	
You are asking for:	**$**	

What items qualify:

- This category was created in response to the financial distress brought on by COVID19's pandemic period and is not guaranteed to be funded in the future.
- Transportation (i.e. taxi funds); parking fees at ErinoakKids sites are not eligible.
- Accommodation/Hotel stay during client hospitalizations
- You may use this category to apply for support with: **food security, nutritional supplements (i.e. Ensure), shelter, bill payment, clothing, hygienic product security, and funeral costs.**

Documentation Needed:

- Confirmation of Support from ErinoakKids Clinician (Occupational Therapist, Physiotherapist, Nurse) ☐ Yes
- Provide a copy of previous receipts indicating the cost of the items for which support is requested: **Example:** rent/mortgage receipt, grocery-shopping receipt, clothing store receipt. ☐ Yes

CLIENT WELLNESS

These items are to reduce possible risk of harm, and offer your child/client the chance to improve their quality of life through lived experiences, social activity and recreation programs. Review maximums carefully.

☐ **Recreation** (Maximum of $1,000)	**Item/Service:**	
You are asking for:	**$**	

What items qualify:

- Recreational programs that are not therapy led (therapy and/or treatment goals) i.e. Only social based programs, sports, summer camp, art programs and alike will be considered. (Until family is registered with SSAH)
- 1:1 Camp Support Worker

Documentation Needed:

- Confirmation of support from ErinoakKids Clinician (Social Worker, Service Navigator, Therapeutic Recreation Staff, Youth Worker staff) ☐ Yes
- Quote or invoice for the program ☐ Yes

CAREGIVER WELLNESS/SAFETY

These items offer caregiver support. We recognize caregivers can experience mental and physical fatigue due to caring for their child's daily needs. (Does not include recreational programs. For recreational programs see "Recreation" category)

☐ **Respite Care/Emergency Childcare** (Maximum of $1,000)	**Item/Service:**	
You are asking for:	**$**	

What items qualify:

- Respite at ErinoakKids Regional Respite Centre

Documentation Needed:

- Confirmation of support from ErinoakKids Clinician (Social Worker) ☐ Yes
- A quote or invoice from ErinoakKids Respite Services ☐ Yes

AGREEMENT WITH ERINOAKKIDS CENTRE FOR TREATMENT AND DEVELOPMENT

We love to receive letters and photos from the children and families that we serve. Sharing stories of impact to our donors and supporters help demonstrate the importance of supporting your child and family. We feature stories of children and families in: letters to donors, internal donor recognition devices (electronic donor wall, information TV's, etc.), social media (Facebook, Instagram, etc.), website, annual reports and any other appropriate publications.

Please verify below if ErinoakKids may use or contact you for any photos, written stories/letter, children's artwork, and quotes. This information is shared to raise awareness for philanthropic purposes and to demonstrate impact to our very generous donors and supporters that fund our program and services like our Family Support Fund.

Please note that we do not share last names, or addresses, and if you would prefer, we can provide anonymity while still sharing your story.

☐ Yes ☐ No Level 1: I give to consent to share our story for philanthropic purposes.

☐ Yes ☐ No Level 2: I would like to remain anonymous when I am sharing our family's story.

☐ Yes ☐ No Level 3: I would like to share my ErinoakKids experience at fundraising or other ErinoakKids events or media opportunities to benefit ErinoakKids.

Please note that your consent is not mandatory to be considered or receive funding. We respect the privacy of each person in our program. This form makes it easier for us to know which photos and stories we are able to use. If at any time you choose to withdraw or change your level of consent above, please contact Fundraising at 905-855-2690 (toll free 1-877-374-6625) ext. 4315.

The personal information you give us on this form allows us to administer the Family Support Fund. All records and information contained within this document will follow all government legislated privacy requirements. If you have questions, please contact the privacy office at privacy@erinoakkids.ca.

When you request funding from the ErinoakKids Family Support Fund, you must also agree to the following terms. Please make sure you understand these terms before you sign this application:

1. ErinoakKids is not responsible for any harm that might come from goods or services obtained through this grant.
2. You will not ask ErinoakKids to pay you back for any harms that arise from people or companies who sell you equipment or services.
3. As a donor supported fund, we will request the opportunity to share your story and the impact that this funding has had on your child and family with our donors and to also inspire new prospective donors.

I have read and understood the above terms with ErinoakKids and I agree to them.
I confirm that the information provided in this application is true and complete to the best of my understanding.

Date (DD/MM/YYYY) **Parent/Guardian signature**

Important! A complete application includes:

☐ Signed and dated application form

A copy of the following – DO NOT SUBMIT ORIGINALS BECAUSE THE DOCUMENTS WILL NOT BE RETURNED

☐ A *licensed Canadian medical practitioner's* diagnosis of the child's disability or serious illness
☐ A letter of support from the child's therapist, clinician, or social worker for **each item/service** requested
☐ A quote or an invoice for **each item/service** requested
☐ Any other requested documents as required
☐ Any other documents not listed that would assist the ErinoakKids in making a decision

ADMINISTRATION USE ONLY (TO BE COMPLETED BY ERINOAKKIDS STAFF)	
Client's ID #:	
Project/Fund ID:	FSF Fund ID
Name Of The Staff/Clinician Assisting with Completion of the Application:	
Name of Lead Clinician:	
Manager Approval (Name):	
Funds to be Dispensed by: **1. Payment to the family (cheque)** **2. Payment to the vendor (cheque)** **3. ErinoakKids Managed Fund (Meditech)**	Check one: ☐ 1 ☐ 2 ☐ 3
Program Used (Respite, Recreation, etc.):	
Fundraising (Client's Level of Consent):	Check one: ☐ Level 1 ☐ Level 2 ☐ Level 3
Finance (SFA Signs off When Actioned):	
PO # (Completed by the SFA):	