Easter Seals Ontario — Helping Kids with Physical Disabilities Succeed

TOP UP FUNDING PROGRAM APPLICATION FORM

IMPORTANT INFORMATION FOR FAMILIES:

- Please review **CAREFULLY** before submitting this application. Incomplete forms will be returned to you, which could delay the application process.
- The original completed Top Up Application form must be returned to Easter Seals Ontario. No photocopies or faxes will be accepted.
- Please note: Applications take 12 Weeks to process.
- Completed applications must be received no later than **December 8, 2018**. Applications received after the deadline will be denied. NO EXCEPTIONS.
- Send complete applications to: **Top Up Funding Program**
  Easter Seals Ontario
  One Concorde Gate, Suite 700
  Toronto, ON M3C 3N6

If there are any questions regarding the Top Up program please call the Easter Seals Top Up Program Co-ordinator at 416-510-5088 or toll free at 1-800-668-6252 ext 324.

SECTION A: TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN. PLEASE PRINT CLEARLY:

Name of Parent/Legal Guardian: _____ _____
Last Name First Name

Name of Eligible Child: _____ _____
Last Name First Name

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

Child's Heath Card Number: _____ **Version Code**: _____

Mailing Address: _____ _____
Street Apartment Number

_____ _____ _____
City Province Postal Code

Telephone number: (_____)_____ **Email:** _____
Area Code Number

CONSENT FOR RELEASE OF INFORMATION

I, _____ consent to the release of information, records or documents between
(Name of Parent/Legal Guardian)
authorized representatives of Easter Seals Ontario and **the Ministry of Community & Social Services/Ministry of Children & Youth Services** for verifying my child's ongoing eligibility for the following programs:

1. **Assistance for Children with Severe Disabilities (ACSD) program administered by the Ministry of Community and Social Services and the Ministry of Children & Youth Services**
2. The Incontinence Supplies Grant Program's Top Up Funding Program administered by Easter Seals Ontario

_____ _____
Signature of Parent/Legal Guardian Signature of Witness (Anyone over 16 years of age)

Date: (MM/DD/YY) _____/_____/_____

The consent is valid until March 31, 2018 unless revoked sooner in writing.

SECTION B: TO BE COMPLETED AND SIGNED BY YOUR SPECIAL AGREEMENT OFFICER with the Ministry of Community & Social Services/Ministry of Children & Youth Services

Does Child receive Assistance for Children with Severe Disabilities (ACSD)? Yes ❑ No ❑

If Yes, please provide ACSD Member ID# _____

Start Date (MM/DD/YY) _____/_____/_____ End Date (MM/DD/YY) _____/_____/_____ OR Ongoing ❑

Does the parent or guardian receive any other provincial funding such as Ontario Works or the Ontario Disability Support Program? Yes ❑ (If yes, the child will be ineligible for this funding.) No ❑

Completed by (Print)_____ Phone Number: _(_____)_____

Signature _____ Date: (MM/DD/YY) _____/_____/_____

Email: _____

Directions for SAO: Please provide this form back to the applicant family so that they may submit the completed application to Easter Seals. **If the family receivesOW/ODSP they are not eligible for Top Up Funding and the form does not need to be submitted.**

DO NOT WRITE IN THIS SECTION – EASTER SEALS OFFICE USE ONLY

Ineligible:
❑ ACSD
❑ ODSP/OW
❑ No Date Match

Eligible:
Region: _____ Vendor ID: _____
Level: _____ Total: _____
Payment: _____ Staff Initials: _____Staff Initials _____