



FAMILY SUPPORT FUND APPLICATION 2023 - 2024

3945 Matchett Rd.
Windsor, Ontario N9C 4C2
T: 519.252.7281
Toll Free: 1.800.976.JMCC (5622)
F: 519.252.5873
www.jmccentre.ca

This fund supports John McGivney Children's Centre (JMCC) clients and families who need financial help to purchase equipment or recreational programs. You may ask for support from a JMCC team member to help you to complete this application. Please complete the application package in full, and include any other required documents. If your application has missing information, it may take longer to process your application. Please mail in or drop off your application to JMCC, please do not email applications. It will take approximately 6-8 weeks to process your application. You will be notified by email or, if you prefer by telephone regarding approval. If we cannot approve your application, we will do our best to provide you with information regarding other community resources that may be able to assist you.

More information about our eligibility criteria and what is covered can be found on our website: <https://jmccentre.ca/family-support-fund.php>

For general questions, please contact your child's clinician or contact: (info@jmccentre.ca) Or Phone: 519-252-7281 ext. 0

By completing an application, this is no way a guarantee of funding and JMCC reserves the right to approve applications based on established criteria (which may be amended from time to time) and based on the availability of funds in the Family Support Fund.

COMPLETE APPLICATIONS INCLUDE:

- Signed & Dated application form
- A letter of support for the item/service requested
- Two quotes for the item/service requested (wherein possible).
- Other requested documents as required

Administration use only:

Application ID #:

CLIENT AND FAMILY INFORMATION

Client last name	Client first name	Date of birth (DD/MM/YYYY)
Parent/guardian last name	Parent/guardian first name	Relation to client
Parent/guardian last name	Parent/guardian first name	Relation to client
Phone number	Email address (to be used to inform you & your vendor or recreational program of choice if your application has been approved)	

Please check box if you would prefer a phone call:

Which JMCC staff member helped you fill out this application?

Name: _____ Position: _____

Yes! I consent to being contacted by JMCC staff to share my experience with JMCC's Family Support Fund, including discussing the positive impact this and other JMCC programs and services have had on my family.

Parent / Guardian signature



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JMCC SERVICES

In the past year, my child used these JMCC service(s): (Please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Physiotherapy (PT) | <input type="checkbox"/> Speech & language pathology (SLP) | <input type="checkbox"/> Seating Clinic |
| <input type="checkbox"/> Communication & Writing Aids | <input type="checkbox"/> Social Work | <input type="checkbox"/> Other: (Recreation, Seating & Mobility) |
| <input type="checkbox"/> Occupational Therapy (OT) | <input type="checkbox"/> Autism Services | |

- Yes **I have applied to the Family Support Fund between April 1, 2023 and March 31, 2024**
 No If yes, I was approved for \$ _____

FUNDING STATUS

- My family's financial situation can be described as:
(PLEASE CHECK ALL THAT APPLY)**
- | | |
|---|---|
| <input type="checkbox"/> I am receiving Government Funding (Ontario Disability Support Program, Ontario Works, or Assistance for Children with Severe Disabilities, A.C.S.D.) | <input type="checkbox"/> I have partial funding but this item / program is very expensive. If so, please indicate from where: _____ |
| <input type="checkbox"/> There are no other funding options available for this item / program | <input type="checkbox"/> I have applied for other funding options but have been denied. If so, from where? _____ |
| <input type="checkbox"/> I can cover some of the cost (specify amount)
\$ _____ | <input type="checkbox"/> I have applied for funding and am still waiting to hear back. If so which ones? _____ |

FUNDING CATEGORIES: ITEMS AND AMOUNT REQUESTED – THE LIMIT IS UP TO \$1000 FOR THE YEAR

(If the amount you are asking for exceeds the application maximum, it will be reduced to meet the application criteria)

<input type="checkbox"/> Equipment Item/Service: _____ _____ _____ You are asking for: \$ _____	<p>What items qualify: Mobility Aides such as: wheelchairs, walkers, standers, lap belts, canes, specialized bikes, backup-wheelchairs, mobility features not covered by ADP Home Equipment such as: commodes, bathing systems, transfer boards, grab bars, standing frames, positioning wedges, specialized mattresses or beds, lifts, access ramps, special car seats, accessibility modifications for vehicle or home (integration of accessible equipment for home/vehicle will be considered, does not include cost of car or home building material or repairs), GPS tracking device Braces & helmets including: foot orthotics inserts, serial castings, splints, hand braces, pedi-wraps, night splints helmets Health Equipment such as: catheterization equipment, suction machine, oxygen machine, other respiratory devices (e.g. BiPAP), hearing aids, specialized vision aids, sensory equipment Communication Aides such as: augmentative communication devices, writing aids</p>	<p>Documentation Needed:</p> <ol style="list-style-type: none">1. Support letter from a JMCC Clinician.2. Two Quotes wherever possible <p>Chosen Vendor: _____</p> <p>Is this item ADP approved? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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WELLNESS AND QUALITY OF LIFE – THE LIMIT IS UP TO \$500 FOR THE YEAR

These services are to social activity and recreation programs. Services & programs offer your child/client the chance to improve their quality of life, as well as offering caregiver relief.

<input type="checkbox"/> Recreation	<p>What items qualify: Recreational programs that are <u>not therapy led</u> (therapy and/or treatment goals) i.e. social based programs, sports, summer camp, art programs and social activities ONLY will be considered.</p>	<p>Documentation Needed:</p> <ol style="list-style-type: none">1. Support letter from a JMCC Clinician2. Quote for the program on the program's letterhead
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AGREEMENT WITH THE JOHN MCGIVNEY CHILDREN'S CENTRE

The personal information you give us on this form allows us to administer the Family Support Fund. We collect, use and share this information under the authority of the Personal Health Information Protection Act. If you have questions, please contact the privacy office at or privacy@jmccentre.ca. When you request funding from the JMCC Family Support Fund, you must also agree to the following terms.

Please make sure you understand these terms before you sign this application:

1. JMCC is not responsible for any harm that may come from your request for money.
2. JMCC is not taking part in your agreement with people or companies for equipment or services.
3. You agree to not ask JMCC to pay you back for any harms that arise from people or companies who sell you equipment or services.
4. JMCC does not make suggestions for people or companies who might help you or provide services to you / your family.
5. The JMCC clinician that assisted you to complete the application will be notified about whether your application has been approved, denied or if more information is required.
6. JMCC will approve funding for the lowest quote submitted. Should you wish to purchase an item or service from a company whose quote was higher, you are responsible to pay the difference.
7. If you have provided your email address on the application form, you are consenting to JMCC emailing a letter to you and your vendor or recreational program of your choice about whether your application has been approved.

I have read, understood and agree the above terms with the John McGivney Children's Centre.

I confirm that the information provided in this application is true and complete to the best of my knowledge and understanding.

Parent / Guardian Signature

Date (DD/MM/YYYY)