



The mission of the Jennifer Ashleigh Children's Charity (JACC) is to improve the quality of life for seriously ill children and their families. We act as a financial safety net - helping families when all other resources have run out. You must make every attempt to use your personal resources as well as support from government and other service agencies before JACC can consider your application. An application does not guarantee our assistance. JACC aspires to help as many children and families as possible with our limited funds: we guarantee careful consideration of your request for financial aid. Therefore only those we determine to be in crisis or with the most immediate need can be considered.

### **ELIGIBILITY REQUIREMENTS**

- The need for financial assistance must result from extraordinary costs which are incurred directly as a result of the child's illness or disability.
- The child must be diagnosed by a Canadian Medical Practitioner with a serious illness or permanent disability.
- The child must be 21 years of age or younger.
- The child and parent or guardian must be a Canadian Citizen or Landed Immigrant and be a permanent resident of Ontario. Refugee/Convention refugee status does not qualify.
- The family's combined gross household income must be \$60,000 or less. Exception to income will **only** be considered if there is more than one child with special needs in the family.
- The family must have used up all other financial resources available to them. These include:
  - Personal resources such as interest income, savings plans, investments, and capital gains;
  - Government funding;
  - Funding from service agencies and non-profit organizations.
- If you own a home with no mortgage, or own more than one property you are not eligible for assistance.

### **POLICIES AND GUIDELINES**

- JACC does not duplicate existing government and community support programs. Families should access available community services before contacting JACC.
- JACC is to be considered a last resort. Social service agencies, hospitals, treatment centers etc. must apply to their own internal funds first and confirm that this has been done.
- The Application for Financial Assistance must be submitted and approved before the item or service is purchased or received. If the application is approved and an invoice is received with the date of purchase before the approval date, then the funding will not be granted.
- **All sources of income must be declared and documentation provided.**
- JACC pays registered therapists, respite workers and organizations directly. We do not reimburse parents.
- All bills or receipts submitted must be in the child or parent or guardian's name.
- JACC's ability to fund eligible applications depends on the availability of funds. If JACC does not have sufficient funds at the time of the application; the application may be held for a later date.
- The amount of funding assistance may vary, based on the cost of the item or service, and the availability of funds at the time the application is received.
- If any information is missing or the application is incomplete, it will be returned, resulting in a delay in processing.
- Funding approval is valid for the timeframe indicated in our approval letter. If the funds are not accessed and paid out within this period, the request is not eligible for payment and any outstanding invoices will be the responsibility of the family.
- Gifting policies may be changed by JACC at any time without notice.

**CHECKLIST FOR APPLYING FOR FINANCIAL ASSISTANCE**

- Complete the Application for Financial Assistance form. All sections of the application must be completed or marked "N/A" if it does not apply to your family.
  - The parents or the guardian of the child may apply for financial assistance.
  - A Social Worker or Healthcare Professional may apply on behalf of the family.
- Sign and Date the application. If you are applying on behalf of the family, ensure that you have a parent or legal guardian sign the application. If they are not available at the time of completion, please forward a signed copy to our attention as soon as possible.
- Complete and sign the Authorization/Release for Thank You Letters/Photo.
- Provide a copy of a licensed Canadian medical practitioner’s diagnosis of the child’s disability or serious illness.
- Provide a letter from the child’s therapist, medical professional, or social worker supporting the request.
- Provide a quote from the vendor/supplier for the services or items being requested if applicable.
- Provide information on any funds that you are able to contribute.
- Provide any other documents not listed above that would assist the charity in making a decision.

**Provide the following documents confirming all Sources of Income (for both parents/guardians):**

- A copy of **YOUR** most recent Notice of Assessment(s) from Canada Revenue Agency.

Please see below for sample.

Line	Description	\$ Amount
150	Total income	
236	Net income	
	Deductions from net income	
260	Taxable income	
350	Total federal non-refundable tax credits	
6150	Total Ontario non-refundable tax credits	
420	Net federal tax	
435	Total payable	
437	Total income tax deduction	
	Ontario property tax credit	
	Ontario sales tax credit	
479	Total Ontario tax credits	
482	Total credits	
	(Total payable minus Total credits)	
	Balance from this assessment	CR
	Direct deposit	CR

- If you are applying during the first four months of the year and have not filed your income tax return, provide a copy of your current T4's. If not available yet provide December pay stub showing year-to-date earnings.
- A copy of your most recent cheque stub or statement for Employment, Social Assistance, Employment Insurance payment, ACSD, CCTB, ODSP **must be included with application.**
- A copy of your Record of Employment (ROE) if you have been laid off since your last income tax return was filed.
- If no income is declared, provide a letter stating how expenses are being met in the absence of any income and provide supporting loan/bank statements to support this.
- If you are a new resident, provide a copy of the Record of Landing Document showing the amount of funds brought in to Canada (Box 42 on the document).

**If any information is missing or the application is not complete it will result in a delay in processing the request.**

**Mail or fax your application with all required documentation to:**

**Jennifer Ashleigh Children's Charity  
10800 Concession 5  
Uxbridge, Ontario, L9P 1R1  
Fax: (905) 852-0124**

**Note: Please do not courier or email the application.**

- Requests that JACC considers to be emergency situations will be given the highest priority and processed promptly. All other requests will be processed as soon as possible.
- Once JACC receives the completed application and all documentation, JACC may contact the applicant to verify the information provided.
- Other organizations and individuals listed on the application may also be contacted to verify information.
- Please allow sufficient time for your request to be processed prior to enrolling in a program. The average application processing time is somewhere between 1 and 2 months unless it is an emergency.
- You will be notified by letter when a decision has been made.

**Important Note:** Jennifer Ashleigh Children's Charity may change any of the information contained in this package at any time without notice. If you have any questions please contact our office at (905) 852-1799 or toll-free 1-866-268-9187 if outside of the Toronto area. Current applications are available online at [www.JenniferAshleigh.org](http://www.JenniferAshleigh.org)

<b>JACC FUNDS (If not listed we cannot assist)</b>	<b>JACC DOES NOT FUND</b>
<p><b><u>Diagnosis</u></b></p> <ul style="list-style-type: none"> <li>Physical disability</li> <li>Severe medical issue that cannot be controlled by medication and disrupts the life of the child and family</li> <li>Mental Health Disorders</li> <li>Pervasive Development Disorders</li> </ul> <p>(extraordinary costs must be present which are incurred directly as a result of the child's diagnosis)</p>	<p><b><u>Diagnosis</u></b></p> <ul style="list-style-type: none"> <li>ADD</li> <li>ADHD</li> <li>Asthma</li> <li>Diabetes</li> <li>Dyslexia</li> <li>Language Delays (Expressive or Receptive), unless caused by a serious illness diagnosis</li> <li>Learning Disabilities</li> <li>Stuttering</li> </ul>
<p><b><u>Hospital and Treatment Costs</u></b></p> <ul style="list-style-type: none"> <li>Family accommodation while child is hospitalized</li> <li>Transportation between hospital and home, to/from medical appointments including fuel, public transit, train or bus fare, taxi, Wheel-Trans, car rental, ambulance</li> <li>Sibling childcare while child is hospitalized or attending medical appointments</li> <li>Out of Country trips where treatment is not available in Canada</li> </ul>	<p><b><u>Hospital and Treatment Costs</u></b></p> <ul style="list-style-type: none"> <li>Takeout or Restaurant Meals</li> <li>Past Hospital Debt</li> <li>Flights</li> <li>Hospital Parking</li> </ul>
<p><b><u>Household Costs</u> (Must be directly related to child's medical issues)</b></p> <ul style="list-style-type: none"> <li>Rent</li> <li>Utilities</li> <li>Nutritious Groceries</li> <li>Vehicle Repairs associated with safely transporting your child.</li> </ul>	<p><b><u>Household Costs</u></b></p> <ul style="list-style-type: none"> <li>Mortgage Payments</li> <li>Property Taxes</li> <li>Cable or Internet</li> <li>Birth Certificates</li> <li>Funeral Expenses</li> <li>Credit Card or Loan Payments</li> </ul>
<p><b><u>Specialized Care</u></b></p> <ul style="list-style-type: none"> <li>Nursing care</li> <li>Specialized medical care</li> <li>Special daycare</li> <li>Respite (can only apply once in a 12 month period)</li> </ul>	<p><b><u>Specialized Care</u></b></p> <ul style="list-style-type: none"> <li>Private School Programs</li> <li>Nursery/Preschool Programs</li> <li>Relatives who provide respite care</li> <li>Camp or recreational programs including workers</li> </ul>
<p><b><u>Medical Treatment</u></b></p> <ul style="list-style-type: none"> <li>Special Formula</li> <li>Nutritional Supplements</li> <li>Medication</li> <li>Hearing Aids</li> <li>Eyeglasses, Special Contact Lens related to diagnosis.</li> <li>Disposable Medical Supplies</li> <li>Orthotic Items</li> <li>Prosthetics</li> <li>Serial Casting</li> <li>Diapers for Incontinence</li> <li>Dental treatment directly related to child's medical diagnosis</li> <li>Trillium Drug Plan Deductible</li> <li>Specific foods recommended/prescribed by a child's primary care physician</li> <li>Chiropractic treatment</li> <li>Acupuncture</li> </ul>	<p><b><u>Medical Treatment</u></b></p> <ul style="list-style-type: none"> <li>All Equipment</li> <li>Repairs to Equipment</li> <li>Plagiocephaly Helmets</li> </ul> <p><b><u>Communication Devices</u></b></p> <ul style="list-style-type: none"> <li>Laptops/iPads/iPods/computers/software</li> </ul> <p><b><u>Education</u></b></p> <ul style="list-style-type: none"> <li>Educational materials/toys/tutoring</li> </ul>
<p><b><u>Therapies</u> (can only apply once in a 12 month period)</b></p> <ul style="list-style-type: none"> <li>Assessment Fees for therapies listed</li> <li>Speech Therapy</li> <li>Occupational Therapy</li> <li>Physiotherapy</li> <li>Massage Therapy</li> <li>Therapeutic Horseback Riding</li> <li>Specially Adapted Tricycles</li> </ul>	<p><b><u>Therapies</u></b></p> <ul style="list-style-type: none"> <li>Hyperbaric Oxygen Therapy (HBO)</li> <li>ABA</li> <li>IBI</li> <li>RDI</li> <li>Conductive Education</li> <li>Alternative Therapies</li> <li>Swimming</li> <li>Social Skills Programs</li> <li>Behavioural Therapies and Programs</li> </ul>



**APPLICATION FOR FINANCIAL ASSISTANCE**

Submitting this request gives the Jennifer Ashleigh Children's Charity permission to contact organizations and individuals, which you provide on the application.

NOTE: If this request can be taken care of by another government program, service agency or organization, please do not apply.

Please read **GUIDELINES FOR FINANCIAL ASSISTANCE** and review the application before filling out this form.

**Child and Family Information**

**Child** \_\_\_\_\_

Last Name

First Name

Middle Initial

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year

Male \_\_\_\_ Female \_\_\_\_

Medical Diagnosis \_\_\_\_\_

What care facility or hospital has your child received treatment from? \_\_\_\_\_

**Mother** \_\_\_\_\_

Last Name

First Name

**Father** \_\_\_\_\_

Last Name

First Name

**OR Legal Guardian** \_\_\_\_\_

Last Name

First Name

Marital Status: Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Common-law \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_

Street Address \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

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

Home Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Does this child live with you? Yes \_\_\_\_ No \_\_\_\_

Number of people living in the child's home \_\_\_\_\_ Ages of siblings \_\_\_\_\_

Who lives in your home other than your children? \_\_\_\_\_

**If you are applying on behalf of the family, please complete (Community or Healthcare Professional)**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Organization/Agency Name \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

## **Purpose of Funds**

Describe each item and/or service you need and attach a cost quote and recommendation. If you need more than one item or service, please state which is the most critical.

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Is this item covered by Assistive Devices Program? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_ *If yes provide copy of Assistive Devices Program approval form showing amount covered*

Have you contacted or applied to any other organizations for this request? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, provide details below.*

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## **Financial Information (All blanks must be filled in with \$ amount or \$0)**

**Household Total Annual Income** Mother \$ \_\_\_\_\_ Father \$ \_\_\_\_\_ or Guardian \$ \_\_\_\_\_  
*(Salary before taxes and deductions – Line 150 of CRA Notice of Assessment or line 150 on page 2 of T1)*

Do you receive Social Assistance? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, have you applied? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Eligible \_\_\_\_\_

Do you receive Employment Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive Child Support? Yes \_\_\_\_\_ No \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Are you a new resident to Canada? Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, a copy of your record of landing is required showing amount of funds brought in to Canada*

When did you immigrate? \_\_\_\_\_

## **Government Funding and Services (Monthly Amount)**

Child Tax Benefits (CCTB, NCBS, OCB) \$ \_\_\_\_\_ Assistance to Children with Severe Disabilities (ACSD) \$ \_\_\_\_\_

Ontario Disability Services Program (ODSP) \$ \_\_\_\_\_ Special Services at home (SSAH) \$ \_\_\_\_\_

If you do not receive Child Tax Benefits have you applied? Yes \_\_\_\_\_ No \_\_\_\_\_ Not eligible \_\_\_\_\_

If you do not receive ACSD have you applied? Yes \_\_\_\_\_ No \_\_\_\_\_ Not eligible \_\_\_\_\_

If you do not receive ODSP have you applied? Yes \_\_\_\_\_ No \_\_\_\_\_ Not eligible \_\_\_\_\_

If you do not receive SSAH have you applied? Yes \_\_\_\_\_ No \_\_\_\_\_ Not eligible \_\_\_\_\_

Do you receive CCAC Nursing Support? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, number of hours per month \_\_\_\_\_

Do you receive respite from the Complex Special Needs Program? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, number of hours per month \_\_\_\_\_

**Other services** Name of Agency Amount of Funding

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Has your family work status or income changed over the past year? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, provide details below and how this impacts your financial situation.*

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**Monthly Household Expenses**

Expense	Monthly Amount (\$)
Mortgage or Rent	
Property Taxes	
Utilities	
Telephone, Internet, Cable	
Childcare	
Insurance Home Life Car	
Food	
Loans (explain)	
Savings plans (i.e. RRSP's)	
Car - fuel and repairs	
Other (please describe)	
Total:	

**Monthly Expenses Related to the Child's Diagnosis**

Expense	Amount <b>NOT</b> Covered by ACSD, Insurance, Other Benefits. Monthly Amount (\$)
Transportation	
Meals/Accommodation when Away from home	
Extraordinary child care	
Diapers	
Special Diet	
Drugs	
Medical and Feeding Supplies	
Special Learning Equipment	
Special Education	
Therapy	
Parent Relief	
Other (list other expenses):	
Total:	

Are your monthly expenses greater than your monthly income? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please provide details below as to how you are handling the shortfall.*

**I certify that the information provided on this application is true, correct, and complete to the best of my ability.**

\_\_\_\_\_  
Name of Parent/Legal Guardian (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

How did you hear about JACC? \_\_\_\_\_

If it was from a health care professional, please provide the organization name \_\_\_\_\_

Have you applied to the Jennifer Ashleigh Children's Charity before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when \_\_\_\_\_

## **AUTHORIZATION / RELEASE FOR THANK YOU LETTERS AND PHOTOS**

We love to receive photos, drawings, and notes from the families that we assist. It is important for JACC to be able to communicate with our supporters and donors, what life is like for your sick child and for you as a family. We feature stories of children in our newsletter and weekly emails.

Please let us know if Jennifer Ashleigh Children's Charity may use your photos, artwork, notes, child's first name, age, and nature of their illness for awareness and promotional purposes.

Please indicate where JACC may or may not use any thank you letters and/or photos you send to us. **If your letter is used, only first names will appear. Any last names or addresses will not be used.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Newspaper articles

Yes \_\_\_\_\_ No \_\_\_\_\_ Newsletters

Yes \_\_\_\_\_ No \_\_\_\_\_ Letters to our donors

Yes \_\_\_\_\_ No \_\_\_\_\_ Social Marketing sites (Facebook, Twitter, Website)

Yes \_\_\_\_\_ No \_\_\_\_\_ Corporate Plaques/Sponsorships

Yes \_\_\_\_\_ No \_\_\_\_\_ Would you or your child be interested in speaking occasionally about your JACC experience at fundraising events or with media to benefit JACC?

Yes \_\_\_\_\_ No \_\_\_\_\_ JACC sometimes receives access to funds or services from Community Programs and Partners. To apply for these funds or services, we may be required to provide them with your child's personal information. Will you allow us to share your child's information with these organizations if it could be of benefit to you?

*Please note that your consent is not mandatory. 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. Thank you for your participation.*

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Legal Guardian (please print)

\_\_\_\_\_  
Signature

### **Privacy Policy**

*The Jennifer Ashleigh Children's Charity Privacy Policy makes every effort to ensure that any individual's personal information is protected and properly handled. The information you provide on this application is only used for the purpose of determining eligibility. It is reviewed and handled by only those designated and authorized to do so within the Jennifer Ashleigh Children's Charity office. For a full version of our Privacy Statement please visit: [www.JenniferAshleigh.org](http://www.JenniferAshleigh.org)*

*If your application is granted and a file is created, your secure file will be stored at our office location for seven years (for audit purposes) before being shredded. Minimal information is also kept indefinitely on our secure database.*

*If you have a concern or inquiry regarding our Privacy Policy or our privacy practices please call our office at (905) 852-1799 ext 50 or email [generalmail@jenash.org](mailto:generalmail@jenash.org)*