



Contestant Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			Date of Birth (mm/dd/yyyy):		
First Name:		Initial(s):	Last Name:		
Street No.:	Street Name:			Apt No.:	
City:		Province:	Postal Code:		
Telephone:		E-Mail:			

Designated Contact Person
The designated contact person is responsible for all direct contact with MODC, including written, verbal, and electronic communication regarding this request.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			Relationship to Contestant:		
First Name:		Last Name:			
Street No.:	Street Name:			Apt No.:	
City:		Province:	Postal Code:		
Telephone:		E-mail*: <i>*All communication via email will protect the contestant's personal information.</i>			

Eligibility Criteria
To qualify for the contest, the contestant must have an ongoing disability that requires the use of assistive technology. Please indicate that as the contestant you also meet the following criteria:

I am in financial need. My after-tax household income does not exceed \$45,000.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am of age. I fall within the age of majority for the province that I live in.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a Canadian resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am in agreement that my photo and story may be used by March of Dimes Canada in the organization's material including publications, newsletters, website and social media properties.	<input type="checkbox"/> Yes <input type="checkbox"/> No



Questionnaire

Please complete the following sections as indicated.

1) Please indicate what the requested technology package will allow you to achieve, if you were selected as a winner. Please check all that apply.

a) It will allow me to increase my access to services available in my community.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
b) It will allow me to explore and/or control the environment in which I live.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
c) It will allow me the ability to take on leisure pursuits.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
d) It will allow me to improve my education.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
e) It will assist me in my employment objectives.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
f) It will assist me in my face-to-face communication.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
g) It will assist me in my written (i.e. email, text, etc.) communication.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply

2) Please indicate your:

a) primary disability	
b) marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married/Common-Law/Life Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

3) Please see the application guidelines for details and use this checklist to ensure your application package includes:

- a signed and completed application form
- a letter of assessment from a health care professional
- proof of income



4) Tell us how your life would change if you received the tablet package:

Protection (Privacy) of Applicant Personal Information

Purpose

March of Dimes Canada (MODC) collects personal information for a variety of purposes including the delivery of services, fundraising, quality management, research, billing and meeting legal and regulatory requirements.

MODC utilizes several safeguard measures to protect personal information and keep it confidential and will not share any personal information with any third parties unless it is directly related to the delivery or enhancement of the services that MODC provides or unless a Canadian law requires it. Personal information that is no longer required to fulfill the identified purposes will be destroyed, erased, or made anonymous. MODC has guidelines and procedures to prevent unauthorized access and to govern the destruction of personal information

The full MODC Personal Information Protection (Privacy) Policy is available on the MODC website or by request.

Consent

I fully understand the reasons March of Dimes Canada (MODC) has requested my personal information and I give consent to MODC to use my personal information for the purposes outlined. I also understand that I may withdraw my consent at any time, subject to legal or contractual obligations and reasonable notice, and that MODC will inform me of the implications of such withdrawal.

Name of Contestant (Please Print):

Signature of Contestant

Date

Please submit this form and required documents by mail, fax, or email:
Assistive Mobile Technology Initiative, March of Dimes Canada
291 King St., 3rd Floor London, ON N6B 1R8
Fax: 519-432-4923
Email: amti@marchofdimes.ca