



The Applicant

The person with the disability is referred to as the "Applicant." All questions should be answered by the Applicant or on his / her behalf. Please provide information for one Applicant per form.

Applicant Identification

<input type="checkbox"/> Mr.				<input type="checkbox"/> Mrs.				<input type="checkbox"/> Miss				<input type="checkbox"/> Ms.				Date of Birth: (mm/dd/yy)							
First Name:								Initial:				Last Name:											
Street No:				Street Name:								Apt No:											
City:								Prov:				Postal Code:											
Telephone Number: ()				Fax Number: ()				E-mail Address:															
Marital Status:																							
<input type="checkbox"/> Single				<input type="checkbox"/> Married				<input type="checkbox"/> Common-Law / Life Partner				<input type="checkbox"/> Separated				<input type="checkbox"/> Divorced				<input type="checkbox"/> Widowed			

Contact Person

If the Applicant requires someone to manage the application on his / her behalf, the following person is appointed. If the Applicant is under the age of 18, an adult must be identified. If you are the Power of Attorney / Legal Guardian for the Applicant, enter your information here.

<input type="checkbox"/> Mr.				<input type="checkbox"/> Mrs.				<input type="checkbox"/> Miss				<input type="checkbox"/> Ms.				Relationship to Applicant:							
First Name:								Initial:				Last Name:											
Street No:				Street Name:								Apt No:											
City:								Country:				Prov:				Postal Code:							
Telephone Number: ()				Fax Number: ()				E-mail Address:															



General Eligibility

- 1. Are you a permanent resident of British Columbia? Yes No
 - 2. Do you have a disability or an ongoing impairment expected to last more than one year? Yes No
 - 3. Does your disability / impairment restrict mobility and result in major restrictions to daily living activities (i.e.: self-care and functioning in the community)? Yes No
 - 4. Do you and your spouse (if applicable) have a combined gross income of \$75,000 or less? Yes No
- OR
- If you are a child, do your parent(s) have a combined gross income of \$75,000 or less? Yes No

About You

What is your disability?

- 1. _____
- 2. _____

How does your disability limit you? e.g. Do you need help from someone else to move around, to get in / out of chairs, vehicles, etc.? *Please print clearly. If you need more space, attach a separate page.*



What is your mobility device? *(Check all that apply)*

- cane
- walker
- power wheelchair
- manual wheelchair
- scooter
- kid cart / stroller
- braces / crutches
- power wheelchair with tilt
- other: _____

Do you need help from someone else to get your mobility device in / out of a vehicle?

- Yes
- No

About Your Modifications

Would your requested modifications:

Help you return to / maintain work / school? Yes No Not applicable

Remove or minimize a safety risk? Yes No Not applicable

Improve your access to / participation in the community? Yes No Not applicable

Help you get to essential medical appointments? Yes No Not applicable

How would your life change if you received these modifications? *Please print clearly. If you need more space, attach another page.*



About Your Vehicle

The vehicle is owned to be purchased

Name of Vehicle Owner: _____ Relationship to Applicant: _____

Name of Primary Driver: _____

Does this Driver have a valid Driver's Licence? Yes No

Vehicle Type: car minivan full size van truck other: _____

Vehicle Make: Ford GM Chrysler Honda Toyota

other: _____

Vehicle Model: _____

Vehicle Year: _____



Privacy Statement

March of Dimes Canada is committed to handling any personal information that we may collect concerning you and your family member(s) in a professional, respectful, and lawful manner. March of Dimes Canada collects, uses, and discloses personal information in accordance with this privacy statement and our privacy policy. The personal information about you and your family member(s) is used for the purposes of:

- i) contacting you about the status of your application
- ii) obtaining feedback about services you receive
- iii) providing information about March of Dimes Canada to you and others
- iv) complying with the laws and regulations that require the collection, use and disclosure of personal information in connection with the March of Dimes Canada Retrofit Vehicle Initiative.

The personal information collected about you and your family member(s) includes information supplied by you in your Application Form or updated information which we may collect from you in the future.

Applicant Authorization

I hereby certify that the information I have provided is true and correct to the best of my knowledge. If it is determined that I have a required contribution, I will provide the contribution towards the cost of the approved modification(s). March of Dimes Canada shall have the right to discontinue the review process, cancel grant funding, and / or recover paid funds if I provide false information or if I fail to provide my required contribution.

Signature of Applicant / Power of Attorney / Legal Guardian	Date: (mm/dd/yy)
Signature of Contact Person (if applicable)	Date: (mm/dd/yy)

The Application deadline is February 14, 2013. Please submit your completed Application Form to the March of Dimes Canada Retrofit Vehicle Initiative at the address below. Please ensure all questions are answered (except where noted) and that the form has been signed and dated.

March of Dimes Canada Retrofit Vehicle Initiative
 291 King Street, 3rd Floor London, Ontario N6B 1R8
 modretrofit@marchofdimes.ca
 Fax: 519-432-4923 Ph: 1-855-660-6632



Retrofit Vehicle Application Mini-Guide

This guide will help you with questions you may have as you complete your Application Form. It also provides a checklist to assist you in identifying required documentation to submit along with your application. Please note that you are responsible for any costs related to collecting documentation and submitting the application.

General Eligibility Questions

INCOME HINT / TIP – for gross income figure, use Line 150 from your T1 General Income Tax Form. For Applicant and Spouse or two Parents, add the two Lines 150 together for the total gross income figure.

About You

HINT / TIP – If you have several disabilities, tell us about the one(s) that affect your ability to move around the most.

About Your Vehicle

Primary Driver HINT / TIP – This is the person who will be driving the modified vehicle the most.

Checklist of Required Documents

Use this checklist to make sure your application is complete. The list includes examples of acceptable documentation in each category.

Proof of Income for Applicants 18 years of age or older:

- T1 General Income Tax and Benefit Return form, with address information fully completed, for the Applicant
- and
- T1 General Income Tax and Benefit Return form, with address information fully completed, for the Applicant's Spouse / Common Law Partner / Life Partner if applicable

Proof of income for Applicants under 18 years of age:

- T1 General Income Tax and Benefit Return form for the parent(s) / Legal Guardian(s)

Proof of British Columbia Residency

Provide a photocopy of one document from the following listing that displays your name and current home address and confirms that your permanent and principal home is in British Columbia. For example:

- Child Tax Benefit Statement
- Employer Record (pay stub or letter from employer on company letterhead)
- Income Tax Assessment (most recent)
- Insurance policy (home, tenant, auto or life)
- Mortgage, rental or lease agreement
- Property Tax bill

Price Quotations

- A minimum of one (1) contractor bid is required for each component of the proposed modifications

Proof of Ownership

- Copy of the licence plate and vehicle portions of your registration

Proof of Valid Driver's Licence

- A photocopy of both the front and back of the valid driver's licence for the person who will be the primary driver of the vehicle that is to be modified

Verification of Disability, in the form of one of the following:

- Verification of Disability Form - to be completed by your attending physician, your Occupational Therapist, your Physiotherapist, or your Medical Specialist. This form provides confirmation of your disability and related mobility restrictions as identified in your Application Form.

or

- The assessment of an Occupational Therapist completed in the last 6 months outlining your mobility restrictions

or

- A photocopy of your British Columbia Persons with Disabilities (PWD) Statement of Benefits, or Canada Pension Plan Disability Statement of Benefits

or

- A photocopy of your T1 General Income Tax Return Form showing your claim of the Disability Tax Credit for an adult (Line 316) or a minor child (Line 318), or a letter from Revenue Canada authorizing your claim of the Disability Tax Credit