MARCH OF DIMES CANADA | LA MARCHE DES DIX SOUS DU CANADA

ADP Applicant Assessment

Applicant Information

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.			Date of Birth (mm/dd/yyyy):
First Name:		Initial(s):	Last Name:
Street No.:	Street Name:		Apt No.:
City:		Province: ONTARIO	Postal Code:
Telephone:	E-Mail:		

Designated Contact Person

The designated contact person is responsible for all direct contact with program staff, including written, verbal, and electronic communication regarding this request.

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.			Relationship to Applicant:
First Name:			Last Name:
Street No.:	Street Name:		Apt No.:
City:		Province:	Postal Code:
Telephone:	E-mail*: **All communication via email will protect the applicant's personal information.*		

Assistive Device Information

Reason: ☐ Device Purchase ☐ Device Repair

Total Dollars Requested from March of Dimes Canada = $_____

Mobility Device History- List all of the Mobility Devices you have in your possession (in your home) whether it is being used or not.

Check all that apply:	☐ Walker	☐ Transport Wheelchair
	☐ Manual Wheelchair	☐ Power Wheelchair
	☐ Scooter	☐ None

Ethnic Background

March of Dimes Canada strives to reach to all populations and we are collecting this information for statistical purposes only. *Completing this section is voluntary.*

☐ Canadian/North American	☐ French	☐ Middle Eastern	☐ African
☐ Eastern European (Russian, Polish, Czech)	☐ Native Canadian/American	☐ Other Asian Countries	☐ Greek
☐ Puerto Rican	☐ Central American	☐ Indian, Pakistani	☐ Scandinavian
☐ Chinese	☐ Irish	☐ South American	☐ German
☐ Italian	☐ Spanish, Portuguese	☐ English, Scottish, Welsh	☐ Japanese
☐ West Indian	☐ Other European	☐ Mexican	☐ Other *(specify):*

Financial Eligibility: Program Applicants must be in financial need. Use the Net Income (Tax Form Line 236) of both the Applicant and his/her spouse/life partner. Maximum allowable income may change based on family size (see chart below).

Family Size (Include Applicant, Spouse/Common-Law Partner & Dependents under 18)	**Maximum Income Allowed**	**Check One**
1 Person	$22,920	☐
2 People	$32,413	☐
3 People	$39,698	☐
4 People	$45,839	☐

Marital Status:	☐ Single ☐ Married/Common-Law/Life Partner ☐ Divorced ☐ Separated ☐ Widowed

Number of Dependent Children (under the age of 18):

Source of Income:	☐ Employment ☐ CPP ☐ OAS ☐ ODSP/OW ☐ Other *(specify)*:

Disability Information

Please check all that apply in relation to your need for the device(s) you are requesting.

☐ Age Related Problems	☐ Cerebral Vascular Accident (CVA)	☐ Arthritis, Osteoarthritis, Osteoporosis
☐ Spina Bifida	☐ Diabetes	☐ Cerebral Palsy
☐ Dementia/Alzheimer's	☐ Amputee	☐ Multiple Sclerosis
☐ Parkinson's Disease	☐ Paraplegia	☐ Muscular Dystrophy
☐ Stroke	☐ Quadriplegia	☐ Post-Polio Syndrome
☐ Chronic Heart Failure	☐ Spinal Cord Injury	☐ Polio
☐ Chronic Obstructive Pulmonary Disease (COPD)	☐ Amyotrophic Lateral Sclerosis (ALS)	

☐ Other *(please specify)* :

Cause of Disability: ☐ Congenital ☐ Acquired Date of Onset (If known)

Funding Sources

1) The applicant has health insurance which could be applied toward the cost of the requested device

☐ YES

☐ NO

2) The applicant has applied to Ontario Works (OW) or Ontario Disability Support Program (ODSP) for funding assistance

☐ YES

☐ NO

3) In the table below please identify all funding sources which have been approached.

Funding Source:	Date of Application (mm/dd/yyyy):	Contact Name and Phone Number:	Amount Funded:
			$
			$
			$

Questionnaire – As a United Way Member Agency we are interested in how the equipment you are applying for will affect your life. *Completing this section is voluntary.*

Device(s) requested will increase my sense of connectedness to community	☐ Yes ☐ No ☐ Does not apply
Device(s) requested will increase my access to community supports	☐ Yes ☐ No ☐ Does not apply
Device(s) requested will reduce isolation	☐ Yes ☐ No ☐ Does not apply
Device(s) requested will increase my personal sense of well being	☐ Yes ☐ No ☐ Does not apply
Device(s) requested will reduce my personal stress	☐ Yes ☐ No ☐ Does not apply
Device(s) requested will increase my self-esteem/ self-confidence	☐ Yes ☐ No ☐ Does not apply
Device(s) requested will increase physical activity	☐ Yes ☐ No ☐ Does not apply
Device(s) requested will reduce caregiver burden	☐ Yes ☐ No ☐ Does not apply
Device(s) requested will allow me to seek/maintain employment, education or volunteer opportunities	☐ Yes ☐ No ☐ Does not apply

Non-Liability of March of Dimes Canada

You acknowledge that March of Dimes Canada acts as a third party funder and as such, has no role in prescribing/recommending equipment or vendor selection. March of Dimes Canada makes no representation or warranty as to the condition, safety, suitability or effectiveness of the equipment that is prescribed for purchase or repair.

You acknowledge that March of Dimes Canada has no responsibility or liability for the maintenance of this equipment or for loss, damages or expenses resulting from improper inspection, repair, condition or use of the equipment. You are encouraged to follow the maintenance program required for your equipment.

You and the Owner or Landlord, if applicable, acknowledge that March of Dimes Canada is not responsible for obtaining any consents for any installations which may be required for the use of the prescribed equipment and is under no obligation to inquire as to whether any such consents are necessary.

March of Dimes Canada is not responsible for the payment of any amounts other than those indicated in the Funding Letter, and will not be responsible in the event that any other person or body providing funding for the equipment does not pay the amounts owed by them.

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 Applicant (Please Print):

Signature of Applicant	Date

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ADP Applicant Assessment

Note: Request for reimbursement. Funding for device(s) that have already been purchased before funding approval from this Program are not eligible for service.

Please submit your completed Applicant Assessment form and the required documents to the Assistive Devices Program through mail, fax or email:

March of Dimes Canada
Assistive Devices Program
291 King Street, 3rd Floor
London, Ontario N6B 1R8

Toll Free Telephone:
1-866-765-7237

Fax: 1-519-432-4923

Website: www.marchofdimes.ca

Email: adp@marchofdimes.ca

Required Documents

Use this checklist to ensure your application package includes:

- ☐ Completed Applicant Assessment form
- ☐ One (1) Price Quotation
- ☐ Letter of Assessment/Prescription*
- ☐ Proof of Income

* *Please remove / black out Social Insurance Numbers (S.I.N.) from all submitted documentation.*

- ☐ Ministry of Health's Response (for Mobility Devices only)