



Program Overview

Funded by the Ontario Government Ministry for Seniors and Accessibility, March of Dimes Canada's Home and Vehicle Modification Program provides funding for basic home and / or vehicle modifications. By reducing or eliminating physical barriers which create life safety risks, modifications, adaptations, and devices enable children and adults with mobility restrictions to continue living in their homes, avoid job loss, and participate in their communities.

The HVMP provides funding for basic and essential solutions directly addressing physical barriers within a home explicitly related to an applicant's disability and current mobility restrictions. Any items prescribed and or quoted not directly related to accessibility and removal of barriers will not be funded by the program and will be the applicant's responsibility.

There is no guarantee of funding upon application to HVMP. Funding will depend on the dollars available, and eligibility of the request and applications will be prioritized based on the assessed needs of the applicant.

The Program **will not approve reimbursement** of any cost for adaptations and/or devices prior to authorization from the program.

An eligible Applicant must:

- be a permanent Ontario Resident. Temporary residents and visitors (e.g. tourists, students, foreign workers on a work permit, etc.) are not eligible.
- be in financial need, income of under \$60,000
 - Under 18 is the Applicant's Parent(s)/Guardian(s)' combined income
 - Over the age of 18 is the Applicant and Applicant's Spouse/Life Partner's combined income
- Applicants (and their spouses / life partners/ guardians if applicable) with an annual income over \$35,000 are required to contribute towards the cost of the modification(s).
- have a permanent ongoing or recurring disability that impedes mobility and results in substantial restrictions in activities of daily living (eating, bathing, toileting, transferring, and mobility) and/or getting in and out of your home to access essential medical care or community services

If eligible, you may apply for:

- Up to \$15,000 lifetime maximum for home modifications, adaptations and devices

Assistive Devices

The Home and Vehicle Modification Program will consider the following device types:

- Devices to support basic Activities of Daily Living (bathing, toileting, transferring) relating to mobility
- Floor Patient Lifts
- Environmental controls i.e., operate appliances; switch lights and computers on or off; facilitate the use of a telephone; or to open, close and lock doors
- Repairs to electrical or battery-operated equipment that are not covered by warranty

Required Documents:

- 1) A signed Application
- 2) Proof of Income
- 3) Occupational Therapist Letter of Assessment **or** Verification of Disability
- 4) Price Quote

Please do not send original documentation as documents cannot be returned and remove / black out Social Insurance Numbers (S.I.N.) from all submitted documentation.

Home Adaptations

The Home and Vehicle Modification Program will consider the following adaptations:

- Modular Ramps
 - Construction of a ramp will only be considered when all other attempts to use a modular ramp have been made and documented by an Occupational Therapist.
- Vertical Platform Lifts
 - Not applicable in rental situations
- Stairlifts
- Ceiling Track Lifts
- Tub Cut-Out

All applications for outdoor lifts and ramps (where concrete is required to be poured) will only be accepted between April 1 to October 31.

Required Documents:

- 1) A signed Application
- 2) Proof of Income
- 3) Occupational Therapist Letter of Assessment **or** Verification of Disability
- 4) Price Quote
- 5) Proof of Home Ownership or Landlord Approval
- 6) Pre-photos including drawings and measurements (not required for straight stairlifts)

Please do not send original documentation as documents cannot be returned and remove / black out Social Insurance Numbers (S.I.N.) from all submitted documentation.

Ineligible Requests

The Program is **not able to consider**:

- concrete ramps
- hospital beds
- suction grab bars
- restocking fees and return fees
- self-install stairlifts
- walk-in tub/shower
- vertical platform lifts in rental situations
- therapeutic or supportive care-related items such as whirlpool baths, swimming pools, exercise bikes, wheelchairs, walkers, respiratory equipment and dialysis equipment will not be provided by this program
- deck that is not an integral part of an access ramp or lift
- household appliances (refrigerators, stoves, microwaves, etc.)

1. Signed Application

Please complete the application below and ensure it is signed by the applicant or the Applicant's active Power of Attorney or Substitute Decision Maker.

2. Acceptable Proof of Income

Applicants with a combined income **over** \$35,000 (up to a maximum of \$60,000) are required to submit:

- T1 General (Most current tax year)

Applicants with a combined income **under** \$35,000 are required to submit ONE of the following documents:

- T1 General (Most current tax year)
- social assistance (GAINS, ODSP, Ontario Works)
- Notice of Assessment from Revenue Canada (Most current tax year)
- Tax Summary for current tax year

3. Occupational Therapist Assessment

An Occupational Therapist (OT) must complete either an assessment letter OR a Verification of Disability Form available on our website (www.marchofdimes.ca/hvmp). The letter must also include the following information:

- The client's disability
- What primary mobility device(s) the client is using in the home

- A description of how their disability impacts their ability to independently complete activities of daily living such as eating, bathing, toileting, transferring and mobility
- The recommendation of devices, adaptations and/or modifications and how they will remove the barrier.
- What internal and external supports (people or services) are available to the client.

To find an Occupational Therapist (OT), ask your family doctor or contact Ontario Health atHome at 310-2222 (no area code required) who can recommend publicly funded OT services in your community. You can also find more information online about Finding an OT at:

<https://otontario.ca/find-an-ot/>.

4. Price Quotes for Home Adaptation and Devices

One price quote is required. Quotes must be from a registered medical supplier, equipment supplier or medical vendor of the applicant's choice.

All vendors must be able to be paid via Electronic Funds Transfer (EFT).

Quotations must include the following:

- name, address, and contact information
- separate line for all devices required, quantity, unit cost and applicable taxes
- separate line for labour charges and applicable taxes
- separate line for delivery charges and applicable taxes
- a clear description of any warranties

5. Proof of Home Ownership or Landlord Consent

All applicants who own the home or who are living with family who own the home and are requesting a **Stairlift, Modular Ramp, Vertical Platform Lift and/or Ceiling Track Lift** projects are required to submit a Property Tax Bill.

If the applicant is renting the unit, we require a letter from the landlord consenting to the modification of the property/unit. **Please note** the Program cannot consider a Vertical Platform Lift in rental situations.

Please note, if you are a condo owner, a letter from the condo board approving your project is required. Please refer to Section 98 of the Condominium Act. Any fees associated with condo board requirements are not covered by March of Dimes Canada.

6. Pre-Photos, Drawings and Measurements

For **Custom/Curved Stairlifts, Modular Ramp, Vertical Platform Lift and/or Ceiling Track Lift** the following must be included:

- Pre-Photos of the entire space
- Drawings and measurements from the installer



Sending in your Application with Supporting Documents

Submit your completed and signed application with supporting documents to the Home and Vehicle Modification Program. Incomplete applications packages will not be processed for funding. One attempt will be made to contact the client or their primary contact person, if assigned, to secure missing information.

Please be advised that applications sent by mail are re-directed to a P.O. Box. There is no advantage to paying to send documents “with priority” or “by registered mail” as it will not expediate the receipt nor can the Program sign for receipt.

Mailing Address:

March of Dimes Canada
595 Bradley Ave, Unit 202
London, ON N6E 3Z8

Phone:

1-877-369-4867

Fax:

519-432-4923

Email Address:

hvmp@marchofdimes.ca



Type of Funding Request

What are you requesting? *(please print)*

Is your request over \$15,000? ☐ Yes ☐ No

If yes, please note that the Program will provide up to \$15,000 for home modifications. Please identify what person, agency or organization will be paying the difference:

Must complete box for Home Modification requests. Please answer from the perspective of the applicant.

1. Is your home: ☐ Owned ☐ Rented ☐ Owned by Family

2. If rented, do you have landlord permission to install the equipment being requested?
☐ Yes ☐ No ☐ Not Applicable

3. Type of Home:

☐ Bungalow ☐ Back Split ☐ Side Split ☐ Two Storey ☐ Town Home ☐ Condo
☐ Mobile Home ☐ Apartment ☐ Other:

4. Is the equipment in the home on trial: ☐ Yes ☐ No

For all requests, please complete the following questions. Please answer from the perspective of the applicant.

1. Is your disability or project the result of (check all that apply):

A workplace Injury: ☐ Yes ☐ No

A Motor Vehicle Collison: ☐ Yes ☐ No



Applicant Information (please print):

This information helps us know how best to contact you about your application.

Date of Birth:	____ / ____ / ____ MM DD YYYY	
First Name:		
Preferred Name (if different):		
Last Name:		
Pronouns:		
Mailing Address:		
City & Postal Code:		
Phone:		
Email Address:		
Marital Status:	<input type="checkbox"/> Married/Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
Source of Income:	<input type="checkbox"/> CPP/OAS <input type="checkbox"/> GAINS <input type="checkbox"/> ODSP/Ontario Works <input type="checkbox"/> Other: _____	

Please contact me in the following ways: ☐ Email ☐ Phone Call ☐ Mail Only

Primary Contact Person:

By listing a Primary Contact Person below, I acknowledge that **I, the applicant, will not receive any information** or correspondence about the outcome of my application and the person below is authorized to speak and make decisions on my behalf.

First Name:	
Last Name:	
Pronouns:	
Your relationship to the Applicant:	
Mailing Address:	
City & Postal Code:	
Phone:	
Email Address:	

Please contact me in the following ways: ☐ Email ☐ Phone Call ☐ Mail Only



What best describes your reason for needing the requested modifications, only select one.

☐ Remove or minimize a life safety risk

OR

☐ prevent hospitalization/institutionalization by assisting the individual to continue living safely in their home (with or without assistance)

OR

☐ allow discharge from hospital/institution by assisting the individual to continue living safely in their home (with or without assistance)

OR

☐ to seek or maintain employment

OR

☐ allow a caregiver to meet the responsibilities of caring for a dependent with a disability (attend medical appointments, therapy, and community activities etc.).

OR

☐ to support both children and adults to participate in developmental/community activities (Examples: to attend school, church, volunteer work, community activities, etc.).

Permissions

I agree that March of Dimes Canada may contact me for the following reasons:

(check all that apply)

☐ Fundraising: To contact me about donating to March of Dimes Canada

☐ Survey: To obtain feedback on services I receive from March of Dimes Canada

☐ Opinion Poll & Research: To solicit my view on services or policies affecting people with disabilities

☐ Receive Information: To advise me of new information, services or opportunities that may be of interest to me but are from third party companies, agencies, or service providers

☐ Volunteer: To provide me with a volunteer opportunity

☐ Do not contact me



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.

Confirmation of Financial Need

I confirm that I understand this is a means tested Program intended to serve Ontario residents in the greatest financial need. If any information I have provided is found to be intentionally falsified, I understand the Home and Vehicle Modification Program may restrict me from receiving financial assistance in the future and may take legal action and may require me to repay any financial assistance that is received.

_____ (Initial) I certify that I am in financial need and this application package is a true, complete and accurate representation of my financial status.



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.

Signature of Applicant:

Date:

____ / ____ / ____
MM DD YYYY

OR if signed by someone other than the applicant, please write your full name below:

(First & Last Name)

☐ I certify that I am the Applicant's Power of Attorney or Substitute Decision Maker