

REQUEST FOR FINANCIAL ASSISTANCE 2011 SUMMER RECREATIONAL CHOICES FUNDING PROGRAM

IMPORTANT REMINDERS TO FAMILIES

Applications **must** be received by **July 1, 2011**. Please be advised that there is **limited funding available** for this program. Applying prior to the deadline **does not** guarantee that funds will still be available. **Apply early!**

Please note:

- **Child/youth must first be registered with Easter Seals Ontario in order to access these funds.** *Please note: the Incontinence Supply Grant is a separate Registry.*
- Requests for Financial Assistance will be processed by the date that this form is received in the Easter Seals Ontario Provincial Office. **Incomplete or unclear requests will be returned.**

Completed applications can be sent via:

- **Mail:** Recreation Co-ordinator, Easter Seals Ontario, One Concorde Gate, Suite 700, Toronto, Ontario, M3C 3N6
- **Fax:** 416.696.1035 (Please send to the attention of Recreation Co-ordinator)
- **E-mail:** camp@easterseals.org.

If you have any questions/concerns, please call 416.421.8377 x 325 or 1.800.668.6252 x 325 or e-mail camp@easterseals.org



**Helping Kids with
Physical Disabilities
Succeed**

FOR OFFICE USE ONLY

ID#: _____

Date Rec'd: _____

Approved: yes no

Approved by: _____
(Manager, Provincial Services)

Date Approved: _____

Confirmation Sent: _____

Option: #1 #2

Date Receipts Rec'd: _____

Receipts Approved: yes no

Receipts Approved by: _____

(Manager, Provincial Services)

(Recreation Co-ordinator)

Date Receipts Approved: _____

Amount granted: \$ _____

Payment sent via option: #1 #2

Date Payment sent: _____

CHILD/YOUTH INFORMATION:

Last Name: _____ First Name: _____

Date of Birth: (yyyy/mm/dd) ____/____/____ Disability/Diagnosis: _____

I agree to have my name and address shared with the Easter Seals Fundraising Department: yes no

Primary Contact: Dr. Mr. Mrs. Ms. Relationship to child/youth: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Home #: (_____) _____ Work #: (_____) _____ ext. _____

Cell #: (_____) _____ E-mail: _____

***Please note: To be considered for funding for a recreational program please include information about the summer program. If you are approved for funding, Easter Seals Ontario will not issue a cheque without an official confirmation of enrolment and receipts, which must be received in the Provincial Office no later than September 9, 2011.**

INDIVIDUAL RECREATIONAL PROGRAM OPTION:

Name of recreational program that your child wishes to attend: _____

Dates of the recreational program: _____

Estimated cost of the recreational program: _____

(Up to \$500.00 CDN is available per child/youth registered with Easter Seals Ontario. A separate application is required for each child. The Recreation program must take place in Ontario between July 1 – September 5, 2011).

FAMILY VACATION OPTION: To be considered for funding for a family vacation you must have already searched for a recreational program and been unable to find a program that can accommodate your child because of the severity of her/his disability. A letter outlining the reason your child cannot attend an individual recreational program **must** accompany this application. Please note, writing a letter does not guarantee approval for this option.

Name of the vacation site: _____

Dates of the vacation: _____

Estimated cost of the vacation: _____

Letter attached: yes no

(Up to \$500.00 CDN is available per individual child/youth registered with Easter Seals Ontario. The family vacation must take place in Ontario between July 1 – September 5, 2011).

PAYMENT OPTIONS:

How will you be requesting financial assistance? (Please check *one*)

- OPTION #1** - Parent/guardian pay the recreational program the full amount and send all official receipts to Easter Seals Ontario for reimbursement up to \$500.
- OPTION #2** - Parent/guardian send a copy of the completed recreational program/vacation registration and confirmation of enrolment to Easter Seals Ontario. Easter Seals Ontario will send a cheque, for up to \$500, to the recreational program. Confirmation of payment will be sent to the parent/guardian.

For more details about these options, please refer to the 2011 Recreational Choices Funding Program information form. If your request for Recreational Choices Funding is approved and you decide to change your payment option, please contact the Recreation Co-ordinator at 416.421.8377 ext. 325 or 1.800. 668.6252 ext. 325, or camp@easterseals.org.

I certify that the information provided in the application is true, correct, and complete to the best of my ability. I will indemnify and save harmless Easter Seals Ontario and its employees from and against any and all expenses related to all claims, demands, liabilities, losses, costs, damages, actions, suites or other proceedings of any nature or kind whomsoever sustained, brought or prosecuted in any manner based upon, occasioned by or attributable to the negligent act or omissions or the wilful or reckless misconduct of the program or vacation destination, in the fulfillment of utilizing the funds provided by Easter Seals Ontario. Easter Seals Ontario acts as a third party funder and as such has no role in recommending programs or in the relationship between the parent and camp/program or vacation destination site. Easter Seals Ontario complies with the Personal Health Information Protection Act (PHIPA). All the information gathered is stored in a safe and confidential manner.

Parent/Guardian Signature: _____ Date: _____