



2012 RECREATIONAL CHOICES FUNDING PROGRAM APPLICATION

Ontario

Helping Kids with Physical Disabilities Succeed



FUNDING CHOICE: Please check (✓) the type of funding you are applying for:

Individual Recreational Program Option Family Vacation Option

CHILD/YOUTH INFORMATION:

★ Child must first be registered with Easter Seals Ontario (Please note, the Incontinence Supplies Grant Program is a separate Registry).

Last Name: _____ First Name: _____ Gender: _____

DOB (yy/mm/dd): ____/____/____ Disability/Diagnosis: _____

PRIMARY CONTACT:

Dr. Mr. Mrs. Ms.

Last Name: _____ First Name: _____

Relationship to child/youth: _____

Address: _____

City: _____ Postal Code: _____

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

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

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

IMPORTANT REMINDERS TO FAMILIES

Applications must be received by July 1, 2012. 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!**

- Requests for Financial Assistance will be processed on a first come first serve basis by the date that the **completed** form is received at the Easter Seals Ontario Provincial Office. **Incomplete or unclear requests will be returned.**
- Children/youth must be registered with Easter Seals Ontario and be between the ages of 5-18 years old prior to July 1, 2012. This program is not available for children/youth who are already attending an Easter Seals Camp, or who are a Crown Ward.

Completed applications can be sent via:



- **Mail:** Recreation Co-ordinator, Easter Seals Ontario, 700-1 Concorde Gate, Toronto, Ontario, M3C 3N6
- **Fax:** 416.696.1035 (Please send to the attention of Recreation Co-ordinator)
- **E-mail:** camp@easterseals.org

Questions/concerns? Call 416.421.8377 x 325 or toll-free 1.800.668.6252 x 325. Please note, it is the parent/guardian(s) responsibility to follow up with Easter Seals to ensure that the application has been received.

FOR OFFICE USE ONLY

ID#: _____ Date Rec'd: _____ Apprv'd by: _____ Date Apprv'd: _____

Con'f Sent: _____ Ind - Opt #1 Ind - Opt #2 Fam - Opt #1 Fam - Opt #2

Waitlisted: yes no Waitlist letter sent: _____ Apprv'd from Waitlist: _____

Receipts Rec'd: _____ Receipts Apprv'd: yes no Amount granted: \$ _____ Date: _____

Chq sent: _____ Via Option: #1 #2

FUNDING OPTIONS:

- 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 Easter Seals Head Office no later than September 7, 2012.** Any receipts received after this date will not be funded.
- **Not sure of a program yet?** You can still apply for funding even if you do not know what specific program your child will be attending, but we ask that you provide a description of what program you are considering.
- **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 or family vacation must take place in Ontario between July 1-September 3, 2012.**

INDIVIDUAL RECREATIONAL PROGRAM OPTION:

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

Dates of the recreational program: _____

Estimated cost: \$ _____

(Easter Seals does not cover the cost of 1:1 support workers, meals, transportation, merchandise, or additional fees that are not included in the cost of the recreational program).

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 would accommodate your child because of the severity of his/her disability. **A letter outlining the reason your child cannot attend an individual recreational program must accompany the application.** Please note, writing a letter does not guarantee approval for this option.

I have attached a letter outlining WHY my child cannot attend an individual program: yes no

PLEASE NOTE: Family vacation requests without a letter, will NOT be considered.

Name of the vacation site: _____

Dates of vacation: _____

Estimated cost: _____

(Easter Seals does not cover the cost of gas/mileage, flights, car rentals, parking, meals, admission fees for attractions, friends' or relatives' cottage rentals, 1:1 support workers, or rental of recreational or medical equipment).

PAYMENT OPTIONS:

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

- Option #1** – Parent/guardian pays the recreational program the full amount and sends all official receipts and confirmation of enrolment to Easter Seals Ontario for up to \$500 reimbursement.
- Option #2** – Parent/guardian sends a confirmation of enrolment and invoice to Easter Seals Ontario. Easter Seals will send a cheque for up to \$500 directly to the recreational program. Confirmation of payment will be sent to the parent/guardian.

For more details about these options, please refer to the 2012 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 toll-free at 1.800.668.6252 ext. 315, 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: _____