



**Toronto Chapter**  
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**FUNDING PROGRAM APPLICATION**

**APPLYING FOR:** Air Conditioning  Equipment  Home Help  Incontinence Supplies

*First time applicants - please provide proof of diagnosis of your MS from your family physician or neurologist.*

**PART 1 – APPLICANT’S PERSONAL INFORMATION:**

Name	First Name:		Family Name:	
	Number and Street:		City:	Postal Code*:
*postal codes that start with M1 are Scarborough. Please call Ontario Division for funding				
Address	Phone number you can be reached::		Email address:	
	DD/MM/YYYY			
Contact info.	Member <input type="checkbox"/>		New/Renewal <input type="checkbox"/>	
Date of birth			\$15 annual membership fee enclosed <input type="checkbox"/>	
Membership	House <input type="checkbox"/>		Supportive housing <input type="checkbox"/>	
Type of residence	Apt./condo <input type="checkbox"/>		Long-term care <input type="checkbox"/>	
Source of income	Rent <input type="checkbox"/>		Own <input type="checkbox"/>	
	Applicant: Employed <input type="checkbox"/> CPP <input type="checkbox"/> Pension <input type="checkbox"/> ODSP <input type="checkbox"/> LTD <input type="checkbox"/> Other <input type="checkbox"/> _____		Spouse/partner: Employed <input type="checkbox"/> CPP <input type="checkbox"/> Pension <input type="checkbox"/> ODSP <input type="checkbox"/> LTD <input type="checkbox"/> Other <input type="checkbox"/> _____	

**PART 2 – MEDICAL INFORMATION:**

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Neurologist: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Internal use only</b>	Member ID #
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### PART 3 – RELEASE OF INFORMATION:

The Multiple Sclerosis Society of Canada, Toronto Chapter, protects the privacy of our clients. The information collected is used to provide services to clients, information about programs and meetings, and to compile anonymous statistical information. In relation to this application, information is shared with authorized individuals and companies outside the MS Society of Canada on a need to know basis only if a release of information is signed by the client. By signing below, you hereby consent to the collection, use and disclosure of this information by the MS Society of Canada as it relates to your application.

I \_\_\_\_\_ hereby give my permission to the Multiple Sclerosis Society of Canada,  
*Print Name*

Toronto Chapter to release pertinent personal information including personal health information currently on file. I wish to place the following restrictions on the release of this information:

\_\_\_\_\_  
**Client Signature/Mark:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The Multiple Sclerosis Society of Canada complies with the Personal Information Protection and Electronic Documents Act. If you have any questions about your personal information, please contact our privacy officer, Patricia Cole, at 416-967-3036. A copy of our privacy policy may be obtained at any MS Society office by calling 1-800-268-7582 or at [www.mssociety.ca](http://www.mssociety.ca).*

**IF APPLYING FOR:**

**Air conditioning - please complete Part 4**  
**Equipment - please complete Part 5**  
**Home help - please complete Part 6**  
**Incontinence supplies - please complete Part 7**

### PART 4 – REQUEST FOR AIR CONDITIONING *(check if applying)*

Size of window: \_\_\_\_\_ Size of room: \_\_\_\_\_

### AIR CONDITIONER RELEASE:

In applying to the Toronto Chapter of the MS Society of Canada for assistance in obtaining an air conditioner, I agree that the MS Society of Canada is not responsible for any damages, claims or causes of action that might arise with respect to the air conditioner once it is delivered. I will keep this air conditioner in good condition and safe working order, in accordance with the original manufacturer's specifications. I accept responsibility for any costs associated with the ongoing maintenance of the air conditioner. By signing below, I agree to these terms.

**Client Signature/Mark:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PART 5 – REQUEST FOR EQUIPMENT** (check if applying)

Loans cupboard  and/or Funding request

Equipment required: \_\_\_\_\_

**For funding requests**, please complete the following chart and submit one quote for ADP funded items and 2 quotes for non-ADP funded items. Applicants must explore all available resources, including their own. We ask applicants to contribute whatever they can afford.

Funding Resources	Eligible for funding? (Y/N)	Application sent? (Y/N)	Amount (\$) (if known)
Applicant/family contribution			
Assistive Devices Program (ADP)			
Ontario Disability Support Program (ODSP)			
Special Needs Unit or Hardship Fund			
Ontario March of Dimes			
Extended health care/group insurance			
Other (community agencies, service clubs, etc.)			

**HEALTH CARE PROFESSIONAL – Occupational therapist or physiotherapist**

A detailed written assessment must be attached to support equipment requests. The following information about the applicant is required:

- Family and home support
- Functional limitations (physical and cognitive), safety and mobility concerns
- Applicant’s willingness to use equipment
- Results of similar equipment trial, if possible
- Detailed description of recommended equipment (eg. size, height, back, cushion, etc.)

**EQUIPMENT RELEASE:**

In applying to the Toronto Chapter of the MS Society of Canada for assistance in obtaining equipment, I agree that the MS Society of Canada is not responsible for any damages, claims or causes of action that might arise with respect to the equipment once it is delivered. I will keep this equipment in good condition and safe working order, in accordance with the original manufacturer’s specifications. I accept responsibility for any costs associated with the ongoing maintenance of this equipment, including the replacement of batteries. By signing below, I agree to these terms.

**Client Signature/Mark:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PART 6 – REQUEST FOR HOME HELP** (check if applying)

This program, which provides a financial subsidy of up to \$55 per month (\$165 per quarter), is intended for members who are not able to maintain their household independently or have family that is not available to provide assistance in this area. Subsidies are provided based on the Toronto Chapter's financial capabilities and may be subject to change.

How many adults live in your household? \_\_\_\_\_

Are they available to assist with some household responsibilities? Please explain.

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**PART 7 – REQUEST FOR INCONTINENCE SUPPLIES** (check if applying)

This program, which provides a financial subsidy of up to \$40 per month (\$120 per quarter), is intended for members who are not receiving any other financial assistance for these supplies (such as ODSP and insurance benefits). Subsidies are provided based on the Toronto Chapter's financial capabilities and may be subject to change.

What supplies do you use? \_\_\_\_\_

What is your average monthly cost of supplies? \_\_\_\_\_

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**\*\*\*IMPORTANT\*\*\***

Please note the Home Help and Incontinence Supply funding is paid on a quarterly basis and in advance of the service/purchase.

The MS Society of Canada implemented a direct deposit method of payment and will electronically transfer funds directly to your bank account. **PLEASE ATTACH A VOID CHEQUE.** If approved for funding, we can set up your banking information in our accounting system. All banking information will be maintained in strict confidence and shall only be used for the purpose of generating payments.

If you have any questions, please do not hesitate to contact our Privacy Officer at (416) 967-3036 or by email at [patricia.cole@mssociety.ca](mailto:patricia.cole@mssociety.ca).

I authorize direct deposit via electronic fund transfer for payments from the MS Society of Canada and have included a void cheque for the account that payment should be remitted to.

**Client Signature/Mark:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Also, in future, should you change your banking information, it is imperative that you let us know immediately, so that changes can be made to the banking information we have on file for you.

**If a payment is returned by the financial institution, the chapter is charged a \$100 fee, which may affect your future home help or incontinence subsidy.**