



Multiple Sclerosis Society of Canada

Société canadienne de la sclérose en plaques



**Ontario & Nunavut Division**

500-250 Dundas St. West  
 Toronto ON M5T 2Z5  
 Telephone: (416)922-6065  
 Fax: (416) 916-3124  
 www.mssociety.ca

**Application For Quality of Life Grants**

Once completed, sign where appropriate and fax, email or mail in the form with all accompanying documentation (HCP assessment, confirmation of diagnosis of MS and vendor provider quotes).

**Form fields marked with an (\*) are mandatory**

**A. Personal Information**

Name*	First* <input type="text"/>	Last* <input type="text"/>	Date* <input type="text"/>
Address*	<input type="text"/>		City* <input type="text"/> Province* <input type="text"/>
Postal Code*	<input type="text"/>	Phone(H)* <input type="text"/>	Phone(C)* <input type="text"/>
Email*	<input type="text"/>		I do not have email <input type="checkbox"/>
Gender*	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Type of MS	Primary Progressive <input type="checkbox"/>	Secondary Progressive <input type="checkbox"/>	Relapsing Remitting <input type="checkbox"/> Clinically Isolated Syndrome <input type="checkbox"/>

**Designated Contact Person if different from above**

Name*	First* <input type="text"/>	Last* <input type="text"/>
Address*	<input type="text"/>	
Postal Code*	<input type="text"/>	Phone (H)* <input type="text"/> Phone(C)* <input type="text"/>
Email*	<input type="text"/>	
	I do not have email <input type="checkbox"/>	

**Source of Family Income**

Client\* Enter Y for all that applies:

Employed  CPP  CPPD  ODSP  LTD

Spouse/Partner\* Enter Y for all that applies:

Employed  CPP  CPPD  ODSP  LTD

## B. Health Care Professional Assessment and Signature

A detailed written assessment by the appropriate health care professional must be attached in support of this application, including the following factors where applicable:

\*Functional ability physical and cognitive

\*Family and/or home support and benefit to individual and family

\*Description of prescribed equipment needed

\*Comment on the clients motivation to use the equipment

HCP Name\*

Phone #\*

Title\*

Email\*

HCP Signature\*

Date\*

## C. Equipment and/or Air Conditioning Grant Requirements

Type of Equipment\*

Size of Equipment\*

## Shared/Alternate Funding List\*\* Please Indicated the Amount Being Contributed

			Applied Y/N
Assistive Devices Program- ADP (Ministry of Health)	Amount*	<input type="text"/>	<input type="text"/>
Community Agencies (eg. Ontario March of Dimes or other)	Amount*	<input type="text"/>	<input type="text"/>
Extended Health Care- Group Insurance	Amount*	<input type="text"/>	<input type="text"/>
Ontario Disability Support Program- ODSP	Amount*	<input type="text"/>	<input type="text"/>
Service Clubs (eg. Lions Club)	Amount*	<input type="text"/>	<input type="text"/>
Person with MS/Family Contribution	Amount*	<input type="text"/>	<input type="text"/>
	Total Shared Funding*	<input type="text"/>	<input type="text"/>

**Please fill in total cost of equipment, minus the shared funding and list amount needed:**

Total Cost of Equipment\*

Total Amount of Shared Funding\*

Total Amount of MS Grant Requested\*

**Please submit two quotes from vendors including delivery and/or installation if applicable.  
If recycled equipment is available please consider getting quotes for used quipment.**

**\*\*If ADP has been accessed, one quote is sufficient\*\***

**NOTE: All other sources of funding should be explored before an application will be considered for funding. Once an application has been received the Health Care Professional will be contacted to discuss if a MS Society Grant is available. After all sources of funding have been exhausted and if it is still a hardship for the individual/family to cover the remaining portion needed an appeal can be made to the MS Society for an additional grant.**

## **D. Declaration of Financial Need**

I understand that the MS Society of Canda provides no-cost products ("Supports") to those affected by MS who would otherwise be unable, due to financial hardship, to afford those Supports on their own,

I confirm that I am applying for the following Supports:

**Quality of Life Grant - Equipment**

I also confirm that, without the assistance of the MS Society of Canada, I would not be able to obtain these Supports based on my own financial means.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## E. Release of Information and Contact by MS Society of Canada

The Multiple Sclerosis Society of Canada protects your privacy. The information provided in this form and a brief summary of the service you requested will be entered into our services database. The information will be used to provide you with best services, to provide information about our programs and services and to compile anonymous statistical information. The information in this application form is shared with authorized individuals and companies outside the MS Society of Canada on a need to know basis, in relation to this application, only if this Release of Information Form is signed by the client. By completing this form you hereby consent to the collection, use and disclosure by the MS Society of Canada of your personal information for these purposes.

### Consent

I  (print name), hereby give my permission to the MS Society to retain and release my pertinent personal information in the delivery of these services.

I wish to place the following restrictions on the release of information:

Dated at , the Province or Territory of

this  day of  20

Signature  Address

In addition, please indicate if representatives of the Multiple Sclerosis Society of Canada can identify themselves as a representative from the MS Society when contacting you and/or leaving information to initiate a return call.

I  (print name) authorize and permit representatives of the Multiple Sclerosis Society of Canada to identify themselves as calling from the MS Society when returning my telephone calls or contacting me by telephone.

(signature or mark)

### Privacy Policy

If you have any questions about your personal information, or the MS Society's privacy policy and procedures please contact our Privacy Officer, Cristina Toporas at [priv@mssociety.ca](mailto:priv@mssociety.ca) and phone 1-800-268-7582 ext 3017.

A copy of our privacy policy may be obtained by calling 1-800-268-7582 or at [www.mssociety.ca](http://www.mssociety.ca)

If you are not a current member of the MS Society, would you like an MS Society representative to contact you about becoming a member?

Yes  No

Contact Name:  Phone Number:

Please check if you would like staff to contact you to inform you of other programs and supports.