



GUIDELINES FOR FINANCIAL ASSISTANCE

President's Choice® Children's Charity (PCCC) is dedicated to helping children who are physically or developmentally disabled. Our aim is to remove some of the obstacles that make everyday living extremely difficult and make it easier for the child or family to cope with the disability. We provide direct financial assistance in the purchase of mobility equipment, wheelchair accessible modifications physical therapy and more.

Checklist for Applying for Financial Assistance:

- Complete the Application for Financial Assistance form.
- A letter telling us about your child, the family situation, what the need is and how our funds will help.
- A photocopy of your child's Canadian birth certificate or permanent residence card.
- Documentation confirming that the household gross income, as shown on line 150 of the Canada Revenue Agency (CRA) Notice of Assessment, is less than **\$70,000**.
- A copy of your Canada Child Tax Benefit statement.
- A recent (within 2 years) copy of a medical doctor's diagnosis of your child's disability. Psychological Assessments do not qualify under these guidelines unless signed by a medical doctor.
- A letter from a third party (i.e. a social agency, therapist, teacher that helps with your child) supporting the request and giving an independent view of the family situation.
- Two estimates from the vendor(s)/service provider(s) on the cost of the items for which financial assistance is being requested. Please specify the hourly rate and amount of hours of therapy/service required on a weekly/monthly basis from the vendor.
- Please include any other confirmed sources of funding.

Granting Policies:

- Funding approval is valid for **6 MONTHS** from date of approval.
- The Application for Financial Assistance form must be submitted and approved prior to the equipment being ordered, purchased or services/programs received.
- Child must be a citizen or have permanent residency status in Canada.
- Child must be 18 years of age or younger.
- Family's combined gross household income must be **\$70,000** or less.
- The family is responsible to order the equipment or schedule the service **AFTER** receiving our approval letter.
- If an invoice is received and the date of delivery is noted to be prior to our approval, then it does not meet our criteria; funding approval will not be granted and the family will be responsible for the full amount to the vendor.
- The level of funding assistance may vary based on the cost of the item and the availability of funds at the time the request is received.
- The ability to fund all eligible applications received is conditional on the availability of funds. Should there be insufficient funds at the time of the application, a waiting list will be employed.
- Payment is made to the vendor not the family.
- Respite workers must be over the age 18 and cannot be a family member.
- Applicants agree that the decisions of PCCC are final and that PCCC accepts no liability in such regard.
- Granting policies may be changed by PCCC at any time without notice.

Mail your Application with all Requested Information to:

For Ontario, Western & Atlantic Canada:

President's Choice Children's Charity
1 President's Choice Circle
Brampton, ON L6Y 5S5

For Quebec:

Fondation pour les enfants le Choix du Président
400 Sainte-Croix Avenue
Ville Saint-Laurent, QC H4N 3L4

Be sure to keep a copy for yourself.

While President's Choice® Children's Charity would like to assist all families in need, regrettably demands are extensive and diverse and we must have criteria limitations on certain requests.

Please note, currently we **DO NOT** fund:

Diagnosis:

- ADHD
- Auditory Processing Disorder
- Cystic Fibrosis
- Developmental Delay
- Developmental Coordination Disorder
- Dyslexia
- Dyspraxia
- Epilepsy/Seizure Disorder
- Expressive/Receptive Language Delay
- Fetal Alcohol Syndrome
- Learning Disability
- Mood Disorders
- Obsessive-Compulsive Disorders
- Reactive Attachment Disorder
- Speech Apraxia/Delay
- Scoliosis
- Stuttering

Therapies:

- Lipid Replacement Therapy
- Hemispheric Integration Therapy
- Hyperbaric Oxygen Therapy
- Osteopathy & Neuro-Functional Reorganization Therapy
- Naturopathy/supplements
- Music Therapy

Equipment:

- Vail Beds
- Swimming Pools
- Hot Tubs
- Trampolines
- Smart Vest
- Oxygen Pumps
- Feeding Pumps
- Frequencers

Other:

- Mileage/Transportation
- Assessments/Studies

Please note, this list is always under review and may change without notice.

If applying for summer camp, please submit application prior to May 1. Applications for camp must be received and approved before child attends camp.

If you have any questions, please do not hesitate to contact us at 1-866-996-9918, or by email at pccharity@loblaw.ca



APPLICATION FOR FINANCIAL ASSISTANCE

Child's Name: _____ Date of Birth: _____
LAST NAME FIRST NAME MONTH / DAY / YEAR

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email Address: _____
WORK HOME

Diagnosis: _____

Have you previously received funding from us? Yes No Year: _____

Parent/Guardian: _____ Relationship: _____
LAST NAME FIRST NAME

Gross Income: \$ _____

Marital Status: Married Divorced/Separated Common Law Single Widow

Spouse/Common Law: _____ Relationship: _____
LAST NAME FIRST NAME

Gross Income: \$ _____

Household Members: (List the name, age, relationship, and gross income of all persons who permanently reside in your home)

Name: _____ Age: _____ Relationship: _____ Gross Income: \$ _____

Name: _____ Age: _____ Relationship: _____ Gross Income: \$ _____

Name: _____ Age: _____ Relationship: _____ Gross Income: \$ _____

List all the equipment or services for which financial assistance is being requested from the Charity?

Request No. 1

Equipment or Service: _____

VENDOR \$ FIRST ESTIMATE VENDOR \$ SECOND ESTIMATE

Request No. 2

Equipment or Service: _____

VENDOR \$ FIRST ESTIMATE VENDOR \$ SECOND ESTIMATE

What's the store closest to you that sells President's Choice® Products?

STORE NAME STORE MANAGER

STORE ADDRESS CITY

Where did you hear about us? _____

What other funding sources you have accessed:

Employer Extended Health Care Benefits: Yes No Amount of funding: \$ _____

Other: _____ Yes No Amount of funding: \$ _____
NAME OF AGENCY

Calculation of request for financial assistance:

A.	Estimated Cost of Equipment/Service:	\$ _____ WRITE IN AMOUNT FROM PREFERRED VENDOR QUOTE
B.	Other Funding:	\$ _____ WRITE IN AMOUNT
C.	Parent Contribution:	\$ _____ WRITE IN AMOUNT
D.	Total Remaining:	\$ _____ CALCULATE AMOUNT (A – B – C = D)

Release of Information

I agree that President’s Choice® Children’s Charity may:

- Contact vendors, once funding has been approved for the equipment/service being requested in this application, for the purpose of facilitating grant payments.
- Carry out inquiries and provide and release pertinent information for the purposes of confirming or clarifying the information submitted, processing this application or addressing an application.
- Use/publicly display the child’s first name, grant amount, purpose of grant, for the purpose of raising awareness of President’s Choice® Children’s Charity.
- Contact me for the following purposes:
 - To obtain feedback on the grant(s) I received from President’s Choice® Children’s Charity.
 - To advise me of new information or services that may be of interest to me.
 - To solicit my view on services or policies affecting people with disabilities.
 - To provide me with an opportunity to contribute to President’s Choice® Children’s Charity.
- Disclose any/all of the information in this application to such parties for the purposes set out above.

Release and Waiver

I hereby release and indemnify and save harmless, on behalf of myself and the child referenced in this application, President’s Choice® Children’s Charity and its employees and the third parties referred to above from and against any and all expenses, claims, demands, liabilities, losses, costs, damages, actions, suits or other proceedings of any nature or kind, whomsoever sustained, brought or prosecuted in any manner whatsoever relating to this application or any funding resulting here from, including without limitation based upon, occasioned by or attributable to the negligent act or omissions or the willful or reckless misconduct of the vendor/ contractor in its fulfillment or utilization of the funds provided by President’s Choice® Children’s Charity. President’s Choice® Children’s Charity acts solely as a third party funder and as such has no role in: prescribing or recommending equipment; selecting a vendor/contractor; and the relationship between the parent and vendor/contractor. Payment from President’s Choice® Children’s Charity is not an acknowledgement that the work or equipment is or will be acceptable.

Certification

I _____ hereby agree to the above and acknowledge that I have read the President’s Choice® Children’s Charity Guidelines for Financial Assistance. I certify that the information provided in this application is true, correct and complete to the best of my ability and the equipment/service has not been received.

Guardian Signature: _____ Date: _____

- Please review this application form to ensure all information and supporting letters/documentation is provided.
- Ensure to keep a copy for yourself.

If you have any questions about this application or whether President’s Choice® Children’s Charity funds certain equipment/service, you can contact us at **1-866-996-9918** or by email at **pccharity@loblaw.ca**.

Confidentiality Policy

The President’s Choice® Children’s Charity (PCCC) is committed to protecting the privacy and the confidentiality of the personal information collected by PCCC, from our employees, donors, clients (PCCC families) and volunteers. Any release of information permitted herein shall be on the basis that the recipient shall treat such information in a confidential manner and in accordance with applicable privacy legislation and PCCC shall not be responsible for the acts of such recipient.