

Guidelines for Financial Assistance

Aaron's Apple provides direct funds for medication and patient amenities for chronically ill children. For many chronic illnesses, the only option to ease the suffering of these children comes in the form of extremely highly priced medical treatments. Some families are fortunate enough to have insurance that covers such medications and treatments. It is devastating to know, however, that many who are uninsured, or do not have the financial means, cannot help treat their child's illness, or ease the intolerable pain that their child is experiencing.

Aaron's Apple provides families with the ability to have their child's medication funded. No child should ever have to suffer, and no parent should ever have to watch their child suffer because they cannot afford to pay for treatment.

Eligibility Requirements

- The need for financial assistance must result from extraordinary costs, which are incurred directly as a result of the child's illness.
- The child must be diagnosed by a Canadian Medical Practitioner with a serious illness.
- The child must be 18 years of age or younger.
- The child and parent or guardian must be a Canadian Citizen or Landed Immigrant.
- The family should have used up all other financial resources available to them, including personal resources, as well as funding from government, Trillium, hospital assistance, or drug company benefits (proof required).

Policies and Guidelines

- Aaron's Apple does not duplicate existing government and community support programs. Families should access available community services before contacting Aaron's Apple.
- Aaron's Apple is to be considered a last resort. Social service agencies, hospitals, treatment centres etc. must apply to their own internal funds first and confirm that this has been done.
- The Application for Financial Assistance should be submitted and approved before the item or service is purchased or received. If the application is approved and an invoice is received with the date of purchase before the approval date, then the funding will not be granted. (Some exceptions may apply if within 6 months prior.)
- All sources of income must be declared and documentation provided.
- All bills or receipts submitted must be in the child or parent or guardian's name.
- Aaron's Apple ability to fund eligible applications depends on the availability of funds. If Aaron's Apple does not have sufficient funds at the time of the application; the application may be held for a later date.
- The amount of funding assistance may vary, based on the cost of the medication or treatment, however, funding assistance is limited to a maximum of \$5,000 per year per child.
- If any information is missing, or if the application is incomplete, it will result in a delay in processing.
- Funding approval is valid for 12 months from the date of approval. If the funds are not accessed within this time period, the request is closed.
- Gifting policies may be changed by Aaron's Apple at any time without notice.

Aaron's Apple Funds: (Please note: if NOT listed, then we cannot assist)

- Medication
- Special formula (e.g. Elemental)
- Nutritional Supplements (*up to \$500 per year)
- Trillium Drug Plan Deductible
- Special dietary needs
- Medication costs when families are awaiting government coverage approval
- Costs for supplies and equipment related to medications (e.g. Diabetes)
- Short term medication costs (e.g. for some Oncology children who require expensive medication GCSF to boost WBC)

Aaron's Apple Does NOT Fund:

- Household costs (e.g. rent, mortgage, groceries)
- Therapies (e.g. Speech therapy, Physiotherapy, behavioural, etc.)
- Specialized care (e.g. Nursing, daycare, respite)
- Equipment for physical disabilities
- Treatment for such conditions as ADD, Asthma, Dyslexia, Learning disabilities, etc.
- Education and educational materials
- Communication devices
- Hospital costs (e.g. Accommodation, transportation, parking, out of country treatment, etc.)

Note: For Hospital and treatment costs at SickKids Hospital in Toronto, please ensure that you have accessed support from the Patient Amenities Fund first. Contact a member of your team (nurse or social worker) to assist with access to this resource.

Policies and Guidelines

- The parents or the guardian of the child may apply for financial assistance.
- A Social Worker or Healthcare Professional may apply on behalf of the family however, the family must provide all necessary supporting documents.
- Complete the Application for Financial Assistance form.
- Include copies of all required documents. There is a checklist on the back page of the Application form. Fill in the checklist and attach it to the completed application.

You must be able to provide the following paperwork confirming all Sources of Income:

- Proof of family income [This is shown on line 150 of the CRA Notice of Assessment(s) of the child's parent(s) or supporting guardian(s)]
 - The most recent Notice of Assessment(s) from Canada Revenue Agency for all family members over 18 years of age, in the household.
 - Page 1, 2 (also 3 if e-filed) of your Income Tax Return that you filed with Revenue Canada.
 - NOTE: If you have not filed your income tax return, a copy of all of your current T4s.
- A copy of your most recent cheque stub for Social Assistance, Employment, or Employment Insurance payment.
- A copy of your Record of Employment (ROE), if you have been laid off since your last income tax return was filed.
- If you are self-employed, a copy of your T2125 showing all write-offs against your business.
- If no income is declared, please provide a letter stating how expenses are being met in the absence of any income.

If any information is missing or the application is not complete, it will result in a delay in processing the request.

Mail, fax or email all required documentation to:

Aaron's Apple
258 Wilson Ave.
Toronto, Ontario
M3H 1S6
Fax #: 416.628.1597
Email: mandy@aaronsapple.com

Make sure to include:

- ✓ Application for Financial Assistance
- ✓ Application Checklist
- ✓ Required documentation

Once Aaron's Apple receives the completed application and ALL documentation, we may contact the applicant to verify the information provided. Other organizations and individuals may also be contacted to verify information.

All requests will be processed as soon as possible, however, please allow sufficient time for your request to be processed.

You will be notified as soon as a decision has been made.

Important Note: Aaron's Apple may change any of the information contained in this package at any time without notice. If you have any questions, please contact our office at 647.430.5933 ext. 9 or email janet@aaronsapple.com. Current applications are available online at www.aaronsapple.com



Date of Request _____ / _____ / _____
(month) (day) (year)

Application for Financial Assistance

Submitting this request gives Aaron's Apple permission to contact organizations and individuals which you provide on the application.

NOTE: If this request can be taken care of by another government program, service agency or organization, please do not apply.

Please read APPLICATION GUIDELINES and review the application before filling out this form.

Child and Family Information

Child _____
Last Name First Name Middle Initial

Birth date _____ / _____ / _____
Month / day / year Male _____ Female _____

Medical Diagnosis _____

What care facility or hospital has your child received treatment from? _____

Mother _____
Last Name First Name

Father _____
Last Name First Name

OR Legal Guardian _____
Last Name First Name

Marital Status Married _____ Divorced/Separated _____ Common-law _____ Single _____ Widowed _____

Street Address _____ Apt./Unit #: _____

City _____ Province _____ Postal Code _____

Home Telephone (____) _____ - _____ Work Telephone (____) _____ - _____ Ext _____

Cell Number (____) _____ - _____ Email _____

Does this child live with you? Yes _____ No _____

Number of people living in the child's home _____ Ages of siblings _____

If you are applying on behalf of the family, please complete (Community or Healthcare Professional)

Name _____ Relationship to Child _____

Organization/Agency Name _____

Telephone (____) _____ - _____ Ext: _____ Fax: (____) _____ - _____

Email _____

Signature _____

Request for Assistance Information

Purpose of Funds (Describe each medication you need and attach a cost quote and recommendation. If you need more than one medication, please state which is the most critical.)

Will the child be denied treatment if you are not able to obtain funding from Aaron's Apple?

Yes _____ No _____ (If you are unsure, please contact the service provider before submitting this application.)

Do Employer Health Care Benefits cover this? Yes _____ No _____ Amount \$ _____

Does Private Insurance cover this request? Yes _____ No _____ Amount \$ _____

Have you contacted or applied to any other organizations for this request Yes _____ No _____ If yes, provide details

Financial Information (All blanks must be filled in with \$ amount or \$0)

Household total Annual Income Mother \$ _____ Father \$ _____ or Guardian \$ _____
(Salary before taxes and deductions – Line 150 of CRA Notice of Assessment or line 150 on page 2 of T1)

Other Income (Monthly Amount)

Child Support \$ _____ Canada Child Tax Benefit \$ _____ Child Disability Benefit \$ _____

Ontario Child Benefit \$ _____ National Child Benefit Supplement \$ _____

Social Assistance \$ _____ Employment Insurance \$ _____

Are you Self Employed? Yes ___ No ___ (If Yes, include a copy of your T2125 showing all write-offs against your business)

Are you a new resident to Canada? Yes ___ No ___ (If Yes, a copy of your record of landing is required)

Other Funding

Have you applied to Trillium? Yes _____ No _____ If yes, Amount of Funding \$ _____

Do you receive ODB benefits? Yes _____ No _____

Has your family work status or income changed over the past year? Yes ___ No ___ (If yes, provide details below and how this impacts your financial situation.)

I certify that the information provided on this application is true, correct, and complete to the best of my ability.

Name of Parent/Legal Guardian (please print)

Signature

Date

How did you hear about Aarons Apple? _____

Have you applied to Aarons Apple before? Yes _____ No _____ If yes, when _____

Authorization / Release for Thank you Letters and Photos

We love to receive photos, drawings, and notes from the families that we assist. It is important for Aaron's Apple to be able to communicate with our supporters and donors, what life is like for your sick child and you as a family.

Please let us know if Aaron's Apple may use your photos, artwork, notes, child's first name (**only**), age and nature of their illness for awareness and promotional purposes.

Yes _____ No _____

Please note: If your letter is used, only first names will appear. Any last names or addresses will not be used.

Yes _____ No _____ Would you or your child be interested in speaking occasionally about your Aaron's Apple experience at fundraising events or with media to benefit Aaron's Apple?

Please note that your consent is not mandatory. We respect the privacy of each person in our program. This form makes it easier for us to know which photos and stories we are able to use. Thank you for your participation.

Child's Name

Date

Name of Parent/Legal Guardian (please print)

Signature

Privacy Policy

Aaron's Apple makes every effort to ensure that any individual's personal information is protected and properly handled. The information you provide on this application is only used for the purpose of determining eligibility. It is reviewed and handled by only those designated and authorized to do so within the Aaron's Apple office.

If your application is granted and a file is created, your secure file will be stored at our office location for seven years (for audit purposes) before being shredded. Minimal information is also kept indefinitely on our secure database.

If you have a concern or inquiry regarding our Privacy Policy or our privacy practices, please call our office at 647.430.5933 ext.9 or email janet@aaronsapple.com

APPLICATION CHECKLIST

Checklist for Applying for Financial Assistance (please check off the boxes as you have completed)

- Complete the Application for Financial Assistance form. All sections of the application must be completed or marked "N/A" if it does not apply to your family.
- Sign and Date the application. If you are applying on behalf of the family, ensure that you have a parent or legal guardian sign the application. If they are not available at the time of completion, please forward a signed copy to our attention, as soon as possible.
- Provide a copy of a licensed Canadian medical practitioner's diagnosis of the child's serious illness.
- Provide a letter from the child's medical professional supporting the request.
- Provide a quote from the vendor/supplier for the medication or items that you are requesting funding/assistance for.
- Provide information on any funds that you are able to contribute.
- Provide any other documents not listed above that would assist the charity in making a decision.
- Complete and sign the Authorization/Release for Thank you Letters and Photos.

Provide the following documents confirming all Sources of Income (for both parents/guardians and anyone over 18 in the household)

- A copy of YOUR most recent Notice of Assessment(s) from Canada Revenue Agency.
- A copy of T1 General pages shown or similar pages of YOUR tax return sent in to Revenue Canada (most current).
- If you are applying during the first four months of the year and have not filed your income tax return, provide a copy of your current T4's.
- A copy of your most recent cheque stub for Employment, Social Assistance or Employment Insurance payment.
- A copy of your Record of Employment (ROE), if you have been laid off since your last income tax return was filed.
- If you are self-employed, a copy of your Statement of Business or Professional Activities (T2125) showing all write-offs against your business. We also require documentation showing write-offs against any rental income you may have.
- Documentation showing child support and spousal support (if applicable attach yours).
- If no income is declared, provide a letter stating how expenses are being met in the absence of any income, and provide supporting loan/bank statements to support this.