MARCH OF DIMES CANADA | LA MARCHE DES DIX SOUS DU CANADA

Home and Vehicle Modification Program
Applicant Assessment Form

Home and Vehicle Modification Program

The Home and Vehicle Modification Program (HVMP) provides financial assistance to eligible Ontario residents with disabilities who require modifications to a home or vehicle. Individuals and families may apply for funding to assist children and adults with disabilities that restrict mobility to continue living safely in their homes, avoid job loss and participate in their communities. The HVMP is delivered by March of Dimes Canada on behalf of the Government of Ontario.

The Home and Vehicle Modification Program (HVMP) is intended to help those people most in need of assistance. Applicants to the HVMP must first access any other sources of available public or private funding before being considered eligible. Applicants with financial means are required to make a contribution towards the cost of modifications.

The program receives a large number of applications. In the event that the program funding available will not cover all of the requests for modifications received from eligible applications, approvals for funding will be based on the priority criteria. The Applicant Assessment Form will help to identify those individuals in greatest need of assistance.

For those interested in applying to the program, it is recommended that you review the Program Guidelines found on our website at www.marchofdimes.ca or call our office to request a copy at 1-877-369-4867.

General Program Criteria

In order to be eligible to receive funding from the Home and Vehicle Modification Program (HVMP), applicants must meet the following program criteria:

- **You must be a permanent Ontario resident.**
  If you are living in Ontario on a Student Visa or another type of Temporary Visitor's permit / Visa, you would not meet this program criterion.

- **You must have an ongoing or recurring disability / impairment that is anticipated to last more than one year.**
  If you are expected to have a full recovery from your impairment within the year, you would not meet this program criterion.

- **Your disability / impairment impedes mobility and results in substantial restrictions in activities of daily living (e.g. personal care and functioning in the community).**

If you do not meet the above program criteria, you are not eligible for assistance from the Home and Vehicle Modification Program (HVMP). You may choose not to proceed with completing this Applicant Assessment Form.

MARCH OF DIMES CANADA | LA MARCHE DES DIX SOUS DU CANADA

Home and Vehicle Modification Program
Applicant Assessment Form

Client Contribution Requirement (Financial Calculation Worksheet)

Eligible Applicants may quality for up to $15,000.00 towards a home and/or vehicle modification.

Applicants to the Home and Vehicle Modification Program (HVMP) with gross annual income(s) of over $35,000.00 may be required to make a contribution towards the cost of the requested home and/or vehicle modification(s).

The revenue of spouses / common law partners / life partners is considered in determining the amount of the Client Contribution required. In circumstances where the individual with the disability / impairment is a child (under the age of 18), the parents' combined income is considered.

To determine if a contribution is required, your gross income is first reduced by allowable deductions claimed on your personal income tax return, such as child care expenses, attendant care expenses, support payments, amounts for infirm dependents 18 years or older, disability amounts and medical expenses. The amount of 'residual income' over the $35,000.00 contribution threshold will determine how much you would be required to contribute. The higher your residual income, the greater the required contribution toward the cost of the modification(s).

This information is taken from your T1 Income Tax Return Form, your T1 Tax Return Summary, or your Notice of Assessment from Revenue Canada. Copies of these tax documents will be required at a later date for verification purposes.

Included is a Financial Calculation Worksheet that outlines the various Income Tax Return lines that may be taken into consideration. This worksheet will be used to determine if you will be required to make a contribution and how much. Enter the appropriate amounts on the respective lines of the worksheet. Applicants with combined gross annual income greater than $35,000.00 will be required to complete a Financial Calculation Worksheet.

Note: Applicants (a person with a disability or family member / host family applying on behalf of a person with a disability) who are in receipt of ODSP Income Support, Ontario Works, or the Old-Age Security Guaranteed Income Supplement as their only source of income are not required to make a contribution and do not need to complete the Financial Calculation Worksheet.

If a contribution amount is identified, this amount is deducted from the maximum funding available from the Home and Vehicle Modification Program. The balance is considered for possible financial assistance.

It is your responsibility to arrange for additional funding assistance to meet the contribution amount required if you are not able to provide it yourself.

MARCH OF DIMES CANADA | LA MARCHE DES DIX SOUS DU CANADA

Home and Vehicle Modification Program
Applicant Assessment Form

Information provided on the Applicant Assessment Form will help determine your eligibility for financial assistance from the Home and Vehicle Modification Program. All questions should be answered by, or on behalf of, the person with the disability who is referred to as the 'Applicant.'

Please read carefully and answer all questions. Applicants may be asked to provide additional documentation to support the information provided.

Are you applying for:	☐ Home modification funding?	☐ Vehicle modification funding?	☐ Both Home and Vehicle modification funding?

Applicant Information (all fields are required)

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.		Date of Birth: *(mm/dd/yy)*
First Name:	Initial:	Last Name:

Street No:	Street Name:	Apt No:

City:	Prov:	Postal Code:

Telephone Number: ( )	Fax Number: ( )	E-mail Address:

Designated Contact Person

Should the Applicant not wish to manage the request, the following person is appointed. If the Applicant is under the age of 18, an adult must be identified here.

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

Full Name: *(please print)*

Telephone Number: ( )	Fax Number: ( )	E-mail Address:

Relationship to Applicant:

Date: *(mm/dd/yy)*	Signature of Applicant:

General Program Criteria (All questions below must be answered)		
1. Are you a permanent Ontario resident?	☐ Yes	☐ No
2. Do you have a disability, or an ongoing or recurring impairment anticipated to last more than one year?	☐ Yes	☐ No
3. Does your disability / impairment restrict mobility and result in substantial restrictions to daily living activities e.g. self-care and functioning in the community?	☐ Yes	☐ No
4. Are you and your spouse / common law partner / life partner in receipt of ODSP, OAS, or Ontario Works as your only source of income? a. If Yes, proceed directly to the Client Authorization section on Page 6 to provide your signature. Then proceed to Page 7 to continue. b. If No, complete the Client Contribution Requirement form on the next page before proceeding.	☐ Yes	☐ No

Financial Calculation

The financial calculation is used to determine if there is a required applicant contribution based on income. The Contribution Worksheet referred to in this section is located on page 3.

Income used for calculation:

- Applicant
- Spouse / Common Law Partner / Life Partner, if applicable
- both parents' incomes for Applicants under age 18. In single parent situations (single parent, divorced, or widowed), only the income of the single parent is considered.

Document(s) required to complete the Contribution Worksheet:
(use most recent taxation year)

- T1 Income Tax Return Form
- T1 Tax Return Summary or
- Notice of Assessment from Revenue Canada (as it relates to income)

Individuals not required to complete the Contribution Worksheet include:

- single Applicant in receipt of ODSP, Ontario Works or Old Age Security / Guaranteed Income Supplement
- Applicant and spouse both in receipt of either ODSP, Ontario Works, or Old Age Security / Guaranteed Income Supplement

If you are not required to complete the Contribution Worksheet, please indicate the source of income for yourself / spouse on the Contribution Worksheet page. NB - If your spouse is not in receipt of ODSP, Ontario Works, or Old Age Security, he / she must declare his / her income.

MARCH OF DIMES CANADA | LA MARCHE DES DIX SOUS DU CANADA

Home and Vehicle Modification Program
Applicant Assessment Form

Contribution Worksheet Tax Year used: _____	**Applicant/ Parent**	**Spouse/ Parent**
(Line 150) Total Income	**$**	**$**
Allowable Deductions:		
(Line 212) Annual union, professional or like dues		
(Line 214) Child Care Expenses		
(Line 215) Attendant Care Expenses		
(Line 220) Support Payments		
(Line 306) Amounts for Infirm Dependents 18+ years		
(Line 308) Canada Pension Plan contributions *(employed)* **OR** (Line 310) Canada Pension Plan contributions *(self -employed)*		
(Line 312) Employment Insurance Premiums		
(Line 316) Disability Amount **OR** (Line 318) Disability Amount transferred from dependent (other than spouse)		
(Line 330) Medical expenses		
Dependent Children Allowance: *(For children under 18 who live at home. Only one parent may claim.)* 1 Child = $4,140 2 Children = $6,840 3 Children = $8,976 4 or more = $10,728 **Note:** Persons claiming (Line 220) Support Payments cannot also claim from this box – in fairness, use the amount that is greater of the two items.		
TOTAL DEDUCTIONS (add all deductions above)	**$**	**$**
SUBTRACT TOTAL DEDUCTIONS FROM TOTAL INCOME:	**A $**	**B $**

ASSESSED INCOME (A + B)	**C $**
CONTRIBUTION THRESHOLD	**D $ 35,000.00**
RESIDUAL INCOME (C – D) (if negative, enter zero)	**E $**
CLIENT CONTRIBUTION Multiply the amount on line E by percentage of residual income outlined in Applicant Contribution Percentage Chart (on the following page). If less than $100.00, enter zero. If greater then $100.00, contribution will be deducted from the Program's maximum funding.	**F $**

Client Contribution Percentage Chart

The following chart outlines the percentage to use to determine the Client Contribution Requirement toward the cost of the requested modification(s). This chart is a reference for completing the Contribution Worksheet (see page 5).

RESIDUAL INCOME (Line E in Contribution Worksheet)	**APPLICANT CONTRIBUTION LEVEL** % of Residual Income
$0	0%
$1 - $5,000	10%
$5,001 - $10,000	20%
$10,001 - $15,000	30%
$15,001 - $20,000	40%
$20,001 - $25,000	50%
$25,001 - $30,000	60%
Greater than $30,001	Not eligible for funding assistance

Client Authorization

I hereby certify that the information provided in this Applicant Assessment Form is true and correct to the best of my knowledge.

If it is determined that I am required to contribute financially to my requested modification(s), I am responsible for providing the Client Contribution amount to an agreed upon vendor according to the terms and conditions outlined in the written Grant Letter Agreement should funding assistance be offered.

Applicant Signature:	Date: *(mm/dd/yy)*
Signature of Spouse *(if applicable)*	Date: *(mm/dd/yy)*
Signature of Parent *(if applicable)*	Date: *(mm/dd/yy)*
Signature of Parent *(if applicable)*	Date: *(mm/dd/yy)*

Requesting Home Modification – please complete sections 1, 2, 5, 6 and 7

Requesting Vehicle Modification – please complete sections 1, 3, 4, 5, 6 and 7

Requesting both Home and Vehicle Modification – please complete all sections of this Application Assessment Form

Please read the questions and response choices carefully. Select the answer which best describes your current situation. Check only one response for each question.

Section 1 – Functional Mobility

1. Please check the answer which best describes your current mobility requirements:

☐	a.	Require assistance from others for all mobility, transfers, and personal care.
☐	b.	Have upper body strength / am able to independently transfer.
☐	c.	Use a wheelchair for all mobility, but need assistance with transfers.
☐	d.	Require use of a wheelchair and assistance in accessing community.
☐	e.	Use a cane / walker for short distances / within the home, but require a wheelchair / scooter for community access.
☐	f.	Use a cane / walker for all mobility within the home and community.
☐	g.	Do not use a mobility device.

Section 2 – Relocation Information *(complete this section if you are requesting Home Modifications)*

1. Did you have or know about your disability when you moved to your current address?

☐	a.	Yes – continue with Question #2
☐	b.	No – proceed directly to next Section
☐	c.	Did not move – proceed directly to next Section

2. Is your current address more accessible than your previous address? (e.g.: previous home was multiple levels and current home is one level; previous home had more barriers than current home does)

☐	a.	Yes, it is more accessible
☐	b.	Accessibility is the same
☐	c.	No, it is less accessible

3. Did you obtain any professional assistance (e.g.: occupational therapist; real estate agent; architect or builder familiar with accessibility concerns; professional engineer familiar with accessibility concerns) in locating suitable housing?

☐	a.	At least one professional service
☐	b.	More than two professional services
☐	c.	None

4. How long did your search for suitable housing take?

☐	a.	Moved in with family members for support
☐	b.	Less than 3 months
☐	c.	More than 3 months and less than 6 months
☐	d.	More than 6 months

5. How many homes did you view / consider?

☐	a.	None, moved in with family members for support
☐	b.	More than 10 homes
☐	c.	Between 6 to 9 homes
☐	d.	Less than 5 homes

6. Is your current community considered to be:

☐	a.	Rural / Small (population of less than 2000)
☐	b.	Urban (population of 2000 or more)

7. Was your previous community considered to be:

☐	a.	Rural / Small (population of less than 2000)
☐	b.	Urban (population of 2000 or more)

8. Why did you move?

☐	a.	Minor change in living situation directly related to my disability / impairment (e.g.: was living with family member for caregiving but moved in with different family member for caregiving)
☐	b.	Substantial change in living situation directly related to my disability / impairment (e.g.: death of primary caregiver and had to move to receive other caregiving; previous home was sold by owner; primary caregiver moved)
☐	c.	I wanted to move to a different location

9. Did you have access to an accessible transportation system at your previous home?

☐	a.	Yes
☐	b.	No

Section 3 – Transportation Needs *(Complete this section if you are requesting Vehicle Modifications)*

1. Do you have access to a local transportation system that provides services to individuals with disabilities?

☐	a.	Yes
☐	b.	No – proceed to Question #4

2. Have you ever used this location transportation system?

☐	a.	Yes – if so, did the transportation system:
	☐	i. Meet all of your transportation needs – proceed to Question #4
	☐	ii. Not meet all of your transportation needs – proceed to Question #4
☐	b.	No – proceed to Question #3

3. Why don't you use this local transportation system?

☐	a.	The system cannot address appointments made on short notice.
☐	b.	My medical appointments are outside of the system's service area.
☐	c.	The hours of service are outside of my essential needs.
☐	d.	I require someone with me at all times and the system will not accommodate this need.
☐	e.	I do not qualify or meet the system's criteria to use the system.
☐	f.	I don't know.

4. Do you live in a rural area or small centre without a public transportation system?

☐	a.	Yes
☐	b.	No

Section 4 – Nature of Trips *(Complete this section if you are requesting Vehicle Modifications)*

1. You have medical treatments as often as:

☐	a.	More than 4 times per year
☐	b.	Less than 4 times per year
☐	c.	At least 1 time per week
☐	d.	More than 2 times per week
☐	e.	At least 1 time per month

2. You are solely responsible for all essential errands for maintaining a household (e.g.: banking, grocery shopping).

☐	a.	Yes
☐	b.	No
☐	c.	Require constant care, must attend with caregiver

3. You are solely responsible for transportation of dependants for schooling, their medical treatments, etc.

☐	a.	Yes
☐	b.	No
☐	c.	Require constant care, must attend with caregiver

4. You would like access to the community for social purposes.

☐	a.	Yes
☐	b.	No

Section 5 – Use of Modified Area(s) of the Home / Vehicle

1. The modified area(s) will be used:

☐	a.	Once weekly
☐	b.	Once daily
☐	c.	Multiple times daily
☐	d.	Two to three times weekly

Section 6 – Personal and Family Supports

Please answer the appropriate sub-section from the perspective of the person with the disability. Consider all of the individuals who live in the same home and select the statement that best suits the Applicant's current living situation.

I am a single parent / guardian and … (e.g.: NO spouse / common law partner / life partner)

☐	a.	I have no other supports available; I am responsible for my own daily care and that of my dependant(s) who do not have a disability.
☐	b.	I have no other supports available; I am responsible for my own daily care and that of my disabled dependant(s).
☐	c.	I have external support / care at scheduled times or when needed for my daily care and that of my disabled dependant(s).
☐	d.	I have support from others living in the same home for my daily care as well as providing support to my dependant(s) who do not have a disability.
☐	e.	I have support from others living in the same home for my daily care as well as providing support to my disabled dependant(s).

OR

I am under the age of 18 and …

☐	a.	I live with both parents who provide me with my daily care.
☐	b.	I live with both parents who provide me with my daily care; they are also responsible for my sibling(s) who do not have disabilities.
☐	c.	I live with both parents who provide me with my daily care; they are also responsible for providing support to my disabled sibling(s).
☐	d.	I live with only one parent who provides me with my daily care; he/she is also responsible for my sibling(s) who do not have disabilities.
☐	e.	I live with only one parent who provides me with my daily care; he/she is also responsible for providing support to my disabled sibling(s).
☐	f.	I live with only one parent who provides me with my daily care.
☐	g.	I live with my parent(s) who also have disabilities; he/she provides me with my daily care as well as their own.

OR

I am over the age of 18 and … (e.g.: adult child; have spouse / common law partner / life partner)

☐	a.	I live with others who are not able to provide me with support for my daily care; I have no other supports available.
☐	b.	I live with another adult; I am responsible for my own daily care and that of the other adult.
☐	c.	I live alone and have external support care come in at scheduled times / when needed.
☐	d.	I live with others who are able to provide me with support and/or care.
☐	e.	I live alone and am responsible for my own daily care; I have no other supports available.
☐	f.	I live with others and we share the responsibility for my daily care.
☐	g.	I live with other disabled adult(s); we share the responsibility for our disabled dependant(s) and our own daily care; we have no other supports available.
☐	h.	I live with others and we share the responsibility for our disabled dependant(s) and my own daily care.
☐	i.	I live with others and we share the responsibility for my own daily care and that of another adult dependant.
☐	j.	I live with other disabled adult(s); we share the responsibility for our disabled dependant(s); we have external support / care which comes in at scheduled times or when needed.

Section 7 – Improvement of Current Situation

Select only one of the following statements that would best suit your accessibility / mobility restrictions if the modification(s) were done:

☐	a.	I would be able to access essential and frequent medical appointments that are required to prolong my life – an example would be: dialysis appointments.
☐	b.	I would not have to move to a hospital / institution / long term care as I have no support available to provide me with assistance in life threatening situations.
☐	c.	I would be able to complete essential activities of daily living. I have limited support available to assist me with these activities.
☐	d.	I would be able to continue with responsibilities for myself and/or my children.
☐	e.	I would be able to keep my current job.
☐	f.	I would be able to return home from the hospital / institution where I am currently residing. Expected discharge is within the next 2 months.
☐	g.	I would be able to return home from the hospital / institution where I am currently residing. Expected discharge is longer than 2 months.
☐	h.	My primary caregiver / parent will be able to maintain their current job.
☐	i.	My access to and within the home or vehicle would be enhanced. I do have support available for assistance at this time.

March of Dimes Canada Privacy Statement *(Please Read Carefully)*

March of Dimes Canada (MODC) is committed to protecting the integrity and privacy of ones personal information under our control. Among other things, MODC has adopted the Ethical Fundraising & Financial Accountability Code (Code) developed by the Canadian Centre for Philanthropy. MODC also has adopted practices and procedures, which give effect to the ten privacy principles contained in the federal Personal Information Protection and Electronic Documents Act (PIPEDA). MODC staff and volunteers have been trained on these practices and procedure and they have signed confidentiality agreements with MODC. The personal information about you and your family member(s) is used for the purposes of:

i) Administering the Home and Vehicle Modification Program, including processing your application(s) for funding assistance
ii) Contacting you about the status of your application(s)
iii) Obtaining feedback about March of Dimes Canada services you receive
iv) Providing information about March of Dimes Canada to you and others
v) Complying with the laws and regulations that require the collection, use and disclosure of personal information in connection with the Home and Vehicle Modification Program

The personal information collected about you and your family member(s) includes information supplied by you in your application for funding assistance and any additional or updated information which we may collect from you in the future. MODC has guidelines and procedures to govern the destruction of personal information. Care is exercised in destruction of personal information to prevent unauthorized access.

March of Dimes Canada Release of Information Consent *(Please Read Carefully)*

March of Dimes Canada is pleased to serve you. From time to time we are interested in receiving your feedback and would like to send you information to help us better serve you. Our Quality Service policy is …

"*to ensure that anyone affiliated with March of Dimes Canada recognizes all internal and external contacts as customers and is committed to delivering Quality Service to each and every one of them*".

In the future, we may wish to contact you for one or more of the reasons listed below. Please check off those that you agree with. This will help us continue to offer you quality service and respect your privacy and personal wishes.

- ☐ To participate in surveys on services I receive from March of Dimes Canada.
- ☐ To advise me of new information or services that may be of interest to me.
- ☐ To provide me with a volunteer opportunity.
- ☐ To obtain my opinion on services or policies affecting people with disabilities.
- ☐ Do not contact.

Please submit your complete Applicant Assessment form to the Home and Vehicle Modification Program at the address below. Ensure that all required questions are answered and that the form has been signed and dated. Incomplete forms cannot be processed.

The mailing address is:

March of Dimes Canada
Home and Vehicle Modification Program
291 King Street, 3rd Floor
London, Ontario N6B 1R8

Fax #: 519-432-4923
Email address: hvmp@marchofdimes.ca

Thank you.