

President's Choice 

children's charity

GUIDELINES FOR FINANCIAL ASSISTANCE

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

Checklist for applying for Financial Assistance

- Complete the Application for Financial Assistance Application form.
- Provide a letter telling us about your child, the family situation, what the need is and how our funds will help.
- Provide a photocopy of your child's Canadian birth certificate or permanent residence card.
- Provide documentation confirming that the household gross income, as shown on line 150 of the CRA Notice of Assessment(s) of the child's parent(s)/supporting guardian(s) and their respective spouse/common law partner is below \$70,000.00 (aggregate). The most recent Notice of Assessment(s) from Canada Revenue Agency **and** page 1 and 2 of the correspondent T1, or a copy of the cheque stub(s) from your most recent Social Assistance payment are required.
- Provide a copy of a licensed medical practitioner's diagnosis of your child's disability.
- Provide a letter from a secondary party (i.e. from a social agency, occupational or physio therapist that helps with your child) supporting the request and giving an independent view of the family situation.
- Provide two quotes (if available) from vendor/supplier on the cost of the item for which funds are being requested.
- Provide information on any funds that you have secured or are seeking from other sources.
- Provide information on any funds that you are able to contribute.

Granting Policies

- Funds are for use only in Canada.
- Child must have a permanent residence in Canada.
- Child must be 18 years of age or younger.
- 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. Funds available are based on donations 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 although granting may not be based solely on waiting list order).
- The Application for Financial Assistance form must be submitted and approved prior to the equipment being ordered, purchased or services/programs received.
- Guardians should access all other sources of funding available to them prior to requesting funds.
- It is the family's choice of which vendor they would like to use, however if the higher quote is chosen then the family is responsible to pay for the difference between the two quotes.
- If any information is missing or the application is incomplete, it will be returned for completion resulting in a delay in processing the request.
- No additional funding for the same piece of equipment will be provided after funding is approved even if: other agencies have not fulfilled their approved funds or changed their funding criteria; items were missed in the quote; increase in size of item; additional items are required for equipment.
- Funding approval is valid for **6 months** from date of approval.
- 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 family is responsible to order the equipment or schedule the service after receiving our approval letter.
- Payment is made to the vendor not the family.
- Granting policies may be changed by PCCC at any time without notice.
- Applicants agrees that the decisions of PCCC are final and that PCCC accepts no liability in such regard.

- 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:

President's Choice Children's Charity
400 Sainte-Croix Avenue
Ville Saint-Laurent, PQ 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. The following are some of the requests we currently do not fund:

THERAPIES

Lipid replacement therapy
Hemispheric integration therapy
Hyperbaric Oxygen therapy
Osteopathy and Neuro-functional reorganization therapy
Naturopathy/Supplements
Music therapy

EQUIPMENT

Vail Beds
Swimming pools

DIAGNOSIS

Attention-deficit hyperactive disorder
Mood disorders
Obsessive-compulsive disorders
Dyslexia
Learning Disabilities

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

If you have any questions about the application or whether we fund certain items/services, please do not hesitate to contact us at **1-866-996-9918** or by email at **pccharity@loblaw.ca**

President's Choice 
children's charity

APPLICATION FOR FINANCIAL ASSISTANCE

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

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email Address: _____
WORK: HOME:

Diagnosis: _____

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

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

Marital Status: Married Divorced/separated Common-law Single Widow

Spouse/Common-law: _____ Relationship: _____
LAST NAME FIRST NAME

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 _____
Name _____	Age _____	Relationship _____	Gross Income _____
Name _____	Age _____	Relationship _____	Gross Income _____

Equipment/Service Requested: _____

Estimated Cost of Equipment/Service \$ _____

Vendor(s): 1. _____ 2. _____
NAME OF VENDOR NAME OF VENDOR

STORE LOCATION
 What is the store closest to you that sells President's Choice products? _____
STORE NAME ADDRESS / CITY STORE MANAGER

Other funding sources you have accessed.

Employer Extended Health Care Benefits	Yes	No	Amount of Funding \$ _____
Private Insurance	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	\$ _____ <small>WRITE IN AMOUNT FROM PREFERRED VENDOR QUOTE</small>
B) Other Funding	_____ <small>WRITE IN AMOUNT</small>
C) Parent Contribution	_____ <small>WRITE IN AMOUNT</small>
D) Total Remaining	_____ <small>LINE A - B - C = D</small>

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 for the purposes of confirming or clarifying the information submitted, processing the application or addressing an application.
- Contact me for the following purposes:
 - To obtain feedback on the services I received from PCCC.
 - 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 PCCC.
- Disclose any/all of the information in my application to such parties for the purposes set out above.

I instruct and authorize President's Choice Children's Charity to provide and release any pertinent information to _____ after President's Choice Children's Charity

NAME VENDOR OF YOUR CHOICE

funding has been approved for the equipment/service being requested in this application.

RELEASE AND WAIVER

I hereby release and indemnify and save harmless President's Choice Children's Charity and its employees from and against any and all expenses related to all 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 herefrom, 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 the fulfillment of utilizing 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, recommending equipment, selecting a vendor/contractor and in the relationship between the parent and vendor. Payment from President's Choice Children's Charity is not an acknowledgement that the work or equipment was acceptable.

CERTIFICATION

I acknowledge that I have read the PCCC Guidelines for Financial Assistance and 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 the application form to ensure all information and supporting letters/documentation is provided.**
- **If any information is missing, the application will be returned for completion, resulting in a delay in processing your request.**
- **Ensure to keep a copy for yourself.**

If you have any questions about the 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 **pcccharity@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 PCCC shall not be responsible for the acts of such recipient. Details of our privacy policy are available on our website www.presidentschoice.ca/products/children_charity.aspx or by contacting the Privacy Officer at (800) 525-7868.