

## Protection (Privacy) of Consumer Personal Information

### Purpose

March of Dimes Canada (MODC) collects personal information for a variety of purposes including the delivery of services, fundraising, quality management, research, billing and meeting legal and regulatory requirements.

MODC utilizes several safeguard measures to protect personal information and keep it confidential and will not share any personal information with any third parties unless it is directly related to the delivery or enhancement of the services that MODC provides or unless a Canadian law requires it.

Personal information that is no longer required to fulfill the identified purposes will be destroyed, erased, or made anonymous. MODC has guidelines and procedures to prevent unauthorized access and to govern the destruction of personal information

The full MODC Personal Information Protection (Privacy) Policy is available on the MODC website or by request.

### Consent

I fully understand the reasons March of Dimes Canada (MODC) has requested my personal information and I give consent to MODC to use my personal information for the purposes outlined. I also understand that I may withdraw my consent at any time, subject to legal or contractual obligations and reasonable notice, and that MODC will inform me of the implications of such withdrawal.

<b>Consumer Name [SDM where authorized]</b> <i>(please print):</i>	Signature:	Date: <i>(mm/dd/yy)</i>
<b>Witness Name *</b> <i>(please print):</i>	Signature:	Date: <i>(mm/dd/yy)</i>
<b>Supervisor/Program Manager/Designate Name</b> <i>(please print):</i>	Signature:	Date: <i>(mm/dd/yy)</i>

\* Only required when consumer unable to sign on own



## Attendant Services Service Application

This form is consistent with Policy AS 02 01

<b>Applicant Name:</b>	<b>Office Use Only</b>
<b>Date:</b>	<b>Consumer #:</b>

### March of Dimes Canada Independent Living Office List

You may apply to more than one office and/or location. A separate application will have to be completed for Attendant Services and Acquired Brain Injury Programs. Please select all applicable locations and offices below:

**\*If an applicant declines an offer to one or more of their selected locations/offices, they will be removed from that location/office's waiting list and the date of decline will become the new date of application for all remaining applicable locations/offices.**

<b>LEGEND</b> <b>AS – Attendant Services</b> <b>ABI – Acquired Brain Injury</b> <b>OAS – Outreach Attendant Services</b> <b>OS – Outreach Services</b> <b>SHP – Supportive Housing Program</b> <b>CCH – Congregate Care Home</b> <b>Bdrm - Bedroom</b>	
LOCATIONS	OFFICES
<input type="checkbox"/> <b>Central Ontario</b> Independent Living Office Oak Ridges 13311 Yonge St, Suite 202 Richmond Hill, ON L4E 3L6 (905) 773-7758 x 6216 <b>1-800-567-0315 x 6216</b> Fax: (905) 773-3746	<b><u>Acquired Brain Injury Programs</u></b> <input type="checkbox"/> <b>Simcoe Region: ABI Community Outreach Groups</b> 190291 <input type="checkbox"/> <b>York Region: ABI Community Outreach Groups</b> 190291 <input type="checkbox"/> <b>York /Simcoe: York-Simcoe Brain Injury Services OS</b> 678191 <input type="checkbox"/> <b>Newmarket: Heritage East SHP ABI</b> 190191 1 bdrm, shared 2 bdrm <input type="checkbox"/> <b>Toronto: Cooperage St., ABI SHP</b> 233580 1 bdrm <input type="checkbox"/> <b>York Region: ABI OS</b> 190491 <input type="checkbox"/> <b>York Durham Aphasia Centre: Communication Groups</b> 191391 <input type="checkbox"/> <b>Fee for Service Program</b> <p>To apply to York Region Outreach Attendant Care or Supportive Housing Programs and Toronto Supportive Housing Programs, please download and complete the Attendant Services Application Centre (ASAC) application on the Centre for Independent Living Toronto (CILT) website at: <a href="http://cilt.ca/programs-and-services/asac/asac-application-and-guide">http://cilt.ca/programs-and-services/asac/asac-application-and-guide</a></p> <b><u>Attendant Services Programs</u></b> <input type="checkbox"/> <b>Richmond Hill: Observatory Towers SHP AS</b> 1,2 bdrm 233192 <input type="checkbox"/> <b>Markham: Kin Village SHP AS</b> 233191 1,2,3 bdrm <input type="checkbox"/> <b>York Region: OAS</b> 257191 <input type="checkbox"/> <b>Vaughan Congregate Care: CCH AS</b> 233197 1,3 bdrm <input type="checkbox"/> <b>Toronto: York University Independent Living Assistance Program (c/o York University) SHP AS</b> 233181 <input type="checkbox"/> <b>Toronto: Meynell House CCH AS</b> 233280 <input type="checkbox"/> <b>Toronto: Stephanie McCaul SHP AS</b> 233180 1 bdrm <input type="checkbox"/> <b>Toronto: Bloor St. SHP AS</b> 233380 1 bdrm <input type="checkbox"/> <b>Toronto: Cooperage St., AS SHP</b> 233580 1,2,3 bdrm <input type="checkbox"/> <b>Fee for Service Program</b>
<input type="checkbox"/> <b>Durham-East Ontario</b> Independent Living Office 6 Glenn Wood Place Brockville, ON K6V 2T3  1-888-252-9008 x6408 Fax: (613) 342-7636	<input type="checkbox"/> <b>Brockville/Smiths Falls: ABI</b> 233221 <input type="checkbox"/> <b>Brockville: AS SHP</b> 233121 1 bdrm <input type="checkbox"/> <b>Brockville-Leeds/Grenville/Lanark: OAS</b> 257121 <input type="checkbox"/> <b>Ottawa-Barrhaven: AS SHP</b> 233141 1, 2 bdrm <input type="checkbox"/> <b>Pembroke-Renfrew: OAS</b> 257141 <input type="checkbox"/> <b>Whitby: Dryden Heights SHP AS</b> 233194 1, 2 bdrm <input type="checkbox"/> <b>Oshawa: New Hope SHP AS</b> 233190 1, 2 bdrm <input type="checkbox"/> <b>Fee for Service Program</b>

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LOCATIONS	OFFICES
<input type="checkbox"/> <b>North Eastern Ontario</b> 96 Larch St., Unit 400 Sudbury, Ontario P3E 1C1  ABI Enquiries: (705) 671-3188  AS Enquiries: (705) 254-1099  Fax: (705) 671-6240	<u><b>Acquired Brain Injury Programs</b></u> <input type="checkbox"/> <b>Espanola:</b> ABI OS 190457 <input type="checkbox"/> <b>Elliot Lake:</b> ABI 190457 <input type="checkbox"/> <b>Sudbury Day Centre:</b> ABI 190456 <input type="checkbox"/> <b>Kirkland Lake/Tri Town Area:</b> ABI OS 190457 <input type="checkbox"/> <b>North Bay:</b> ABI OS 190457 <input type="checkbox"/> <b>Sault Ste. Marie:</b> ABI OS 190457 <input type="checkbox"/> <b>Sudbury:</b> ABI OS 190457 <input type="checkbox"/> <b>Timmins:</b> ABI OS 190457 <input type="checkbox"/> <b>Sudbury: Cherry Gardens</b> ABI SHP 190157 1 bdrm <input type="checkbox"/> <b>Sudbury Congregate Care:</b> 190157 <input type="checkbox"/> <b>Fee for Service Program</b>  <u><b>Attendant Services Programs</b></u> <input type="checkbox"/> <b>Sault Ste. Marie:</b> Cara SHP AS 233256 1,2 bdrm <input type="checkbox"/> <b>Sault Ste. Marie: Northern</b> SHP AS 233156 1,2 bdrm <input type="checkbox"/> <b>Sault Ste. Marie: Chapple St Seniors Program</b> AS 233356 <input type="checkbox"/> <b>Elliot Lake/Algoma:</b> OAS 257155 <input type="checkbox"/> <b>Sault Ste. Marie/Algoma:</b> OAS 257156 <input type="checkbox"/> <b>Fee for Service Program</b>
<input type="checkbox"/> <b>Southern Ontario</b> Independent Living Office  3340 Schmon Parkway Unit 1E  Thorold, ON L2V 4Y6 (905) 687-8484, x250 1-800-263-4742 Fax: (905) 685-6651	<input type="checkbox"/> <b>Haldimand Norfolk Region:</b> OAS 257150 <input type="checkbox"/> <b>Niagara Falls: Stamford Kiwanis</b> SHP AS 233345 1,2 bdrm <input type="checkbox"/> <b>Niagara-on-the-Lake: Niagara College</b> OAS 257645 <input type="checkbox"/> <b>Niagara Region:</b> OAS 257645 <input type="checkbox"/> <b>St. Catharines: Faith Lutheran</b> SHP AS 233245 1,2 bdrm <input type="checkbox"/> <b>St. Catharines: Brock University</b> OAS 257645 <input type="checkbox"/> <b>St. Catharines: Ridley Terrace</b> SHP AS 233145 1,2 + 3 bdrm <input type="checkbox"/> <b>St. Catharines: Scott Street</b> SHP AS 233445 1, 2 bdrm <input type="checkbox"/> <b>Welland: Proposed Future Supportive Housing Program</b> City of Welland <input type="checkbox"/> <b>Welland: Niagara College</b> OAS 257645 <input type="checkbox"/> <b>Fee for Service Program</b>
<input type="checkbox"/> <b>South Central Ontario</b> Independent Living Office  207-3228 South Service Rd Burlington, ON L7N 3H8  (905) 631-9683, ext 5105 1-866-631-9683 Fax: (905) 631-0038	<input type="checkbox"/> <b>Burlington / North Halton:</b> OAS ( 257116-Halton N.) <input type="checkbox"/> <b>Hamilton: Central Place</b> SHP AS 233417 1,2 bdrm <input type="checkbox"/> <b>Hamilton: Jason's House</b> CCH AS 233317 <input type="checkbox"/> <b>Hamilton:</b> OAS 257117 <input type="checkbox"/> <b>Hamilton: St. John's Place</b> SHP AS 233117 1,2 bdrm <input type="checkbox"/> <b>Hamilton: Villa Verdi</b> SHP AS 233217 1,2 bdrm <input type="checkbox"/> <b>Fee for Service Program</b>
<input type="checkbox"/> <b>South Western Ontario</b> Independent Living Office  1086 Modeland Road Building 1050 Sarnia, ON N7S 6L2 (519) 332-4702 x 5506 Fax: (519) 332-3961	<input type="checkbox"/> <b>Chatham / Kent:</b> OAS 257130 <input type="checkbox"/> <b>Chatham Tecumseh:</b> SHP AS 233130 1 bdrm <input type="checkbox"/> <b>Chatham: Riverway</b> SHP AS 233230 1 bdrm <input type="checkbox"/> <b>Chatham: McNaughton</b> SHP AS 233632 1 bdrm <input type="checkbox"/> <b>Drayton: Conestoga Crest</b> SHP AS 233126 1 bdrm <input type="checkbox"/> <b>Sarnia / Lambton:</b> OAS 257132 <input type="checkbox"/> <b>Sarnia: Standing Oaks</b> CCH AS 233332 <input type="checkbox"/> <b>Sarnia: Guernsey Gardens</b> SHP AS 233232 1 bdrm <input type="checkbox"/> <b>Sarnia: Ozanam Manor</b> SHP AS 233132 1 bdrm



**MARCH  
OF DIMES  
CANADA**

**LA MARCHE  
DES DIX SOUS  
DU CANADA**

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	<input type="checkbox"/> <b>Sarnia: Maxwell Park Place</b> SHP AS 233432 1,2 bdrm <input type="checkbox"/> <b>Wellington County:</b> OAS 257126 <input type="checkbox"/> <b>Fee for Service Program</b>
<input type="checkbox"/> <b>West Central Ontario</b> Independent Living Office 2227 South Millway, Suite 100 Mississauga, ON L5L 3R6 (905) 607-3463 Fax: (905) 607-9856	<input type="checkbox"/> <b>Brampton/Caledon:</b> OAS 257113 <input type="checkbox"/> <b>Brampton: Fletcher's View:</b> SHP AS 233113 1 bdrm <input type="checkbox"/> <b>Dufferin:</b> OAS 257119 <input type="checkbox"/> <b>Oakville: Oakville Supportive Living Centre</b> SHP AS 233116 1,2 bdrm <input type="checkbox"/> <b>Oakville:</b> OAS 257124 <input type="checkbox"/> <b>Mississauga: Britannia Place</b> SHP AS 233111 1,2 bdrm <input type="checkbox"/> <b>Mississauga:</b> OAS 257311 <input type="checkbox"/> <b>Mississauga: Surveyor's Point</b> SHP AS 233211 1,2 bdrm – 55 yrs + <input type="checkbox"/> <b>Mississauga: Weaver's Hill</b> SHP AS 233311 1,2 bdrm <input type="checkbox"/> <b>Mississauga: Windsor Hill</b> SHP AS 233411 1,2,3 bdrm <input type="checkbox"/> <b>Shelburne:</b> SHP AS 233112 1 bdrm <input type="checkbox"/> <b>Etobicoke: Seniors Supports for Daily Living Program</b> AS 233611– 65 yrs + <input type="checkbox"/> <b>Fee for Service Program</b>





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### Contact Information for Consent Source (if other than self):

Name (first & last):

☐ Substitute decision-maker ☐ Power of Attorney for personal care ☐ Power of Attorney for financial care ☐ Next of kin/spouse

Home Phone: ( ) Business Phone: ( ) Ext. Alternative Phone: ( ) Ext.

Pager/Cell Phone: ( ) E-Mail Address:

### Contact Information for Referral Source (if other than self)

Referred by: Agency:

Phone Number: ( ) Ext. Fax Number: ( )

Address:

City: Province: Postal Code:

Pager: ( ) E-mail Address:

\*Primary disability:

Secondary disability:

\*Reason for primary disability: ☐ Aging ☐ Congenital ☐ Acquired ☐ Accident at Work  
☐ Accident at Home ☐ Motor Vehicle Accident ☐ Assault ☐ Fall Non-Sports Related ☐ Sports

\*Date of onset of primary disability (mm/dd/yy):

Other Health Concerns:

- 1)
- 2)
- 3)

Please list any assistive devices that you currently use:

- |    |     |
|----|-----|
| 1) | 6)  |
| 2) | 7)  |
| 3) | 8)  |
| 4) | 9)  |
| 5) | 10) |

### Living Conditions

- ☐ Home (Rented)  
☐ Home (Owned)  
☐ Home (Family Or Friend)  
☐ Children's Hospital  
☐ Convalescent Hospital  
☐ Nursing Home  
☐ Rehabilitation Hospital  
☐ Chronic Care Hospital  
☐ Home For The Aged  
☐ Institution

### Living Arrangements

- ☐ Live alone  
☐ Live alone with dependent children  
☐ Live with parents or step-parents  
☐ Live with spouse or other adults  
☐ Live with spouse or other adults and dependent children  
☐ Live in Shared Housing with support staff  
☐ Other:



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### Current Professional/Attendant Services *(Please specify any assistive services that you currently receive)*

Service	Agency / Provider Name	Number of visits per week/month	Duration of each visit
Homemaking			
Physiotherapy			
Occupational therapy			
Nursing			
Attendant Services			
Acquired Brain Injury Services			
Other <i>(specify)</i> :			

### What type of transfer(s) do you currently use? *(Check all that apply)*:

- ☐ Transfer Unassisted    ☐ Pivot – with minimal assistance    ☐ Pivot – with full assistance  
☐ Two-Person Lift    ☐ Transfer belt/board/disk    ☐ Mechanical Lift  
☐ Supervision Required    ☐ Other *(specify)*:

Have current assessments been completed for your service? ☐ Yes ☐ No

Are we authorized to receive a copy of these assessments for current service? ☐ Yes ☐ No

*(If Yes, ensure that "Authorization to Obtain and/or Release Information" form [AS 02-01s] is signed)*

### Please complete the charts below by placing an X in the appropriate boxes

Type of Assistance	No assistance required	Some assistance required	Full assistance required (staff)
<b>Transfers:</b>			
Chair to chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In/out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In/out shower/tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On/off toilet/commode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-person assist with lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-person assist without lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-person assist with lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Positioning/Turning:</b>			
One-person assist with lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-person assist without lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Type of Assistance	No assistance required	Some assistance required	Full assistance required (staff)
<b>Walking:</b> Please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bowel and Bladder:</b> Bladder - condom catheter Bladder - indwelling catheter Bladder - intermittent catheter Bowel - suppositories Bowel - digital stimulation Stoma care Bedpan/urinal Diaper change Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Basic Hygiene:</b> Washing hands and/or face Pericare Mouth Care Hair Care Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Bathing and Showering:</b> Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dressing/Undressing:</b> Lower body Upper body Footwear Buttons/zippers/hooks Braces/prosthesis Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Skin Care:</b> Repositioning at night Special skin care/treatments Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Meal Preparation:</b> Cooking Cutting up food Eating/feeding Splints Straw/drinks Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>





## Attendant Services Service Application

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Type of Assistance	No assistance required	Some assistance required	Full assistance required (staff)
<b>Light Housekeeping/Household Management:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mop/sweep/vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making/changing bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
<b>Respiratory Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung augmentation exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(assistive coughing/ambubag)			
O <sub>2</sub> assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trach care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trach suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPAP (Continuous Positive Airway Pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BIPAP (Bilevel Positive Airway Pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
<b>Miscellaneous</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted Exercise/Range of Motion(ROM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV/radio/stereo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locks/keys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows open/close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistive aids (setup/shut down)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery charging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal vehicle (assist in/out)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (specify):</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Privacy Statement

March of Dimes Canada is committed to handling personal information concerning you and your family member(s) in a professional, respectful, and lawful manner. March of Dimes Canada collects, uses, and discloses personal information in accordance with this privacy statement and our privacy policy. The personal information about you and your family member(s) is used for the purposes of:

- i) complying with the laws and regulations that require the collection, use and disclosure of personal information in connection with the Independent Living program
- 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

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.

## Additional Applicant Information

*(The data in this section is collected for statistical purposes only and is not part of admission criteria)*

### Education:

<input type="checkbox"/> Grade 6 or less	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Community College	<input type="checkbox"/> Bachelor's
<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 10	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Law Degree	<input type="checkbox"/> Master's
<input type="checkbox"/> Grade 8	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Business/Trade School	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Do not wish to comment

### \*Annual personal income range: (check only one)

<input type="checkbox"/> under \$5,000	<input type="checkbox"/> \$20,000 - 24,999	<input type="checkbox"/> \$40,000 - 44,999	<input type="checkbox"/> Do not wish to comment
<input type="checkbox"/> \$5,000 - 9,999	<input type="checkbox"/> \$25,000 - 29,000	<input type="checkbox"/> \$45,000 - 49,999	
<input type="checkbox"/> \$10,000 - 14,999	<input type="checkbox"/> \$30,000 - 34,999	<input type="checkbox"/> \$50,000 - 54,999	
<input type="checkbox"/> \$15,000 - 19,999	<input type="checkbox"/> \$35,000 - 39,999	<input type="checkbox"/> \$55,000 or over	

### \*Annual household income range: (check only one)

<input type="checkbox"/> under \$5,000	<input type="checkbox"/> \$20,000 - 24,999	<input type="checkbox"/> \$40,000 - 44,999	<input type="checkbox"/> Do not wish to comment
<input type="checkbox"/> \$5,000 - 9,999	<input type="checkbox"/> \$25,000 - 29,000	<input type="checkbox"/> \$45,000 - 49,999	
<input type="checkbox"/> \$10,000 - 14,999	<input type="checkbox"/> \$30,000 - 34,999	<input type="checkbox"/> \$50,000 - 54,999	
<input type="checkbox"/> \$15,000 - 19,999	<input type="checkbox"/> \$35,000 - 39,999	<input type="checkbox"/> \$55,000 or over	

### Personal Income Source(s):

<input type="checkbox"/> employment	<input type="checkbox"/> savings/trust	<input type="checkbox"/> private pension	<input type="checkbox"/> Disability Veterans Allowance
<input type="checkbox"/> spousal support	<input type="checkbox"/> Canada Pension Plan	<input type="checkbox"/> insurance benefits	<input type="checkbox"/> Employment Insurance
<input type="checkbox"/> WSIB	<input type="checkbox"/> family benefits	<input type="checkbox"/> company pension	<input type="checkbox"/> Other (i.e., ODSP)
			<input type="checkbox"/> Do not wish to comment

*(This data is collected for statistical purposes only and is not part of admission criteria)*

### Ethnicity:

<input type="checkbox"/> African	<input type="checkbox"/> Asian	<input type="checkbox"/> Indian / Pakistani	<input type="checkbox"/> Other European	<input type="checkbox"/> Native Canadian / American
<input type="checkbox"/> Spanish / Portugese	<input type="checkbox"/> Other	<input type="checkbox"/> Refuses / No Answer		



## Attendant Services Service Application

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### Declaration and Signatures

**In the event that the Applicant is only able to provide verbal consent, the signature of a witness is required.**

March of Dimes Canada' approval process requires that there be documentation validating status of Substitute Decision Maker (SDM) submitted during approval process.

I, \_\_\_\_\_ have reviewed this Independent Living Service Application and agree that the contents of this application are a true and accurate reflection of my needs.

<b>Name of applicant/substitute decision maker (print name):</b>	<b>Signature:</b>	<b>Date (mm/dd/yy):</b>
<b>* Name of Witness (if applicable – please print):</b>	<b>Signature:</b>	<b>Date (mm/dd/yy):</b>

\* The Witness acknowledges that he/she has explained each clause of this document to the applicant and that the Applicant appears to have fully understood.