



NEW: (Pilot) Rental/leased equipment funding is now available!

Requests for rental/leased equipment funding must have this form (“Appendix A”) completed and attached to a complete FSF application. You can get a downloadable version of this form from the Family Support Fund public webpage: <https://hollandbloorview.ca/our-services/family-workshops-resources/holland-bloorview-family-support-fund>

Funding for rental/lease equipment is currently operating as a pilot and will be offered until March 31, 2023, and/or as long as funds last. Funding through this pilot means families can get this money once or for one item, funds are limited to this pilot. Applicants must meet all regular Family Support Fund criteria and the additional criteria for this pilot.

RENTAL/LEASE FEES FOR MEDICAL EQUIPMENT

*These items: reduce the immediate barriers to the client’s safe discharge, support the client’s needs while waiting to get permanent equipment, and/or to reduce safety prior to discharge.*Items **may** be considered for **UP TO \$500**.

Requests through this pilot category may be considered in addition to the family support fund’s cap

<input type="checkbox"/> Rental/Lease Equipment (Maximum of \$500) Item requested: _____ You are asking for: \$ _____	<p>What items qualify:</p> <p>*Rental wheelchairs, walkers, standers, commodes, Communication devices, writing aids hospital mattresses.</p> <p><i>*Safety related equipment may be prioritized. If we need more documentation to decide if the equipment is safety-related, the Family Support Fund administrative team will reach out to the applicant</i></p>	<p>Documentation Needed:</p> <p><input type="checkbox"/> Copy of lease/rental agreement</p> <p><input type="checkbox"/> Quote/invoice</p> <p><input type="checkbox"/> If you are eligible for insurance, please provide a letter indicating the outstanding balance</p> <p><input type="checkbox"/> Sign and Date the Agreement Declaration below</p> <p><input type="checkbox"/> A completed Family Support Fund Application Form (submit together)</p>
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AGREEMENT WITH HOLLAND BLOORVIEW KIDS REHABILITATION HOSPITAL RE: RENTAL/LEASE OF MEDICAL EQUIPMENT:

Privacy and Collection of Personal Information: The personal information you provided on this form allows us to administer the Family Support Fund. We collect, use and share this information under the authority of the Public Hospitals Act. If you have questions, please contact the privacy office at 416-425-6220 ext. 3467 or privacy@hollandbloorview.ca. When you request funding from the Holland Bloorview Family Support Fund, you must also agree to the following terms. Please make sure you understand these terms before you sign this application.

1. Holland Bloorview is not responsible for any harm that may come from your request for money.
2. Holland Bloorview is not taking part in your agreement with people or companies for equipment or services, nor will it assume responsibility for any agreed upon items in the lease/rental agreement you may enter with a provider.
3. You agree to not ask Holland Bloorview to pay you back for any harms that arise from people or companies who rent/lease you equipment or services.
4. Holland Bloorview does not make any recommendations or endorsements of either people or
5. If any rental/leased equipment sustains damage, you may not receive further funding for a replacement or alternative or repairs to item/s. You will be responsible for covering these costs.

I have read, understood and agree to the above terms with Holland Bloorview Kids Rehabilitation Hospital. I confirm that the information provided in this application is true and complete to the best of my knowledge and understanding.

 Parent / guardian’s signature

 Date (DD/MM/YYYY)