

Funding Tipsheet: **Easter Seals Incontinence** **Supplies Grant**



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What is Easter Seals and the incontinence Supplies Grant?

- Easter Seals Ontario is a registered charitable organization that supports children and youth with physical disabilities.
- An annual grant provided to families to offset some of the costs for diapers and other supplies.
- Incontinence means loss of bladder or bowel control.
- Incontinence supplies include diapers, pull ups, attends, swimmers, and catheters including straight, foley and drainage bags.
- This grant does NOT cover gloves, wipes, creams, clothing, bed linens, or laundry detergent.

The Incontinence Supplies Program is for children and youth **who:**

- Are residents of Ontario between the ages of 3 to 18 years.
- Have a valid Ontario Health Card
- Have a chronic disability (physical or developmental) that results in irreversible incontinence or retention problems, that is lasting longer than six months and require the use of incontinence supplies.
- Children under the age of 3 may be eligible if they have a medical condition which results in the use of catheters (e.g. Spina Bifida) or specialized diapers (e.g. Prune Belly or Vesicostomy)

About this Tipsheet

- **Read the whole application before filling out! This is important to understand what this application is about.**
- This Tipsheet breaks down the application into its sections and provides helpful tips and insights for filling out this application.



****Tip:** Applying for funding does not guarantee acceptance for the grant. If granted, the amount will be decided by the agency and might not cover all expenses. We understand that this is a very frustrating and overwhelming process. Please take breaks as often as needed.

Applicant Type

- Choose “New Applicant”, if this is the first time you are applying for Easter Seal Incontinence Funding or “Re-Applicant”, if you have applied before

Section 1

- Please add your child’s health card information here using capital letters.
- Please note if you have any other children who are already receiving funding from this program.
- Indicate if you require an interpreter to communicate with the program and if so, the language as well.

Consent to Share Information

- You may choose to have someone (or an agency) help you with completing the application, if that is the case, please indicate their name or the agencies name to provide consent that information can be shared with them.

Section 2

- Please write your initials in this section to indicate that you as the applicant are the parent/legal guardian of the child you are applying for.
- Please write your initials in this section to note that the child is living at home and is not a resident of an acute or chronic care hospital to ensure that you are paying for the incontinence supplies.
- Please write your initials in this section to indicate that you consent to sharing your health information to confirm eligibility under the program.

Section 3

- Please note the level of incontinence support required for both bladder and bowel. Please also indicate if the child is currently on a toileting routine.
 - For example, they are starting to use a schedule to monitor their toileting routine and are going to the bathroom every 2 hours but are still on diapers to avoid accidents.
- Note the number of diapers/pull-ups used during the day and night for a typical month. Please include any diapers or supplies sent to school or daycare. Think of a day when they use the most diapers for this example.
- Please write your initials to indicate that you understand **it is your responsibility to keep receipts for incontinence supplies purchased** and that they will be reviewed as part of the program. If you are unable to provide receipts, your funding may be stopped or discontinued.
- Please write your initials to indicate that the information you have provided about your child's incontinence needs is correct.
- This section is to be completed by a Nurse Practitioner or Doctor



****Tip:** An easy way to keep track of the receipts is to buy them at Walmart, Shoppers Drug Mart or Amazon. They allow you to email yourself the receipt.

Section 4

- Please complete this section only if the child uses any of the listed bowel management products.
- Please indicate the number of each item used per week as well as the estimated costs. Please write your initials to indicate that you understand **it is your responsibility to keep receipts for incontinence supplies purchased** and that they will be reviewed as part of the program. If you are unable to provide receipts, your funding may be stopped or discontinued.
- Please write your initials to indicate that the information you have provided about your child's incontinence needs.



****Tip:** You can take pictures of the receipts on your phone, so they are available when you need them! ******

Section 5

- Please note that this program offers 2 payments 6 months apart; the grant will be split into two payments.
- The payments can be made directly to parents, or they can assign it to another party who is currently caring for the child.
- Please complete the information in all capital letters.
- If both parents are part of the application, you can assign each parent as Payee #1 and Payee #2



****Tip:** Please ensure the correct email address is provided as they will send correspondence via email******

Section 6

- Please initial to indicate that the information provided is true and accurate to the best of your knowledge.
- Please physically sign the application as they are unable to accept electronic signatures.

Section 7

- Please complete this section if you would like direct deposits made into your bank account. This is highly recommended as it will help avoid any delayed or lost mail.
- Please complete all sections, even if it is information you have already provided in the form.
- Please attach a void cheque with the application.



****Tip:** Please send the completed form – after the doctor portion is completed to Easter Seals Incontinence Grant Program through mail, fax or email. Please keep a copy of the application for your own records. It might be helpful to keep a binder that contains all your applications and documents. ******

Filling out an application is a big accomplishment! You have done great partnering in your child's care and advocating for their needs.

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