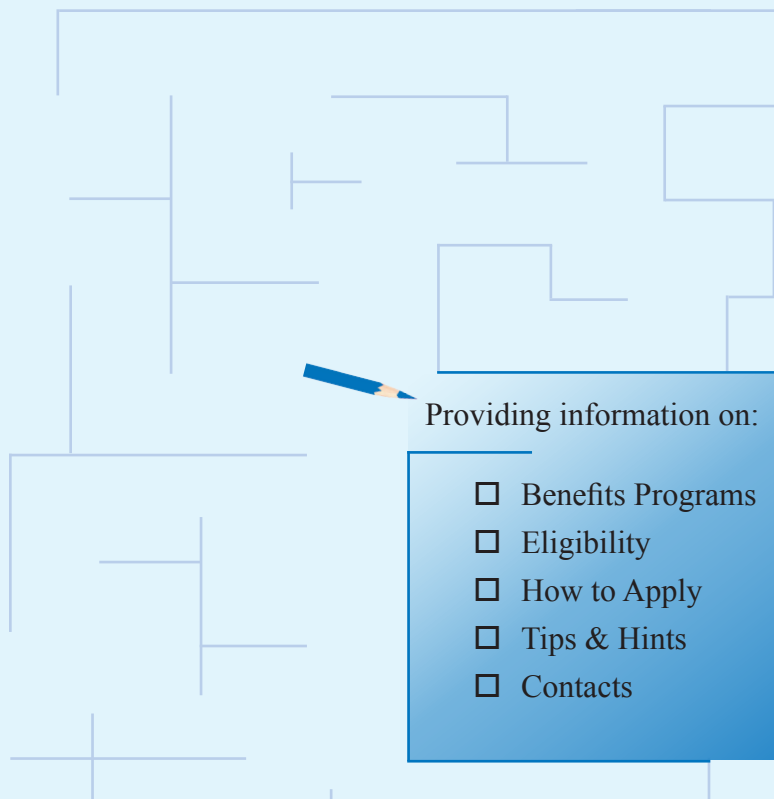


# MONEY MATTERS

## A Guide to Financial Resources for Families of Children with Cancer



Providing information on:

- Benefits Programs
- Eligibility
- How to Apply
- Tips & Hints
- Contacts

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**THIS BOOK BELONGS TO:**

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**NOTES**

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## THE HEALTH CARE TEAM

Throughout this booklet, families are advised to consult with members of their child's health care team for more information about applicable benefits and assistance to complete the application forms and compile all required supporting documentation. Members of that team who may be particularly helpful to families when dealing with the issues raised in this booklet include the professionals listed below. Families may use this section to record the contact information for key members of their child's health care team.

### HOSPITAL SOCIAL WORKER

Hospital social workers contribute to the overall treatment and rehabilitation of those in their care, and provide a link between the rest of the health care team and the family as well as with community resources. They also link families to supportive services, including financial resources. Social workers provide education about available resources and they advocate for families in their care – both within the hospital and in the community. If a family is struggling with the demands of treatment or its affects on family life, a social worker may be able to help.

**Name of child's hospital social worker:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

### POGO PEDIATRIC COMMUNITY INTERLINK CANCER NURSE

POGO Pediatric Community Interlink Cancer Nurses help the ill child and the family adjust to the challenges of living with cancer. They share their in-depth nursing knowledge of childhood cancer care with community health care professionals and help families understand their child's diagnosis and the treatment plan. Like social workers, they arrange financial aid and community services.

**Name of POGO Pediatric Community Interlink Cancer Nurse (henceforth referred to as POGO Pediatric Interlink Nurse):**

\_\_\_\_\_

**Contact information:** \_\_\_\_\_

## COMMUNITY CARE ACCESS CENTRE (CCAC) CASE MANAGER

Community Care Access Centres connect individuals with the care they need at home. Formerly known as “Homecare,” CCAC Case Managers will assess needs, develop in-home care plans, liaise with the hospital team and link your family to community supports. CCACs can provide for a range of care and supportive services through nurses, physiotherapists, social workers, registered dietitians, occupational therapists, speech therapists and personal support workers. Families are typically referred to a CCAC upon discharge from hospital when community services and support are required. There are 14 CCACs in communities across Ontario, funded by Local Health Integration Networks through the Ministry of Health and Long-Term Care. CCAC advice and services are covered by OHIP.

**Name of CCAC Case Manager:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

## OTHER MEMBERS OF THE CHILD’S HEALTH CARE TEAM

**Role/Title:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

**Role/Title:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

**Role/Title:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

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## ABOUT THE PEDIATRIC ONCOLOGY GROUP OF ONTARIO

The Pediatric Oncology Group of Ontario (POGO) is the voice of childhood cancer in Ontario, committed to delivering the right care at the right time and in the right place for children with cancer and their families. POGO has done this work since 1983 in collaboration with an extensive and dedicated team of health care professionals from the five Ontario specialty pediatric oncology programs:

- The Hospital for Sick Children (Toronto)
- McMaster Children’s Hospital, Hamilton Health Sciences
- Children’s Hospital, London Health Sciences Centre
- Kingston General Hospital
- Children’s Hospital of Eastern Ontario (Ottawa)

The organization has also developed strong partnerships with a growing number of community hospitals and community services, families of children who have or have had cancer, corporate and private benefactors and volunteers.

In addition, POGO has created a highly integrated and seamless pediatric cancer system that supports children and families throughout the spectrum of illness, recovery and survivorship through:

- health care innovation;
- survivor care;
- financial assistance for families;
- policy development;
- research;
- education; and
- population surveillance.

### MORE FACTS ABOUT POGO

#### POGO

- ensures that all of Ontario’s children have equal access to state-of-the-art diagnosis, treatment and ancillary services;
- has been the official advisor to Ontario’s Ministry of Health and Long-Term Care on childhood cancer control since 1995;
- created the Provincial Pediatric Oncology Satellite Program to provide care closer to home, reducing the burdens related to being away from home and decompressing service demand in tertiary/diagnosing hospitals – there are now seven POGO Satellite Clinics in Ontario;
- published the first resource guide for families of children with cancer, to help them find and access psychosocial, educational, financial and other resources;
- created POGONIS, an electronic childhood cancer registry and database, enabling evidence-based health planning;

- developed staffing ratios for optimal care delivery by multidisciplinary teams and to enable equal access to treatment across Ontario;
- produces long-range plans for childhood cancer control;
- provides ongoing professional development opportunities in the rapidly advancing specialty of pediatric oncology for health care professionals;
- creates guidelines for practice and service delivery;
- established a provincial AfterCare Clinic network to monitor and promote the health of survivors who may face effects of childhood cancer; AfterCare Clinics increase survivor knowledge and ensure surveillance of late effects;
- created the POGO Research Unit to investigate important yet often neglected aspects of surveillance, care delivery and quality of life; and
- as a charity, raises funds for services that fall outside of a strictly health care mandate.

POGO is in Ontario communities working to make certain that children have the greatest prospects for survival with an optimal quality of life.

## ACKNOWLEDGEMENTS

POGO gratefully acknowledges the many contributions of health care professionals, industry experts and parents who have assisted with the development of this booklet.

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## INTRODUCTION

A diagnosis of cancer during childhood can place a significant and unexpected financial burden on families. Parents/guardians often find themselves away from home for treatment, buying many ready-cooked meals and paying for transportation, parking, accommodation, prescription and non-prescription medications, rental of medical equipment their child may need at home, as well as child care for the patient's brothers and sisters.

Financial pressures often increase during treatment, especially if a parent is unable to work due to the impact of their child's illness on their own ability to function. This may result in the loss of one family income, in some instances the only source. Other financial pressures may stem from ongoing costs or debts related to housing, car purchases and daycare, or from the fact that the family is young and not yet financially well established. While everyone's personal situation is different, research indicates that families can lose up to one-third of their former, after-tax income during the time a child is in treatment.



### HOW WILL *MONEY MATTERS* HELP YOU?

- Navigating the system to discover financial assistance and benefits for which a family is eligible can be confusing and time-consuming and often involves filling out detailed and complex forms. The *Money Matters* booklet was created by POGO as a resource for professional care providers and families. It describes programs many families access to manage the financial burden that may accompany cancer during childhood.
- **The *Money Matters* booklet is enriched with the unique perspectives and insights of a wide range of professionals. Their first-hand experiences helping families prepare their application submissions include reviewing documentation from different benefit providers, helping to compile supporting documentation that shows how families qualify, and seeking feedback when applications are denied.**
- The easy-to-use table of contents will direct readers to benefits related to their primary concerns.

It is our hope that the booklet will raise awareness and understanding of available financial benefits and their eligibility criteria so that, ultimately, families are able to receive the assistance they need.

This booklet and Ontario's childhood cancer care teams at treating hospitals are excellent sources of information.

**Steps taken early – during diagnosis and early treatment – can reduce overall financial burden and distress and are often well worth it, even though families may be consumed with acute care at this time.**

Remember that important details about benefits change frequently. **Should there be a discrepancy between the information found in this booklet and the information of the benefit provider, it is the benefit provider's information that will determine eligibility and what benefits are provided.**

**POGO's *Money Matters* booklet is not intended to provide financial or medical advice. Families are always encouraged to discuss their specific situation with a financial expert, the hospital social worker, the POGO Pediatric Interlink Nurse or their child's physician – professionals who identify and review the options available to families.**

*Money Matters* is also available online at [www.pogo.ca](http://www.pogo.ca).

## **IMPORTANT REMINDERS WHEN APPLYING FOR BENEFITS**

- **Many benefits require applicants to have Ontario Health Insurance Program (OHIP) coverage. If a family's status is special (e.g., refugee, Native, etc.),** it will be very important to consult members of the health care team, e.g., hospital social worker or POGO Pediatric Interlink Nurse, early in the search for the benefits most applicable to the family's circumstances.
- **Eligibility criteria can be subject to the interpretation of the reviewer** and, even in apparently similar cases, may result in one family's application being accepted and another's denied. In addition to the information requested, families of children with cancer may need to provide further details of their child's condition to help the reviewer understand why the applicant or child is eligible for this benefit. **An appeal** of a denied claim may assist that process and should be discussed with the health care team. Families are generally encouraged to apply for benefits even if the chances for acceptance appear to be slim. **A photocopy of all documentation should be kept.**
- **Eligibility varies from one benefit to another.** For example, under one benefit, a child may be eligible up to age 18, and up to age 19 under another. Please pay particular attention to these details.
- **Families are encouraged to keep all receipts** for reimbursement or proof of expenses, in the event of an income tax audit or for any other potential inquiry into a claim.

## KEEPING THIS BOOKLET UP TO DATE

Please help us by notifying us should you discover any changes to the information listed within these pages. Contact POGO at 416-592-1232 or toll-free 1-855-FOR-POGO (367-7646). You could also email [info@pogo.ca](mailto:info@pogo.ca), typing “Money Matters Update” into the subject line. We will endeavour to keep this booklet as up-to-date as possible.





## MY CHILD HAS CANCER. WHAT BENEFITS MAY WE BE ELIGIBLE FOR?



- POGO Financial Assistance Program (POFAP)
- Assistance for Children with Severe Disabilities (ACSD)
- Canadian Cancer Society Transportation Program
- Disability Tax Credit (DTC)
- Medical Expenses Tax Credit
- Child Disability Benefit (CDB)



*All information was accurate at the time of writing. Please check with the benefit provider, the health care team or a financial expert for any recent or pending changes, as well as suitability to your situation at the time of applying.*

## POGO FINANCIAL ASSISTANCE PROGRAM (POFAP)

### BENEFIT SUMMARY

The POGO Financial Assistance Program (POFAP) is available to assist Ontario families with out-of-pocket expenses for food and accommodation, as well as child care for siblings under the age of 12, when a parent/guardian accompanies a child to hospital during active cancer treatment. POFAP is administered by POGO and funded through the generous support of POGO donors.

Allowances:

- Up to \$20/night, if paid accommodation is necessary.
- \$15/day for food/other costs related to parental attendance when a child is admitted overnight at the hospital; and \$7.50/day during an out-patient hospital visit (minimum four-hour visit including travel time). One of these amounts is allowed per day, i.e., if a child has a clinic appointment and is admitted later that same day, only one of these amounts can be claimed per day.
- Assistance with the cost of child care for siblings under the age of 12 is available and allows a maximum of 160 hours of care per year starting from the date of the first POFAP claim (rates are paid in accordance with the Ontario minimum wage guidelines). Child care provided by a family member cannot be claimed.

### ELIGIBILITY

POFAP supports Ontario residents whose child with cancer

- has a valid OHIP number;
- is diagnosed with cancer prior to their 18th birthday; and
- is undergoing active cancer treatment.

POFAP assistance is available until the child's 19th birthday. All Ontario families who feel the need for financial help with costs identified above are eligible to access POFAP.

### APPLYING

The hospital social worker or POGO Pediatric Interlink Nurse at the child's treatment centre can help parents/guardians complete the POFAP registration form. POGO will send parents/guardians an information letter and POFAP identification number.

### TIPS & HINTS WHEN APPLYING FOR OR USING POFAP ASSISTANCE

- Submit claims each month and remember that forms with claim dates more than two months old cannot be processed.
- Add the POFAP identification number to all POFAP claim forms.

## LEARN MORE ABOUT THIS BENEFIT

- Please consult the hospital social worker, POGO Pediatric Interlink Nurse or community liaison nurse at the child's treatment centre.
- Contact the POFAP coordinator at the POGO office at 416-592-1232, toll-free 1-855-FOR-POGO (367-7646), ext. 236.



## OTHER THINGS TO KEEP IN MIND

- Families receiving some of their treatment in a POGO Provincial Pediatric Oncology Satellite Clinic will continue to submit claims at their child's primary treatment centre.

## NOTES

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## **ASSISTANCE FOR CHILDREN WITH SEVERE DISABILITIES (ACSD)**

### **BENEFIT SUMMARY**

The Assistance for Children with Severe Disabilities (ACSD) Program helps parents/guardians with some of the extra costs of caring for a child who has a severe disability. Children receiving treatment for a malignancy, with or without a disability, may qualify for this benefit due to the costs incurred by families during lengthy treatment protocols. It is an initiative of Ontario's Ministry of Children and Youth Services. Depending on several financial factors, this benefit can provide up to \$445/month (at July 2012) in addition to drug coverage for the child's outpatient medications.

### **ELIGIBILITY**

A parent or a legal guardian may be eligible to receive help under this program if the family's net income is less than approximately \$65,000/year and if the child

- is under 18 years of age;
- lives at home;
- has a disability or a medical condition that incurs expenses; and
- has OHIP.

The monthly benefit assists with the following costs:

- Transportation to and from medical appointments
- Specialized clothing
- Trained child-sitters
- Caregiver respite
- Social opportunities
- Meal expenses during lengthy clinic visits or hospital stays
- Drug coverage
- Dental coverage
- Non-prescription pharmacy items
- Equipment expenses, e.g., wheelchair/walker, pumps, hearing aids
- Other

### **APPLYING**

- Contact the POGO Pediatric Interlink Nurse, hospital social worker or the Ministry of Children and Youth Services for an application form.
- Parents/guardians may complete the application form independently or seek the assistance of a POGO Pediatric Interlink Nurse or hospital social worker.

- A medical letter signed by the child's physician and copies of a number of personal and financial documents must be included in the application and mailed to the regional office.
- A Special Agreements Officer will review the application and contact families if more information is needed.
- Families will receive a letter saying whether or not they qualify for a monthly benefit and, if so, how much will be received.

Renewal of the benefit is necessary every year. Families will be contacted by the ministry about how to do this. The benefit will likely decrease or cease as the burden of medical expenses related to treatment lessens.



### **TIPS & HINTS WHEN APPLYING**

- Families are encouraged to keep photocopies of completed application documents for their records.
- Applications can only be submitted by mail.
- Application eligibility is based on income from the previous year. However, if this year's income is less, families should provide proof of their current (lower) income.
- Apply as soon as possible if drug coverage for a child is needed.
- Provide the parent's social insurance number and a void cheque for the purpose of direct deposit as well as photocopies of
  - the child's health card and birth certificate;
  - Notice of Assessment from the previous tax year as proof of the family's combined income; and
  - the parent's health card, birth certificate or proof of citizenship or permanent residence.

If the hospital social worker or POGO Pediatric Interlink Nurse is helping to complete the form, bring these documents into the treating hospital as soon as possible.



## OTHER THINGS TO KEEP IN MIND

- ACSD benefits will not impact eligibility for Ontario Works benefits or housing subsidy.
- ACSD funds are not taxable income.
- ACSD can take a number of months to start. Completing the application form early will bring about an earlier start of the benefit for eligible families.
- When approved for ACSD, parents/guardians will be able to use the Ontario Drug Benefits Program to cover most of their child's outpatient medications. The Ontario Drug Benefits Program only pays for drugs that are on its list. Some cancer drugs or supportive care drugs require special approval to access. Parents/guardians should advise the health care team once approved for ACSD and the Ontario Drug Benefits Program. Health care providers can then review the child's medications and, if needed, do the paperwork required to facilitate approval of funding for medications funded by the Ontario Drug Benefits Program.
- If the child is 17 years of age and receiving ACSD, it is important to request an application for the Ontario Disability Support Program well in advance of that child's 18th birthday to ensure benefits continue (see Ontario Disability Support Program).



## LEARN MORE ABOUT THIS BENEFIT

- Ministry of Children and Youth Services  
[www.children.gov.on.ca](http://www.children.gov.on.ca)
- [www.respiteservices.com](http://www.respiteservices.com)

The site consists of agencies funded by the Ministry of Community and Social Services and the Ministry of Children and Youth Services.



## CANADIAN CANCER SOCIETY TRANSPORTATION PROGRAM

### BENEFIT SUMMARY

Where transportation expenses are a concern, the Canadian Cancer Society, Ontario Division (the Society) offers three options:

1. Family-provided transportation assistance subsidizes travel expenses incurred when parents/guardians drive their child to cancer-related care.
2. Transportation service by volunteer drivers is available for travel to cancer-specific medical appointments and supportive care services related to cancer care.
3. Public transportation assistance provides the equivalent of the lowest fare of public transportation for the child and one return adult fare for the adult.

### ELIGIBILITY

To be eligible for the transportation programs, a child must

- have a current or past diagnosis of cancer, or cancer is strongly suspected;
- be under 19 years of age (except driver-provided);
- be travelling to attend cancer-specific medical appointments or supportive care services recognized by Ontario's health care system and offered by a professional registered with a governing body in Ontario; the assistance may also be used to travel to attend a regularly scheduled or annual follow-up consultation;
- have an OHIP card; and
- travel to treatment with an adult 19+ years of age.

In addition, families must declare their financial need for this service (see Applying).

### APPLYING

- The hospital social worker or POGO Pediatric Interlink Nurse will help families complete the Society's registration form. A short time later, someone from the Society will contact the family to provide a Declaration of Financial Need form, which families must complete and return to the Society.
- Consult with the local Society office to determine if a separate application form is required for each of the three programs offered by the Society; registering for one program may not mean automatic registration for the others.
- Applications for the driver-provided program are often done by phone.



## TIPS & HINTS WHEN APPLYING

### Family-provided transportation assistance

- The Society's local Unit office will mail Transportation Log Sheets to families once they are registered in the program.
- Members of their child's health care team will also be able to assist families to identify if the trip is an eligible drive, which may be either a cancer or supportive care appointment.
- Parents/guardians are encouraged to start a diary of eligible drives immediately as they may be able to obtain coverage retroactively, perhaps dating back as early as to the date of the child's diagnosis.
- Ask the Unit office how often Transportation Log Sheets should be submitted as each Unit's requirements differ.
- Parents/guardians are strongly encouraged to keep a photocopy of each Transportation Log Sheet submitted for their own records, in the event a discrepancy should arise.
- At 19 years of age, the child undergoing active treatment must be transferred to the Volunteer driver-provided transportation service. Please advise the Society's local office at this time.

### Volunteer driver-provided transportation service

- Provide a minimum of three business days advance notice for booking rides. Please confirm the exact amount of advance notice time required with the local Unit. While the minimum is three full business days, due to ride volume some Units may need more time. It is best that families check with their local Unit office to ensure they are giving enough notice.
- Transportation is provided for the child and one escort (parent/guardian). Additional passengers, including siblings, are not permitted.
- Families must provide their own car seat for their child where applicable and must be prepared to put the car seat into the car and ensure it is properly secured.

## LEARN MORE ABOUT THIS BENEFIT

- Canadian Cancer Society  
[www.cancer.ca](http://www.cancer.ca)



## DISABILITY TAX CREDIT (DTC)

### BENEFIT SUMMARY

The Disability Tax Credit (DTC) is available to individuals who are markedly restricted in everyday activities on an ongoing basis. Restrictions can be cognitive, developmental, physical or mental, or a combination of disabilities. Parents can claim the DTC for the dependant child. Under the Canada Revenue Agency's fairness provisions, the DTC can be claimed retroactively to when the child's disability began, going back as far as ten years if it applies but has not been used. A family that qualifies for the DTC can be eligible for other benefits, such as the Child Disability Benefit and the Registered Disability Savings Plan. The DTC is a non-refundable tax credit used to reduce federal and provincial/territorial taxes payable, meaning that it is only of use to parents/guardians who pay income tax. Taxes can be reduced each year by approximately \$1,600 (for a young adult 18 years or older) to \$2,200 (for a child under 18). Even if a family has no taxable income, it is still best to put the DTC in place for the child as income taxes may be payable in the future, or, adult-dependent-survivor pensions from parents to adult children with disabilities may be available. Use of the credit is one way to establish the disability and dependency of the child.

Application for this tax credit can be made by completing Form T2201 (Disability Tax Credit Certificate) available from Canada Revenue Agency or [www.cra-arc.gc.ca/E/pbg/tf/t2201/](http://www.cra-arc.gc.ca/E/pbg/tf/t2201/).

### ELIGIBILITY

Eligibility is dependent on a qualified person certifying that

- the child has a severe and prolonged mental or physical impairment including, but not limited to, walking, hearing, speaking, dressing, feeding, elimination and mental functions;
- the child's ability to perform a basic activity of daily living is markedly restricted; or
- the child needs life-sustaining therapy to support a vital function. A medical doctor must certify that the child needs life-sustaining therapy and that the child dedicates time specifically for this therapy at least three times weekly on an average of at least 14 hours each week. The need for this therapy must have lasted, or be expected to last, for a continuous period of at least 12 months.

*Note: Chemotherapy and radiation treatment do not always meet the number of hours required to fulfill the criteria for life-sustaining therapy. However, the parents' time to oversee or administer these treatments plus "tube feeds," home rehabilitation programs, etc., may add up to meet the criteria. The child's situation should be reviewed with the primary physician team or the hospital social worker or POGO Pediatric Interlink Nurse.*

## APPLYING

Families should send a completed Form T2201 to their Tax Centre at any time during the year, along with a request that it be approved and a reassessment be made of taxes payable. Form T2201 must be completed by a medical practitioner who is aware of the child's condition. This form is reviewed at the Tax Centre and approval is based on how well the eligibility criteria are presented.



### TIPS & HINTS WHEN APPLYING

- Download and print Form T2201 for detailed information about eligibility. If possible, seek assistance from the health care team or a financial advisor who is familiar with this form and who can help clarify how the child's circumstances fit the questions asked.
- Do not wait until tax time to apply. Application may be made at anytime in the year by completing Form T2201.
- The child's specific protocol and the timing of the application should be reviewed with the primary physician, hospital social worker or POGO Pediatric Interlink Nurse. The child may not be eligible at diagnosis but may become eligible later in treatment.
- Families should apply even if they are receiving Ontario Works or Ontario Disability Support Program benefits, or if they do not have any taxable income.
- Since the value of the DTC is based on the applicant's personal income, which may be nil, it is most typically transferred to a tax-paying parent or other family member.
- When completing Form T2201, it is helpful to include a page of additional anecdotal information describing in detail how the child is restricted. This will be helpful for the doctor as well as Canada Revenue Agency staff who should not be expected to understand fully the situation or circumstances with which the child and family must cope.
- The medical practitioner should be as detailed as possible when writing a description of the child's restrictions on the form.  
*NOTE: Without this information, Canada Revenue Agency may not have the kind of information that will lead to approval. Parents/guardians should ask the child's doctor to inform them if they receive a response from Canada Revenue Agency as, occasionally, a letter requesting clarification or more information regarding the child's condition may only be sent to the medical practitioner. Should this happen, parents/guardians should request a copy of the letter and the medical practitioner's response for their files.*
- Apply for the DTC regardless of the child's fluctuating health.



### **OTHER THINGS TO KEEP IN MIND**

- Children with cancer may be eligible if they are unable to sustain their own nutrition or hydration without the use of a tube for a year, i.e., NG tube or G-Tube.
- The DTC benefit is subject to reassessment. Applicants must inform Canada Revenue Agency when the child is no longer eligible for the DTC.
- A letter indicating the child has qualified for the benefit will be sent to the taxpayer and approval will apply to the year of the start date of the disability. As a result, eligibility may be retroactive to a prior tax year and tax credits can be used.

### **LEARN MORE ABOUT THIS BENEFIT**

- Canada Revenue Agency  
[www.cra.gc.ca](http://www.cra.gc.ca) (On the English site click “Information for Individuals” and search topics alphabetically.)

### **NOTES**

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## MEDICAL EXPENSES TAX CREDIT

### BENEFIT SUMMARY

The Medical Expenses Tax Credit applies to individuals who have sustained significant medical expenses for themselves or their dependants. Receipts are required. These credits are not related to the Disability Tax Credit, which may also be applicable to the family's circumstances.

### ELIGIBILITY

To qualify for the Medical Expenses Tax Credit, payment must be for qualifying medical expenses paid by the applicant. In addition, expenses

- must have been paid within any 12-month period (unless the individual died in the year in which case the medical expenses must have been paid within any 24-month period that includes the date of death);
- must be proven by supplying supporting receipts;
- must not have been used in calculating a previous year's medical expense tax credit; and
- must not have been reimbursed or be reimbursable through other benefits.

Qualifying expenses commonly related to childhood cancer include:

1. Transportation and travel expenses of the patient and accompanying individual
2. Drugs, medications and other preparations or substances
3. Premiums to private health services plans
4. Wigs
5. Bone marrow or organ transplants
6. Renovations and alterations to a dwelling
7. Rehabilitative therapy
8. Preventive, diagnostic and other treatments
9. Care of an individual with a physical disability
10. Incontinence products
11. Artificial limbs, aids and other devices and equipment, e.g., wheelchairs and crutches
12. Care in a self-contained domestic establishment
13. Payments to a public or licensed private hospital for medical services
14. Payments to a medical practitioner, dentist or nurse

## APPLYING

The Medical Expenses Tax Credit is an income tax credit claimed when filing the current year's taxes. While in most cases the reduction in taxes payable is modest, it should still be used to benefit from any possible reduction in taxes. Keep all receipts and ask a tax filer if there will be any benefit in using the credits.



### TIPS & HINTS WHEN APPLYING

- Keep receipts that may include those for gas, meals, parking passes and prescriptions.

## LEARN MORE ABOUT THIS BENEFIT

- Canada Revenue Agency  
[www.cra.gc.ca](http://www.cra.gc.ca) (On the English site click “Information for Individuals” and search topics alphabetically.)
- Consult with the hospital social worker, POGO Pediatric Interlink Nurse, or a knowledgeable lawyer or tax advisor.

## NOTES

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## CHILD DISABILITY BENEFIT (CDB)

### BENEFIT SUMMARY

Individuals who apply for and are approved for the Disability Tax Credit will automatically be assessed for eligibility for the Child Disability Benefit (CDB), but only for the current tax year and the two prior years. It may be claimed retroactively just like the Disability Tax Credit, if applicable, back to 2003 when this benefit first became available. A retroactive claim must be filed separately. This benefit is especially useful to households with annual incomes less than \$150,000. Maximum benefits will be available to low income households. Canada Revenue Agency will inform the CDB when the Disability Tax Credit is approved and payment of CDB will begin. There is no separate application for the CDB.

The CDB is based on family income and the benefit may be reduced based on the family's income level. It is a tax-free benefit, paid monthly, of up to approximately \$2,504 per year (from July one year to June the following year) for low- and modest-income families caring for children under the age of 18 who are eligible for the Disability Tax Credit.

### ELIGIBILITY

Recipients of the CDB must be the primary caregivers of a child who is under age 18 with a severe and prolonged impairment in mental or physical functions. Eligibility for this benefit is considered at the time of applying for the Disability Tax Credit. The CDB is paid monthly as a supplement to the Canada Child Tax Benefit. The amount of the benefit is calculated according to family income, subject to the number of children in the household for whom the Canada Child Tax Benefit is received. (The Canada Child Tax Benefit is a non-taxable amount paid monthly to help eligible families with the cost of raising children under 18 years of age.)



#### TIPS & HINTS


As a precautionary measure, when the Disability Tax Credit is approved, send another letter to Canada Revenue Agency requesting that the CDB be put in place, and ask that this be done retroactively, i.e., as far back as 2003 if applicable.

#### LEARN MORE ABOUT THIS BENEFIT

- Canada Revenue Agency  
[www.cra.gc.ca/cdb](http://www.cra.gc.ca/cdb)



## MY CHILD NEEDS OUTPATIENT MEDICATIONS. HOW CAN I GET THESE COSTS COVERED?

-   Workplace Drug Plans
- The Ontario Drug Benefit (ODB) Program
- Trillium Drug Program (TDP)



*All information was accurate at the time of writing. Please check with the benefit provider, the health care team or a financial expert for any recent or pending changes, as well as suitability to your situation at the time of applying.*

## WORKPLACE DRUG PLANS

### BENEFIT SUMMARY

Employer health care plans typically include payment for prescription drugs that are approved by the insurance carrier. Other health-related expenses may also be included in this category and may include payment for eye care, therapist charges, orthotics and other devices. Health care plans may also include dental and disability insurance coverage.

The reimbursement levels for each benefit covered will vary according to the insurance plan, i.e., some employers may fund 100% of the costs incurred, or co-share the cost with the employee or fund up to a yearly or lifetime maximum amount. Some plans include coverage for other members of the household including a spouse or dependants under a specific age and/or specific circumstances, e.g., under 21 if they are unmarried and living with the employee or up to 25 years old if they are full-time students. Some plans may also include coverage for dependants who have a physical or mental disability, with or without an age limit, and with some conditions, such as the disability must have occurred prior to a certain age. When offered a position with an organization or looking for help with health care costs, individuals should inquire about their benefit plan to ensure they are completely knowledgeable about its restrictions, eligibility requirements and the specific benefits provided under the plan.

### ELIGIBILITY

With most employer health care plans, employees become eligible for participation immediately upon hire and must sign-up within 31 days to receive benefits right away. Some benefits are based on a pre-determined waiting period, e.g., basic life insurance eligibility may only occur after three months of continuous employment. To be eligible, many plans indicate that employment must be permanent, non-seasonal and the employee must work a certain number of hours each week.

### APPLYING

Many plans indicate that the employee must apply for coverage no later than 31 days after becoming eligible to participate in the plan, and with certain plans, applying for benefits after 31 days may result in certain restrictions to coverage.

### TIPS & HINTS WHEN APPLYING

- The benefit provider should be consulted about the extent of coverage available for outpatient medications and if there are any caps or limitations or requirements for documentation. The health care team should be advised of the extent of coverage and how payment will be made for outpatient medications.



## THE ONTARIO DRUG BENEFIT (ODB) PROGRAM

### BENEFIT SUMMARY

The Ontario Drug Benefit (ODB) Program is part of the Ontario Public Drug Programs. It is one of the most generous drug programs in Canada, supported with funding provided by Ontario's Ministry of Health and Long-Term Care and the Ministry of Community and Social Services. Still it is important to note that some drugs used to treat children with cancer are not on the Formulary. The Formulary is a publication of Ontario's Ministry of Health and Long-Term Care that outlines over 3,300 prescription drugs covered in the ODB Program. Drugs not listed in the Formulary are considered for coverage on a case-by-case basis through the Exceptional Access Program.

The child's physician must apply to the Exceptional Access Program for approval of payment of many of the drugs used in the care of children with cancer. If a drug is not on the Formulary, approval must be given by the Ministry before a drug will be funded by the ODB Program. For ODB to cover drug expenses, drugs must be purchased in an accredited Ontario pharmacy or from an Ontario doctor licensed to sell prescription drug products. Both the pharmacy and physician must be linked with the ministry's Health Network System. Drugs purchased outside Ontario are not reimbursed by the Program. The Formulary is available online for review ([www.health.gov.on.ca/english/providers/program/drugs/odbf\\_mn.html](http://www.health.gov.on.ca/english/providers/program/drugs/odbf_mn.html)).

### ELIGIBILITY

The ODB Program requires that recipients be residents of Ontario, have a valid OHIP card and, in addition, fit one of the following categories:

- Children with cancer who have been approved for the Assistance for Children with Severe Disabilities Program
- Recipients of Ontario Disability Support Program or Ontario Works program
- Recipients of professional home care services through a Community Care Access Centre
- Registrants in the Trillium Drug Program
- Residents of a special care or long-term care home
- Seniors 65 years of age and older

### APPLYING

Families of children with cancer most often apply for or receive ODB through support obtained from Community Care Access Centre, Assistance for Children with Severe Disabilities, social assistance or through the Trillium Drug Program (see Trillium Drug Program).



### TIPS & HINTS WHEN APPLYING

- If families do not have drug coverage for outpatient medications through a workplace health insurance plan, they should identify this to their child's health care team early on. These health care professionals will be able to determine the child's ability to access ODB for financial coverage of outpatient medications.
- If a health insurance plan that covers drugs is available but only to a limited percentage of costs, (e.g., 80% coverage), or if the insurance plan has a limit, (e.g., how much a plan member may receive per drug, per year), the child's health care team should be advised as application for ODB may still be advisable.
- Families should also advise the health care team if they are registered in the Ontario Works program or Ontario Disability Support Program, as this would qualify their child for medications under the ODB Program.

### LEARN MORE ABOUT THIS BENEFIT

- Ministry of Health and Long-Term Care  
[www.health.gov.on.ca/english/public/pub/drugs/odb.html](http://www.health.gov.on.ca/english/public/pub/drugs/odb.html)

### NOTES

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## TRILLIUM DRUG PROGRAM (TDP)

### BENEFIT SUMMARY

The Trillium Drug Program (TDP) is intended for Ontario residents who have high prescription drug costs in relation to their net household income (costs must be higher than approximately 4% of the total net household income). Part of the Ontario Public Drugs Program, the TDP is an annual provincial government program, running from August 1 of one year to July 31 of the following year, that provides coverage for prescription drug products listed on the Ontario Drug Benefits Formulary (see Ontario Drug Benefit Program). Drug products not listed on the Formulary are also considered for coverage for TDP recipients through the Ministry of Health and Long-Term Care's Exceptional Access Program.

Deductibles and co-payments apply to this program. Before TDP drug benefits can be obtained, a set amount of prescription drugs must be purchased. This threshold amount is called the deductible, which is set at approximately 4% of the total net household income. The deductible threshold is reached by purchasing prescription drugs at a pharmacy where the amount spent will be recorded on the Health Network System. The deductible is calculated for each quarter and when prescription purchases reach the amount of the deductible for that quarter, TDP coverage begins. A payment of up to \$2 may be required for every prescription until the next quarter. This is called a co-payment.

### ELIGIBILITY

Individuals can register in the Trillium Drug Program if they

- comply with all requirements set out in the regulations under the Ontario Drug Benefit Act;
- either do not have private insurance coverage or their private insurance does not cover 100% of their prescription drug costs;
- have a valid OHIP card;
- are a resident of Ontario; and
- are not eligible for drug coverage as another category of recipient under the Ontario Drug Benefit Program, i.e., they are not a senior over 65 years of age, not a social assistance recipient, not receiving professional home care services, or not a resident of a long-term care home or home for special care.

## APPLYING

1. Application forms are available at local pharmacies, online at [www.health.gov.on.ca/english/public/pub/drugs/trillium.html](http://www.health.gov.on.ca/english/public/pub/drugs/trillium.html) or by calling 416-642-3038 or toll-free 1-800-575-5386.
2. Contact the hospital social worker or POGO Pediatric Interlink Nurse for assistance registering for the TDP.



### TIPS & HINTS WHEN APPLYING

- The program runs from August 1 to July 31 of the following year. Applications must be received within two months following the TDP year-end, i.e., no later than September 30, in order to be registered for that program year.
- New applicants may choose to enroll in the TDP part way through the program year and their deductible will be calculated from the date of enrolment.
- Before coverage for eligible prescription drug products through the TDP is received, families must pay the deductible each quarter. Any unpaid deductible in a quarter will be added to the next quarter's deductible.
- Official prescription receipts are required for the period between the date of enrolment and the date a confirmation letter is received from the TDP or, if you have private insurance coverage.



### OTHER THINGS TO KEEP IN MIND

- Not all drug costs count towards the TDP deductible or are covered as program benefits.
- Check with the pharmacist or health care provider to find out which prescriptions fit into one of the following categories:
  - Listed in the Ontario Drug Benefit Formulary
  - Approved for coverage through the ministry's Exceptional Access Program


## LEARN MORE ABOUT THIS BENEFIT

- Ministry of Health and Long-Term Care  
[www.health.gov.on.ca/english/public/pub/drugs/trillium.html](http://www.health.gov.on.ca/english/public/pub/drugs/trillium.html)




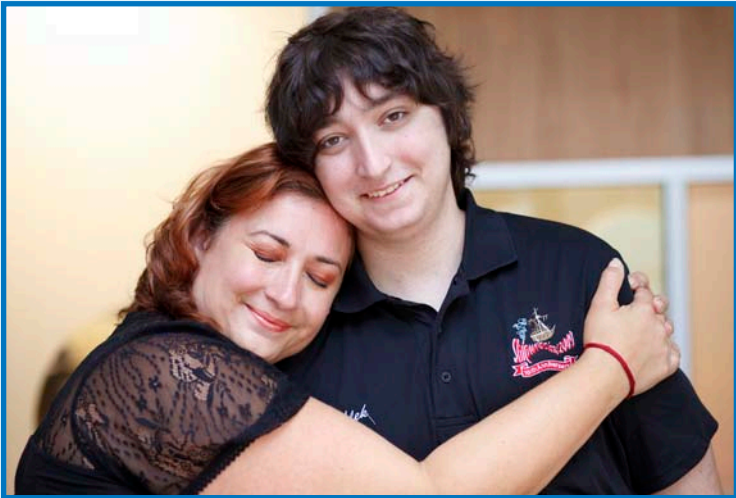
## I AM UNABLE TO WORK BUT CAN'T AFFORD NOT TO. WHAT AM I ELIGIBLE FOR?

### Private Insurance Programs

-   Short-term Disability Benefits
- Long-term Disability Benefits

### Government Insurance Programs

-   Employment Insurance (EI) Sickness Benefits
- EI Compassionate Care Benefits



*All information was accurate at the time of writing. Please check with the benefit provider, the health care team or a financial expert for any recent or pending changes, as well as suitability to your situation at the time of applying.*

## GOVERNMENT & PRIVATE INSURANCE PROGRAMS

Starting around summer 2013, Canadian families will be able to claim a new Employment Insurance (EI) special benefit to care for a critically ill child. Currently, only the Federal government's Compassionate Care benefits program compensates a parent/guardian who is off work to care for a seriously ill child, and that child must be terminally ill.

In other circumstances, a child's cancer diagnosis can cause parents/guardians to experience physical, emotional and cognitive symptoms (e.g., changes in mood, appetite, sleep, attention, memory, etc.). Should these symptoms begin to impact individuals' ability to function in their normal roles, a leave from work may be required. Parents/guardians who have contributed to a government-based or private insurance benefits program may be eligible to receive compensation for lost wages if they are not able to function in their work setting due to their own symptoms.

Depending on the circumstances, an individual may be eligible for one or more of the four benefit programs outlined in this section. If an individual is eligible for more than one type of benefit, the order in which to apply to each benefit should be taken into careful consideration. Before applying, it is recommended that parents/guardians review their unique situation with their POGO Pediatric Interlink Nurse or their hospital social worker.

### PRIVATE INSURANCE PROGRAMS: SHORT-TERM DISABILITY BENEFITS AND LONG-TERM DISABILITY BENEFITS

#### ELIGIBILITY FOR PRIVATE INSURANCE PROGRAMS

Many companies offer extended health insurance to employees as part of their employment contract. Some people purchase their own private plans through insurance or investment companies, alumni associations or business groups. Short-term disability (STD) and long-term disability (LTD) are types of wage protection programs that are sometimes included as part of an extended health insurance plan.

1. To be eligible for STD, individuals must be able to demonstrate that they are experiencing a significant period of sickness during which they are unable to work. "Sickness" can be either due to physical injury or illness, or due to psychological symptoms that an individual may be experiencing. The sickness must be in reference to the applicant's symptoms not their child's cancer.
2. To be eligible for LTD, individuals must demonstrate that they have been experiencing a significant and prolonged period of illness that is considered both chronic and disabling. They may also be required to demonstrate that they can no longer work in their previous occupation or in any other occupation.

## APPLYING FOR PRIVATE INSURANCE PROGRAMS

For private insurance wage protection programs such as STD and LTD, individuals are required to submit an extensive application to the insurance company managing the benefit. Forms can be obtained either from the employer or through the private insurance company directly. Medical documentation from a family doctor, psychiatrist or a psychologist (which may contain an assessment and treatment plan) is needed to support the claim to the insurance provider.

## TIPS & HINTS WHEN APPLYING FOR PRIVATE INSURANCE PROGRAMS

- Read all the application documents carefully to learn:
  - what forms must be completed and when;
  - what forms the doctor must complete and how much medical detail is required;
  - whether the doctor will charge a fee for providing needed documentation;
  - if there is a waiting period before the benefit is paid out; and
  - how much will be paid and for what period of time.
- Please refer to POGO's benefits brochures series for more specific information related to each of these benefits.

## OTHER THINGS TO KEEP IN MIND ABOUT PRIVATE INSURANCE PROGRAMS

- Families should direct questions to their health care provider first and consult with the social worker or POGO Pediatric Interlink Nurse to review all potential options before taking action. They should contact their employer's Human Resources Department or union representative for more information about available income support programs. The insurance company will also have a contact person should further assistance be required once the application is submitted.
- Families and health care providers should use discretion when disclosing any personal and health information to an employer or insurance company.

## LEARN MORE ABOUT PRIVATE INSURANCE PROGRAMS

- Speak with the company's Human Resources Department about the group benefits contract with the insurance provider.
- Refer to the extended benefits manual provided by the insurance provider.

## **GOVERNMENT INSURANCE PROGRAMS: EI SICKNESS BENEFITS AND EI COMPASSIONATE CARE BENEFITS**

### **ELIGIBILITY FOR GOVERNMENT INSURANCE PROGRAMS**

The government provides employment insurance through Sickness Benefits and Compassionate Care Benefits when an individual is unable to continue working and has contributed a minimum of 600 insurable hours in the past 52 weeks or since their last EI claim.

1. To be eligible for EI Sickness Benefits, “sickness” can be either due to physical injury or illness, or due to psychological symptoms that an individual may be experiencing. The sickness must be in reference to the applicant’s symptoms not their child’s cancer. EI provides Sickness Benefits for up to 15 weeks. A family doctor, psychiatrist or psychologist who is treating the applicant is required to assess the applicant’s symptoms to determine eligibility for Sickness Benefits and to complete a supporting Medical Certificate Form.
2. To be eligible for EI Compassionate Care Benefits, individuals must demonstrate they are unable to work because they must provide care to a gravely ill loved one. This benefit aims to help individuals who are providing psychological or emotional support, arranging for care by a third party, or directly providing or participating in caring for a family member who is not expected to survive their illness. EI provides Compassionate Care Benefits for up to 6 weeks.

The medical doctor who is treating the gravely ill family member is required to complete and sign a Medical Certificate to confirm that there is a significant risk of death within the next 26 weeks.

The six weeks of Compassionate Care Benefits can be shared with other family members, but each person must apply for this benefit separately and also meet the eligibility requirements.

### **APPLYING FOR GOVERNMENT INSURANCE PROGRAMS**

- Applications for either government benefit program (EI Sickness or Compassionate Care) can be obtained/completed online ([www.servicecanada.gc.ca](http://www.servicecanada.gc.ca)) or in person at a local Service Canada Centre.
- Obtain and submit a Record of Employment indicating insurable earnings for the last 52 weeks (or the employer may submit this information electronically).
- Complete any supporting medical documentation required. The EI office will begin processing the application once ALL documents are received.



### **TIPS & HINTS WHEN APPLYING FOR GOVERNMENT INSURANCE PROGRAMS**

- Please refer to POGO's brochure series – Sickness Benefits, Compassionate Care Benefits, Short-term Disability and Long-term Disability – for more specific information related to each of these benefits.



### **OTHER THINGS TO KEEP IN MIND ABOUT GOVERNMENT INSURANCE PROGRAMS**

- The benefit is calculated as a percentage of average insurable earnings up to a weekly maximum.
- It is the parents'/caregivers' responsibility to notify EI of any changes in health or income.
- Sickness Benefits may be combined with other types of EI benefits but this may change the length of the claim.
- There is a two-week waiting period in which no benefits will be paid.

### **LEARN MORE ABOUT GOVERNMENT INSURANCE PROGRAMS**

- Service Canada  
[www.servicecanada.gc.ca](http://www.servicecanada.gc.ca) (Click on Apply for Employment Insurance Benefits.)  
1-800-206-7218; TTY: 1-800-529-3742



## WE HAVE OTHER NEEDS. WHAT SHOULD WE KNOW?



- Community & Other Supports
- Travel Insurance
- Accessible Parking Permit (APP)
- Enhanced Respite Care
- Incontinence Supplies Grant Program
- Easter Seals' Financial Assistance Program (Equipment Purchases)
- Home & Vehicle Modification Program (HVMP)
- Assistive Devices Program (ADP)
- Special Services at Home (SSAH)
- Northern Health Travel Grant (NHTG) Program
- Fundraising Events



*All information was accurate at the time of writing. Please check with the benefit provider, the health care team or a financial expert for any recent or pending changes, as well as suitability to your situation at the time of applying.*

## COMMUNITY & OTHER SUPPORTS

Many families have extensive and varied needs while their child with cancer is in treatment. Some of these expenses are unforeseen and may not be specifically covered by the range of benefits listed in this booklet. For example, a child who has had chemotherapy treatment may experience hair thinning or hair loss and may choose to wear a wig. In many communities, grassroots organizations, hospital funds, foundations and other supports exist to help families with expenses like this.

In addition, the nature of the child's cancer may also make the child eligible for financial support from specific organizations. For example, the Spina Bifida and Hydrocephalus Association of Ontario awards annual scholarships to individuals with spina bifida and/or hydrocephalus pursuing post-secondary education at any accredited university or college, technical or trade school, career institute or school of business. Children with cancer may be eligible for this scholarship if they were treated for hydrocephalus because of a brain or spinal cord tumour.

In yet another example, children under 18 who have lost a limb due to their cancer may be eligible for financial assistance for artificial limbs from an organization like the War Amps Child Amputee Program (CHAMPS).

In certain cases, some families have been able to benefit from critical illness insurance if they opted to have this coverage added to their mortgage or car payments when they first entered into these agreements. Claims against critical illness coverage are in relation to a parent's stress disability, not their child's illness, and would need further documentation from a physician. A successful claim may result in payouts toward a mortgage and/or vehicle over a defined period of time.

Parents/guardians should consult with their child's health care team for more information about these and other organizations serving specific populations. Families may also refer to directories, such as POGO's Resource Guide to Services in Ontario (available in print and online at [www.pogo.ca/resourceguide](http://www.pogo.ca/resourceguide)), to find out what services are available in their area. Families may be eligible for support for the following expenses as well as many others:

- Lodging/accommodations when travelling for their child's treatment
- Meals when travelling for their child's treatment
- Out-of-town treatments
- Parking
- Summer camp for their ill child or other children
- Transplants
- Wigs

## TRAVEL INSURANCE

### BENEFIT SUMMARY

Travel insurance can generally be obtained through an insurance provider once the risk has been assessed and if specific criteria are met. To determine the best insurance to meet their needs, families of children with cancer should discuss their specific situation with a health care provider on the care team and the chosen insurance company.

### ELIGIBILITY

Insurance companies use a list of criteria to assess their own risk in providing coverage. Families should be prepared to answer a series of questions from the insurance agent to assess their eligibility for coverage, e.g., what tests are scheduled immediately before or after the travel dates, date of most recent treatment, etc. As families shop around for coverage, they should be prepared for different eventualities, including

- receiving coverage that extends to a pre-existing oncology condition but not a new condition or a symptom that begins within the seven days prior to travel, such as a broken arm;
- being able to show they have medical approval to travel;
- paying an increased premium to the travel insurance company, i.e., the cost of travel insurance, to waive a condition of coverage;
- being approved for coverage only for illness or accident, i.e., as long as the mishap is not related to the child's cancer;
- being refused coverage for care related to a previous health condition or when a test or treatment is booked following the child's return from travelling (Note: based on the nature of the test, insurance companies may feel the child's health is too unstable for travel); and
- refusal/approval of coverage by the insurance company for various other reasons.



### OTHER THINGS TO KEEP IN MIND

Wish-granting organizations (e.g., Children's Wish Foundation, Make-a-Wish Foundation of Canada and others) sometimes have special arrangements with travel insurance companies to waive normal travel coverage restrictions and provide full coverage when granting travel wishes. Insurance available to these wish organizations is a special arrangement that applies only to wish-related travel and cannot be purchased privately.

### APPLYING

Families must follow the insurance company's application procedure.



## ACCESSIBLE PARKING PERMIT (APP)

### BENEFIT SUMMARY

The Accessible Parking Permit (APP) is issued by Ontario's Ministry of Transportation and entitles a vehicle to be parked in a designated "accessible parking" space. The individual to whom the permit is issued must be a passenger in the vehicle at the time it is parked in the designated accessible parking space and the permit must be visibly displayed on the dashboard or sun visor. Permit holders may use the permit in any vehicle in which they are travelling. There is no fee for an APP. The Ministry of Transportation issues four types of permits, which are colour coded, three of which are most relevant to pediatric oncology families: a Permanent Permit (blue), a Temporary Permit (red) and a Traveller Permit (purple) (details below).

### ELIGIBILITY

To qualify for an APP, the individual to whom the permit is issued must be certified as eligible by a health practitioner who is recognized by the APP program (most commonly a physiotherapist or licensed physician). Application is appropriate if one or more of the following circumstances apply to the affected individual:

- Requires, due to a disability or severe fatigue, the assistance of a wheelchair or mobility device (e.g., walker, large stroller)
- Has a condition(s) or functional impairment that severely limits mobility
- Cannot walk without assistance of another person or a brace, cane, crutch, a lower limb prosthetic device or similar assistive device
- Is severely limited in the ability to walk due to a neurological, musculoskeletal or orthopedic condition
- Suffers from lung disease
- Requires portable oxygen
- Has visual acuity of 20/200 or poorer in the better eye with or without corrective lenses or whose greatest diameter of the field of vision in both eyes is 20 degrees or less

### APPLYING

To obtain an application for an APP

- use the Accessible Parking Permit online service at [www.ontario.ca](http://www.ontario.ca);
- pick up an application at any Service Ontario Centre; or
- request an application by mail from:

ServiceOntario  
P.O. Box 9800  
Kingston, Ontario  
K7L 5N8



## TIPS & HINTS WHEN APPLYING

The health practitioners who may certify an application for an APP include a licensed physician, chiropractor, registered nurse practitioner (extended class), physiotherapist or occupational therapist.



## OTHER THINGS TO KEEP IN MIND

- A permanent permit (blue) is valid for five years.
- Temporary permits (red) are issued when the disability is expected to last more than two months to a maximum of 12 months but is not considered a permanent disability. This permit is not renewable.
- Traveller permits (purple) are displayed on the dashboard or sun visor of a vehicle at any Ontario airport when permit holders are travelling and the vehicle in which they were transported there is to be left behind. The permit holder takes their permanent permit with them.

## LEARN MORE ABOUT THIS BENEFIT

- Ontario Ministry of Transportation  
[www.mto.gov.on.ca/english/dandv/vehicle/app.shtml](http://www.mto.gov.on.ca/english/dandv/vehicle/app.shtml)

## NOTES

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## ENHANCED RESPITE CARE

### BENEFIT SUMMARY

Enhanced Respite Care is a grant to help families caring for a child who is medically fragile and/or depends on a technological device, and/or requires care all day and night, including frequent or time-consuming caregiver intervention and monitoring on a 24-hour basis. Examples are children under 18 who

- rely on medical and technological equipment, such as mechanical ventilators, apnea monitors, renal dialysis, urinary catheters, colostomy bags, feeding pumps;
- take drugs intravenously; or
- rely on tracheotomy tube care, suctioning, oxygen support or tube feeding.

Families may be eligible for up to \$3,500 per child, per year. The grant is paid in addition to any other respite benefits the child may be receiving and should not result in a decrease in any of these payments. The program is funded by the Ministry of Children and Youth Services.

### ELIGIBILITY

To be eligible, the child must be under 18 years of age, living at home, and need intensive care and constant monitoring on a 24-hour basis. Eligibility is determined by the family's local Community Care Access Centre (CCAC).

### APPLYING

Families should discuss this benefit with their CCAC case manager as the CCAC is responsible for determining a child's eligibility.



### TIPS & HINTS WHEN APPLYING

If the child requires an NG tube or G-Tube feeds/hydration over 12-24 hours, ask the CCAC case manager to assess their eligibility for the Enhanced Respite Care Program.

### LEARN MORE ABOUT THIS BENEFIT

- Ministry of Children and Youth Services  
[www.children.gov.on.ca/htdocs/English/topics/specialneeds/respiteservices/index.aspx](http://www.children.gov.on.ca/htdocs/English/topics/specialneeds/respiteservices/index.aspx)
- [www.respiteservices.com](http://www.respiteservices.com)  
The site consists of local services/agencies funded by the Ministry of Community and Social Services and the Ministry of Children and Youth Services.



## INCONTINENCE SUPPLIES GRANT PROGRAM

### BENEFIT SUMMARY

Easter Seals administers the Incontinence Supplies Grant Program for children and adolescents with chronic disabilities that result in irreversible incontinence or retention problems lasting longer than six months and requiring the use of incontinence supplies. The disability may be physical or developmental.

There are three levels of funding:

- Level A: \$400/year for diapers (age 3 to 5 years), intermittent catheters (age 3 to 18 years), reusable garments (age 3 to 18 years)
- Level B: \$900/year: diapers (age 6 to 18 years), male external catheters
- Level C: \$200/year; bowel management supplies (age 3 to 18 years)

The grant is a contribution to the cost of supplies and may not cover all costs. Families receive a cheque every six months for half of the approved grant.

### ELIGIBILITY

All children/adolescents must first be registered with Easter Seals to access Easter Seals' service and support programs. To be eligible for registration with Easter Seals, the child/adolescent must

- be a legal resident of Ontario;
- hold a valid Ontario health card;
- be under the age of 19 years; and
- have a physical disability that impairs/impacts on their mobility.

The Easter Seals application form must be completed by a medical physician licensed to practice in Ontario.

In addition to all of the above criteria, some children under the age of three may be eligible for funding depending on their diagnosis. Children who are bedwetters are ineligible for funding as they do not meet the criteria set by the Ministry of Health and Long-Term Care.

### APPLYING

Once the child/adolescent is registered with Easter Seals, the program application must be completed and signed by a medical physician licensed to practice in Ontario. Families must reapply if they want to increase grant levels.



### TIPS & HINTS WHEN APPLYING

- Families are responsible for keeping all receipts for the supplies they purchase as proof of payment is required for reimbursement. This grant is likely most useful for those with incontinence related to disease in their spinal cord or pelvis. Frequent urination related to overnight feeds or hydration does not meet the eligibility criteria for this program.

### LEARN MORE ABOUT THIS BENEFIT

- Incontinence Supplies Grant Program  
[www.easterseals.org/services/incontinence-supplies-grant](http://www.easterseals.org/services/incontinence-supplies-grant)  
Call 416-421-8377 or toll-free 1-800-668-6252, ext. 314
- Speak with the hospital social worker or POGO Pediatric Interlink Nurse.

### NOTES

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## **EASTER SEALS' FINANCIAL ASSISTANCE PROGRAM (EQUIPMENT PURCHASES)**

### **BENEFIT SUMMARY**

Easter Seals' financial assistance program funds both equipment purchases and services. The program refunds costs that remain after benefits have been fully exhausted from the Ministry of Health and Long-Term Care's Assistive Devices Program, Assistance for Children with Severe Disabilities, insurance and other family resources. The list of eligible equipment and services is reviewed regularly and priority is given to mobility and communication devices. Easter Seals' funding contribution is based on the availability of funds.

### **ELIGIBILITY**

All children/adolescents must first be registered with Easter Seals to access Easter Seals' service and support programs. To be eligible for registration with Easter Seals, the child/adolescent must

- be a legal resident of Ontario;
- hold a valid Ontario health card;
- be under the age of 19 years; and
- have a physical disability that impairs/impacts on their mobility.

The Easter Seals application form must be completed by a medical physician licensed to practice in Ontario.

Children and adolescents (birth to 19th birthday) with physical disabilities, who are registered with Easter Seals Ontario, qualify for financial assistance towards the purchase of eligible services and special equipment. Easter Seals funds the following equipment needs:

- Accessibility (e.g., ramps, porch lifts, van lifts, van tie downs)
- Bath/toilet aids (e.g., shower chair, bath chair, bathroom grab bars)
- Communication devices (e.g., computers for basic communication for children who cannot talk)
- Mobility aids (e.g., wheelchairs, walkers)
- Orthotics (e.g., braces, splints)

### **APPLYING**

Obtain the application online at [www.easterseals.org](http://www.easterseals.org).



## TIPS & HINTS WHEN APPLYING

- The applicant must be registered with Easter Seals Ontario and have a valid Ontario health card.
- The application period is January 1 to September 30 annually and funds from this donor-driven program are distributed subject to availability.
- For older adolescents turning 19, applications must be submitted 6 months before their birthday to allow for processing.
- All requests for financial assistance must be approved before any equipment is purchased. Equipment purchases will not be refunded if they are purchased prior to approval.
- A separate application is required for each piece of equipment requested.
- Submissions must be mailed. Faxed submissions will not be accepted.
- For each request, parents/guardians are responsible to pay for the first \$50 or more based on their financial resources.

## LEARN MORE ABOUT THIS BENEFIT

- Easter Seals  
[www.easterseals.org](http://www.easterseals.org)  
 Call 416-421-8146 or  
 1-866-630-3336 ext. 383

- Maximum funding is up to \$3,000/year/child. This does not include financial assistance received for camp or recreational programs.
- Priority is given to requests for primary mobility and communication devices.

## NOTES

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## HOME & VEHICLE MODIFICATION PROGRAM (HVMP)

### BENEFIT SUMMARY

The Home & Vehicle Modification Program (HVMP) provides funding for basic home and/or vehicle modifications. The HVMP was established by the Ministry of Community and Social Services and is administered by March of Dimes.

Eligible applicants may receive grant funding as follows:

- Up to \$15,000 lifetime maximum for home modifications
- Up to \$15,000 every ten years for vehicle modifications

### ELIGIBILITY

The person requiring assistance must

- be a permanent resident of Ontario;
- have an ongoing or recurring disability/impairment that is anticipated to last more than one year; if full recovery from the impairment is expected within the year, the person would not be eligible; and
- have a disability/impairment that impedes mobility and results in substantial restrictions in activities of daily living, e.g., personal care and functioning in the community.

### APPLYING

The Applicant Assessment Form can be completed online or a hard copy can be obtained by downloading it from the March of Dimes website or by calling March of Dimes.





## TIPS & HINTS WHEN APPLYING

- This benefit is most relevant for children with permanent mobility issues.
- Applicants to the HVMP must first access other sources of available public or private funding. Applicants with the financial means are required to make a client contribution towards the cost of modifications. Families with a combined income over \$35,000 applying on behalf of their child must complete a comprehensive client contribution assessment when applying. If applying for an adult applicant with a disability, it is the income of the adult with a disability that will be considered. If that person is on the Ontario Disability Support Program, an assessment will not be required. The client contribution may be waived under certain circumstances.
- Applications can take a number of months to be approved.
- Only a certain number of applications are approved each calendar month.
- If an application is not approved, families are encouraged to reapply the next month with new dates on the form. Photocopies of all submitted documentation should be kept.

## LEARN MORE ABOUT THIS BENEFIT

- Ontario March of Dimes  
[www.marchofdimes.ca](http://www.marchofdimes.ca)  
Call 1-877-369-4867 or 519-642-3700  
Email [hvmp@marchofdimes.ca](mailto:hvmp@marchofdimes.ca)



## ASSISTIVE DEVICES PROGRAM (ADP)

### BENEFIT SUMMARY

Funded by the Ministry of Health and Long-Term Care, the Assistive Devices Program (ADP) provides Ontario residents who have long-term physical disabilities with access to personalized assistive devices appropriate for their basic needs.

ADP provides funding assistance towards the purchase, or lease in some instances, of over 8,000 separate pieces of equipment or supplies in the following categories:

- Medical supplies (e.g., oxygen, respiratory, NG or G-Tube feeding, tube feeding or pumps and equipment)
- Mobility (e.g., wheelchairs, ambulation aids)
- Prosthetics & orthotics (e.g., ostomy supplies)
- Sensory (e.g., hearing, communication and visual aids)
- Diabetes supplies (e.g., insulin pumps and supplies)

The majority of ADP recipients will receive up to 75% coverage, while those on social assistance or who receive Assistance for Children with Severe Disabilities will receive 100% coverage. For certain categories, ADP provides grants requiring clients to pay 100% of the costs upfront and reimburses them later, e.g., enteral feeding equipment and supplies, ostomy supplies, respiratory supplies.

### ELIGIBILITY

Eligible applicants must

- be Ontario residents with a valid OHIP card;
- have a physical disability, chronic illness or dysfunction requiring the use of an assistive device or home oxygen for six months or longer;
- have a primary diagnosis other than a learning disability; and
- not require the equipment exclusively for sports, work or school.

Applicants must also meet any additional criteria specific to a particular category.

### APPLYING

Initial access is often through a medical specialist or general practitioner who provides a diagnosis. In most device categories, an “authorizer” assesses the specific requirements of the person in need and prescribes appropriate equipment or supplies. Finally, the equipment or supplies are bought from a vendor. Most devices must be authorized by a qualified health care professional registered with the program. Registered authorizers work in hospitals, home care agencies or private practice. With some exceptions, e.g., the enteral feeding device and related supplies, the program will only help pay for equipment purchased from vendors registered with the Assistive Devices Program.



## TIPS & HINTS WHEN APPLYING

- ADP covers 100% of costs (including grant amounts) for applicants who are currently receiving social assistance benefits (e.g., Ontario Works, Assistance for Children with Severe Disabilities and Ontario Disability Support Program).
- Applicants who are not receiving social assistance will receive up to 75% coverage for medical equipment or supplies. The ministry portion of the cost is billed directly to ADP by the vendor. Families are responsible for paying the remaining costs directly to the vendor.
- Certain medical supplies and devices are covered by annual grants paid to families in installments, e.g., twice yearly for ostomy supplies and quarterly for enteral feeding supplies. The grant

amount is based on the required equipment and whether or not the applicant is on social assistance. Families typically receive their first grant payment by cheque 6-8 weeks after the ADP application is received.

- The Home Oxygen Program will cover 100% of the cost if the applicant is receiving professional services through the Community Care Access Centre.



## OTHER THINGS TO KEEP IN MIND

- There may be other sources of funding for ADP clients/families to explore for help with the cost of devices, e.g.,:
  - Voluntary/charitable organizations (e.g., March of Dimes, The Easter Seals Society, Kiwanis, Lions Clubs)
  - Insurance companies
  - Relatives/friends
- As a client of the program, families may be subject to audit by the ADP. The original receipts for all supplies must be kept for a minimum of two years after the purchase date.
- It is the family's responsibility to keep ADP informed and up to date about their contact information, e.g., of a change in name, address, banking information or if receiving Ontario Works, Assistance for Children with Severe Disabilities and Ontario Disability Support Program benefits.



## **SPECIAL SERVICES AT HOME (SSAH)**

### **BENEFIT SUMMARY**

The Ministry of Community and Social Services funds and manages the Special Services at Home (SSAH) program. SSAH assists children with a developmental or physical disability and their families by paying for special services to achieve particular goals. For example, the money can be used to hire someone to

- teach new skills and abilities to the person with a developmental disability;
- provide respite support to the family; or
- provide support to help the person with a disability participate in community life.

The amount of money a family receives depends on

- the amount and type of service needed;
- other help available in the community;
- other support the family is already receiving; and
- available resources.

SSAH benefits help to pay for the following items:

- Tuition
- Camp fees
- Registrations
- Workers (e.g., child & youth workers)
- Transportation
- Tutors
- Job coaches
- Sign language teachers

### **ELIGIBILITY**

Adults 18+ and children under 18 years with a developmental disability, or children 0-18 years with a physical disability can apply for this money if they:

- live in Ontario;
- need more support than their family can provide;
- are living at home with the family; or
- are not living at home with their family, and are not being helped by other residential services funded by the ministry.

The application must include written documentation from a physician or psychologist that confirms the person's developmental and/or physical disability.

## APPLYING

*Please note that at the time of writing this booklet applications for SSAH were backlogged to 2008. For local program availability, please contact the closest regional Ministry of Community and Social Services office.*

Application forms must be submitted every year but not necessarily a full application form. Individuals must submit a full SSAH application form if

- this is their first time applying;
- circumstances have changed since their last application;
- they are asking for a different amount of money than in their last application; or
- three years have passed since they last applied.

Developmental and/or physical disability must be confirmed in written documentation from a physician or psychologist.



### TIPS & HINTS WHEN APPLYING

- The availability of SSAH funding varies from year to year, thus decisions are made on an annual basis.
- Ensure the application is sent in well before the late winter/early spring decision time. If a request is denied the first year, apply again.

## LEARN MORE ABOUT THIS BENEFIT

- Ministry of Community and Social Services  
<http://www.mcscs.gov.on.ca/en/mcss/programs/developmental/serviceSupport/ssah.aspx>
- Ministry of Children and Youth Services  
[www.children.gov.on.ca/htdocs/English/topics/specialneeds/specialservices/index.aspx](http://www.children.gov.on.ca/htdocs/English/topics/specialneeds/specialservices/index.aspx)
- [www.respiteservices.com](http://www.respiteservices.com)  
The site consists of agencies funded by the Ministry of Community and Social Services and the Ministry of Children and Youth Services.

## NOTES

## **NORTHERN HEALTH TRAVEL GRANT (NHTG) PROGRAM**

### **BENEFIT SUMMARY**

The Northern Health Travel Grant (NHTG) Program helps pay some of the travel costs for Northern Ontario residents who must travel at least 100 kilometres one way for medical specialist or designated health care facility services that are not locally available. The NHTG Program also provides an accommodation allowance of \$100 per eligible trip to patients whose one-way road distance to the closest specialist or designated health care facility able to provide the required services is at least 200 kilometres away.

The NHTG Program helps pay for travel and accommodation expenses. Meals are not covered.

Travel – Travel expenses are reimbursed at 41 cents per kilometre based on the return road distance by car between a patient’s area of residence and the treatment/specialist’s location. There is a deductible of 100 kilometres on each trip.

Accommodation – A payment of \$100 for each eligible trip is provided if

- the patient meets all of the eligibility requirements, including the one-way road distance of at least 200 kilometres from their area of residence to the facility or specialist; or
- the patient would have met all of the eligibility requirements had the patient not:
  - travelled in the same vehicle with another patient; or
  - secured a free travel ticket from a current/past employer/parent’s employer, or other organization.

### **ELIGIBILITY**

Eligibility is open to

- Ontario residents, insured with OHIP on the date of treatment, whose primary residence is in the districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Parry Sound, Rainy River, Sudbury, Timiskaming or Thunder Bay;
- individuals who are referred for specialty health care that is an insured service under the Health Insurance Act;
- individuals who have been referred by a northern physician, dentist, optometrist, chiropractor, midwife or nurse practitioner before the travel takes place;

- individuals who are
  - referred to a medical specialist who is certified by the Royal College of Physicians and Surgeons of Canada, or a Winnipeg (Manitoba) physician enrolled on the Manitoba Health Specialist Register and permitted to bill as a specialist; or
  - are referred to a physician who holds a specialist certificate of registration issued by the College of Physicians and Surgeons of Ontario in a recognized medical or surgical specialty other than family or general practice; and
- individuals for whom the nearest specialist/designated health care facility able to provide the required care in Ontario or Manitoba is at least 100 kilometres from their area of residence.

In addition, if a child is under 16 years of age or if it is the referring practitioner's professional judgment that an individual is unable to travel without a companion, the companion can apply for a travel grant. If travel is by plane, train or bus, both the patient and the companion may receive a reimbursement grant if they have both paid a fare and the companion section of the application form is completed. If the travel is by personal car, then the patient and companion can apply for an equal share of one grant. The travelling companion must complete the appropriate section of the form.

## APPLYING

- The Application for Northern Health Travel Grant must be completed by (or on behalf of) the patient, by the referring health professional and by the travel companion if applicable.
- Only one application for each completed round trip can be submitted, regardless of the number of physicians visited in that trip.
- Original receipts, not photocopies, must be submitted.
- Applications must be received within 12 months of a visit to a specialist or health care facility.
- For children under 16 years of age, a parent with custody, a children's aid society or other person lawfully entitled to give consent for a child can do so, and sign the application form on behalf of the child.
- For individuals who are 16 years of age or older and incapable of giving their own consent, the individual's substitute decision maker (as defined by the NHTG Program) can consent or sign the application form on their behalf.



### TIPS & HINTS WHEN APPLYING

- Allow at least six weeks for processing.



## FUNDRAISING EVENTS

When someone in the family's circle of friends decides to hold a fundraiser to help pay for cancer-related expenses, there are many considerations the family needs to bear in mind.

All sources of income can impact the financial benefits families are currently receiving and the success of their current applications. Families should consult with a financial advisor or a member of their child's health care team to understand fully what implications income from fundraising sources can have on these benefits. In addition, families should consider the following:

1. Clarify with the fundraisers their expectations as to how the money will be used. Families will want to ensure they will have access to the funds raised and can use the money to improve the quality of their child's life and the life of the family. They would probably want to have final say in how the money is spent.
2. Families should be aware that fundraising events will put the spotlight on the child's health and family situation and should consider the additional toll that being in the public eye may have on the patient, parents/guardians, siblings and family as a whole.
3. Families should confirm if the money they receive must be claimed as income on their next tax return and how this will affect their tax bracket and eligibility for government financial benefits. Families receiving social assistance of any kind should consult with their case worker to understand the implications of fundraising income. A financial advisor will also be able to advise if these benefits are at risk and suggest options to safeguard all financial sources.
4. Tax receipts cannot be issued for funds raised on behalf of families unless the fundraisers have a charitable number. This is true even though the donation is for charitable reasons.
5. An informal trust can be set up for monies raised from a fundraiser. When someone (the "donor") donates money to benefit a particular person in need, the donor should make it clear on the face of the donation (i.e., on the cheque) that the money must be used for the benefit of the particular person and/or for a specified purpose, if that is the donor's wish. The person receiving the money, and who controls the bank account into which the money is deposited (the "trustee), should use the money as intended. However, caution must be exercised if there is no formal trust agreement in place. In such situations, the donor can only hope that the trustee will in fact use the money as intended.

Parents/guardians should also be mindful that when they open a bank account “in trust for Johnny,” that when Johnny turns 18, his parents/guardians can no longer maintain control of the bank account and Johnny has a legal right to claim the money in the bank account. If a lot of money is to be deposited for the child’s benefit, it would be advisable to retain a lawyer to establish a formal trust. This way, the money can be maintained by the child’s parent/trustee until the child reaches an age the parent might consider more appropriate for the young adult to take over, for example, 21 or 25.

If the family is still in financial crisis even after receiving funds from a fundraiser or other sources, they should speak with their hospital social worker or POGO Pediatric Interlink Nurse who have information about financial programs available for crisis funding and for which the family may be eligible.

## NOTES

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## I'M THINKING ABOUT MY CHILD'S FUTURE FINANCIAL NEEDS. WHAT SHOULD I BE AWARE OF?



- Childhood Cancer Canada Foundation Scholarship Programs
- Registered Disability Savings Plan (RDSP)
- Ontario Disability Support Program (ODSP)
- Henson Trust



*All information was accurate at the time of writing. Please check with the benefit provider, the health care team or a financial expert for any recent or pending changes, as well as suitability to your situation at the time of applying.*

## **CHILDHOOD CANCER CANADA FOUNDATION SCHOLARSHIP PROGRAMS**

### **BENEFIT SUMMARY**

The Childhood Cancer Survivor Scholarship Program supports post-secondary education and recognizes the personal triumphs of outstanding young adults who have survived a cancer journey. The Foundation awards two scholarships: The Childhood Cancer Survivor Scholarship and the Teva Canada Scholarship for Childhood Cancer Survivors.

### **ELIGIBILITY**

The Childhood Cancer Survivor Scholarship has a value of \$1,500 and is open to young adults who

- have been treated for, or are still in treatment for, childhood cancer (a letter confirming the diagnosis of childhood cancer is required from the oncologist or family doctor);
- are residents of Canada; and
- will be entering any college, university or vocational training program in the scholarship application year (confirmation of attendance will be required).

Teva Canada Scholarship for Childhood Cancer Survivors has a value of \$5,000. It is intended for those entering, or who are already in, pharmacy, medicine or health sciences training. It is open to young adults who

- have been treated for, or are still in treatment for, childhood cancer (a letter confirming the diagnosis of cancer in childhood is required from the hospital physician or family doctor);
- are residents of Canada; and
- will be entering or are already attending a Canadian university in the fields of pharmacy, medicine or health sciences in the scholarship application year.

### **APPLYING**

The Childhood Cancer Survivor Scholarship requires applicants to submit a 300- to 500-word letter describing their experiences in life and future goals, highlighting why they are applying for this Scholarship.

The Teva Canada Scholarship calls for a personal essay describing how applicants' personal journeys with cancer inspired them to follow a career in the field of medicine/pharmacy/health sciences, and how the Teva Canada Scholarship can help them in their academic career.

Both scholarships also request the following:

- Completed application form of personal information
- Letter of acceptance from the post-secondary education program
- Statement from the attending physician or family doctor that the applicant has been treated (or is still receiving treatment) for childhood cancer
- A current photo of the applicant

### LEARN MORE ABOUT THESE SCHOLARSHIPS

- Childhood Cancer Canada Foundation  
[www.childhoodcancer.ca/get-help](http://www.childhoodcancer.ca/get-help)
- Speak with the hospital social worker, POGO Pediatric Interlink Nurse or with a counselor with POGO's Successful Academic and Vocational Transition Initiative (SAVTI).



### TIPS & HINTS WHEN APPLYING

While it is possible to apply for both scholarships in the same year, only one will be awarded to the same applicant in that year. If successful with one scholarship, the applicant may apply for the other in another year. These scholarships are awarded only once to the same applicant.

## NOTES

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## REGISTERED DISABILITY SAVINGS PLAN (RDSP)

### SUMMARY

A Registered Disability Savings Plan (RDSP) is a tax-deferred savings plan for a beneficiary (59 years or under) who was approved for the Disability Tax Credit. An RDSP can be opened by the beneficiary's legal parent(s) or other qualified person(s), who becomes the holder of the plan. With written consent from the plan holder, contributions to an RDSP can be made by anyone to save for the long-term financial security of the plan's beneficiary. An RDSP is a way to help ensure the beneficiary's future finances (e.g., Ontario Disability Support Program benefits) can be supplemented by savings and investments made on their behalf without harming their eligibility for provincial income support programs. **If at any point parents/guardians have concerns that their child may have significant or permanent physical or cognitive disabilities later on, this is an important benefit to consider.**

RDSPs can be enriched by Government of Canada contributions in two forms: the Canada Disability Savings Grant (an income-tested matching grant) and the Canada Disability Savings Bond (an income-tested bond). The amounts of both the grant and bond are based on family income. If the beneficiary is under 19, it is the income of the beneficiary's parents/guardians that is relevant; beyond age 18, it is the beneficiary's own income and that of their spouse. Family income thresholds are adjusted for inflation each year.

The Canada Disability Savings Grant is matched at 300, 200 or 100 percent depending on family income and the amount contributed. The Grant has had a threshold of approximately \$82,000 where contributions are matched based on family incomes below or higher than this amount. Matching grants of up to \$3,500 can be received in one year, with a lifetime maximum of \$70,000.

The Canada Disability Savings Bond has had a family income threshold between approximately \$24,000 and \$41,000, where bonds are paid based on family income levels in this approximate range. The Canada Disability Savings Bond will pay bonds of up to \$1,000 a year to low-income Canadians with disabilities. Once a plan is opened, no family contribution is required to receive the bond. The lifetime bond limit is \$20,000.

The RDSP as an asset will not disqualify the adult beneficiary from Ontario Disability Support Program benefits. Similarly, plan payments when the beneficiary is a senior citizen will not affect Ontario Disability Support Program monthly benefits or other seniors' benefits such as Old Age Security and the Guaranteed Income Supplement.

Contributions to an RDSP are not tax deductible. They can be made until the end of the year in which the beneficiary turns 59 years old, but federal government contributions will only be made until the beneficiary turns 49. Family contributions that are withdrawn from an RDSP are not included as taxable income for the beneficiary and will not offset ODSP. However, the Canada Disability Savings Grant, Canada Disability Savings Bond and investment income earned in the plan are included in the beneficiary's income for tax purposes when paid out of the RDSP.

Starting in 2011, unused grant and bond entitlements can be carried forward to future years. The carry forward period can only start after 2007 and is for a period of 10 years. In addition, for deaths occurring after March 3, 2010, existing rollover rules for Registered Retirement Savings Plans (RRSPs) will be extended to allow a rollover of a deceased individual's RRSP proceeds to the RDSP of the deceased individual's financially dependent infirm child or grandchild.

Families should discuss their child's situation with a knowledgeable lawyer or financial advisor. The child's health care team may be able to refer parents/guardians to an appropriate professional.

## ELIGIBILITY

Eligibility for the RDSP is based on the beneficiary of the RDSP being eligible for the Disability Tax Credit long-term. The beneficiary must also

- have a valid social insurance number (SIN);
- be a resident of Canada at the time the plan is entered into and with every contribution made to the plan; and
- be under the age of 60.



## TIPS & HINTS WHEN SETTING UP AN RDSP

- It is recommended that an RDSP be established if it is suspected that the child may always be eligible for the Disability Tax Credit.
- It is strongly recommended to discuss this benefit with an RDSP expert.
- If the child has reached the age of majority and has the competency to enter into a contract, that young adult can now open an RDSP and be the plan holder.



### TIPS & HINTS WHEN SETTING UP AN RDSP (continued)

- A parent of an adult but not competent beneficiary is not considered the legal representative until a court approves the application to be the legal guardian of the beneficiary. Upon approval, the parent can set up the RDSP on behalf of the adult beneficiary who is not competent. The banks and other investment houses that manage RDSPs often do not understand this distinction. This process normally requires a lawyer's assistance.
- Another person can open an RDSP for a minor child and become the plan holder if this person is a
  - o parent of the beneficiary; or
  - o legal guardian of the beneficiary, or an individual who is legally authorized to act for the beneficiary.

### LEARN MORE ABOUT THE RDSP

- Canada Revenue Agency  
[www.cra.gc.ca](http://www.cra.gc.ca) (On the English site click "Information for Individuals" and search topics alphabetically.)
- Planned Lifetime Advocacy Network (PLAN)  
[www.rdsp.com](http://www.rdsp.com)  
PLAN is a non-profit organization founded to secure the future for people with disabilities. PLAN proposed, researched and campaigned for the RDSP, and since approval of the RDSP has continued to track, advise and promote the plan. As experts on this issue they have created [www.rdsp.com](http://www.rdsp.com) to provide families across Canada with the most accurate and up-to-date information available on the RDSP.



### OTHER THINGS TO KEEP IN MIND

- The beneficiary must be a resident of Canada when the plan is opened and when each contribution is made to the plan.
- Contributors will not be entitled to a refund of their contributions.
- Repayments of Government of Canada contributions are required under specific circumstances of which plan holders should make themselves aware.
- Should the beneficiary no longer have a disability, the RDSP must close and all amounts must be paid out of the plan by December 31 following the first calendar year that the beneficiary is no longer considered to have a disability. Any funds remaining in the RDSP after any required repayments of government grants and bonds will be paid to the beneficiary.



## ONTARIO DISABILITY SUPPORT PROGRAM (ODSP)

### BENEFIT SUMMARY

The Ontario Disability Support Program (ODSP) is income support for adults living with disabilities that will prohibit them from being able to sustain themselves financially. It provides both financial and employment support through two separate programs: Income Support and Employment Supports.

Young adults 18+ years of age with a disability may quite likely qualify for ODSP. It is not necessary to be approved for the Disability Tax Credit to be approved for ODSP. In 2011, ODSP paid monthly financial benefits of \$805 or \$1,053. If a young adult lives at home, the lesser amount will usually be paid, but in many cases, the individual is in fact eligible for the higher amount. This may be corrected by setting up a lease arrangement so that the shelter component of ODSP benefits increases. If applicants are able to shop and cook for themselves they may be eligible for \$1,053 per month. The ODSP recipient can continue to go to school and work and still receive ODSP. The initial asset test is \$5,000 but up to \$100,000 in assets can be exempted without jeopardizing ODSP benefits. For example, if an inheritance of up to \$100,000 is received, and the money is placed in a trust within six months of receiving it, up to \$100,000 of this trust may be exempt as an asset.

### 1. ODSP INCOME SUPPORT

ODSP Income Support helps eligible adults, 18+ with disabilities and in financial need, pay for living expenses, e.g., food and housing. The amount of ODSP Income Support received will depend on the young adult's family size, income, assets and housing costs. A qualified applicant may also be eligible for other benefits, such as:

- Drug coverage
- Basic dental coverage
- Vision care
- Hearing aids
- Diabetic supplies
- Help with assistive devices, wheelchair/mobility device repairs and batteries
- Help to support a guide dog
- Help with work-related expenses

## ELIGIBILITY

Applicants may qualify for Income Support if they

- are age 18+;
- live in Ontario;
- are in financial need which takes into consideration any income and assets; and
- have a substantial physical or mental disability that
  - is expected to last a year or more; and
  - it is hard for them to care for themselves, take part in community life or work.

To receive ODSP Income Support, applicants must meet the definition of a “person with a disability” as defined under the Ontario Disability Support Program Act and cannot have more than \$5,000 in their name in savings. Registered Disability Savings Plan and Henson Trust funds are not included in the assessment of savings in the individual’s name.

## APPLYING

To begin the application process, applicants and their families should contact their local ODSP office to arrange a meeting. The purpose of the meeting is to review applicants’ financial situation, including any required documentation. After the meeting, applicants will be advised whether they qualify financially for ODSP Income Support. If denied, applicants can ask to have the decision reviewed. If they qualify, applicants will go on to part two of the application process that looks at disability status to determine if the definition of “a person with a disability” is met.



### TIPS & HINTS WHEN APPLYING

- Because the application process is in-depth and applications can take six months to process, application for ODSP should begin when the child is 17.5 years of age.

## LEARN MORE ABOUT THIS BENEFIT

- Ministry of Community and Social Services  
[www.mcscs.gov.on.ca/en/mcscs/programs/social/odsp/index.aspx](http://www.mcscs.gov.on.ca/en/mcscs/programs/social/odsp/index.aspx)

## 2. ODSP EMPLOYMENT SUPPORTS

ODSP's Employment Supports program helps people with disabilities (age 16+) who can and want to work prepare for and find a job. Because everyone's path to employment is different, there are many kinds of ODSP Employment Supports including:

- Help preparing for work
- Help finding the right job
- Help keeping a job
- Job coaching
- On-the-job training
- Help to move to the next career level
- Software and mobility devices to assist with job performance
- Interpreter or intervener services
- Transportation assistance
- Assistive devices and training to use them
- Tools and equipment required for the job
- Special clothing for the job
- Specialized computer training
- Other items as may be required

If the applicant's goal is to be a business owner, Employment Supports may be able to assist with the following:

- Developing and implementing a business plan
- Training in money management, record keeping and budgeting
- Marketing the business
- Mentoring
- Financial help towards the costs of business tools, equipment and supplies, licenses and certification

### APPLYING

Application packages are available from the ODSP website or by visiting or calling a local ODSP Employment Supports office. The package must be completed in full. Applicants can seek help to complete the package from a friend or family member or they can also ask for assistance from their local ODSP Employment Supports office. Counselors in POGO's Successful Academic and Vocational Transition Initiative (SAVTI) may be able to assist their clients when applying for this benefit and completing the necessary forms.

In some cases, applicants may need to prove their disability.



### TIPS & HINTS WHEN APPLYING

The application process requires a lot of information from medical professionals. Ample time should be given for these individuals to complete the application.

### LEARN MORE ABOUT THIS BENEFIT

- Ministry of Community and Social Services  
[www.mcsc.gov.on.ca/en/mcsc/programs/social/odsp/index.aspx](http://www.mcsc.gov.on.ca/en/mcsc/programs/social/odsp/index.aspx)

### NOTES

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## HENSON TRUST

### SUMMARY

A Henson Trust will benefit people with a disability without hurting their chances to access other government benefits like the Ontario Disability Support Program. The Henson Trust is set up as an absolute discretionary trust in the will of a parent or other family member. An absolute discretionary trust is a legal arrangement that allows a parent to create a trust for a beneficiary, typically their child. A trust may be created during the trustee's lifetime or, most commonly, according to the terms of a will. Without this arrangement, the asset of an inheritance will disqualify the child from government benefits.

### ELIGIBILITY

A Henson Trust is accessible to all individuals who can make use of one.



### TIPS & HINTS WHEN SETTING UP A HENSON TRUST

- Choose a trustee wisely as that person has absolute and unrestricted discretion when it comes to spending the funds for the child's benefit, and will be responsible for managing the Henson Trust for the rest of the child's life. Often the trustee is a sibling and will receive the residue of the trust when the child dies. The potential conflict of interest is clear and must be addressed.
- The will must stipulate that the child with a disability is a life beneficiary of the trust but does not control or own it. This allows the child to continue collecting full government benefits. Because government benefits (i.e., the Ontario Disability Support Program) require the child to maintain an asset level below \$5,000, the fact that a child does not control or own the funds in a Henson Trust permits the additional income without affecting their eligibility for Ontario Disability Support Program benefits.



### **OTHER THINGS TO KEEP IN MIND**

- Ontario Disability Support Program benefits can be affected by an inheritance. For example, if a family member with special needs is receiving Ontario Disability Support Program benefits and is left an inheritance above the Program's income exempt level, that inheritance is considered an asset and benefits will be disqualified. However, inheritances placed in a properly prepared absolute discretionary trust like a Henson Trust are not the asset of the child and will not affect provincial benefits. With a Henson Trust, there are no restrictions on how much can be left to the child or how it's paid out for the child's benefit.

### **LEARN MORE ABOUT A HENSON TRUST**

- Families should consult with a lawyer or other specialist.

## **NOTES**

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