

Funding Tipsheet: **Assistance for Children with** **Severe Disabilities**

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What is Assistance for Children with Severe Disabilities (ACSD)?

- If you are a parent or guardian who is caring for a child with a severe disability you may be able to get financial support through the Assistance for Children with Severe Disabilities (ACSD) Program.
- This program provides financial support for eligible families to cover some of the extra costs of caring for a child who has a severe disability.
- Eligible parents and guardians can receive between \$25 and \$646 a month to help with disability-related costs.
- Annual increases to ACSD are now tied to inflation.

Eligibility for ACSD

- You may be eligible to apply for ACSD if:
 - You are a parent or a guardian of a child who is under 18 years of age (17 and under), lives at home and who has a severe disability.
 - Your total household income is \$76,200 or less
- Your eligibility and the amount of assistance you receive is also based on a combination of factors:
 - size of your family
 - severity of your child's disability
 - extraordinary costs related to your child's disability

What does ACSD cover?

- This program provides funds to assist with costs such as:
 - travel to doctors' appointments, hospitals and other appointments related to the child's disability like physiotherapy, occupational therapy.
 - special shoes and clothes
 - parental relief such as respite
- In addition to getting monthly financial support through the ACSD program, children may also receive coverage for:
 - an assessment for an assistive device and/or the consumer contribution for a device provided under the Assistive Devices Program
 - batteries and repairs for mobility devices
 - prescription drugs through OHIP+
 - dental care through Healthy Smiles Ontario program
 - hearing aids and vision care, including eyeglasses.

About this Tipsheet

- **Read the whole application before filling out! This is important to understand what this application is about.**
- This Tipsheet breaks down the application into its sections and provides helpful tips and insights for filling out this application.
- If you need more help to fill out any forms, please scan the QR code to see a list of community partners that can support through form funding clinics.



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

The ACSD Application

1. Assistance with completing the application

- If someone in the community is helping you with this application, please include their information on the form. If someone in the community is supporting with filling out your application.
 - For example, a social worker, service navigator etc.
- If you are completing the application on your own, please leave this part blank.

2. Applicant Information

- This is parent/guardian information.
- Are you in a shared custody situation?
 - Please note that if you are living separate from the other parent of the child, then you can say “yes” for a shared custody situation, otherwise please indicate no.
 - This includes if you have sole custody of your child. A representative from ACSD will review your application and ask about the custody arrangements of your child



****Tip:** ACSD requests a copy of your Canada Child Benefit (CCB) so it is in good practice to keep this information the same as the parent who receives CCB.**

3. Spouse information

- Spouse information should be completed to keep the file updated, if relevant.

4. Child Information

- Please include the child’s information – this is the child you are completing the application for.
- **Please note that if you have refugee status, you are still eligible to apply for this program.**
- If your child is planning to reside in a hospital or is currently staying in a hospital, please indicate admission date and discharge date. Please also include the name of the hospital or institution they will be staying at.

5. Alternate Contact Information

- If you would like someone who is not your spouse to be able to access this application, please include their contact information.

6. Other Children Information

- Please note the total number of people in your family (who live in your house) including yourself and the child you are applying for.
- Please note if there are other children (not including the child you are applying for) under the age of 18 who live with you. Please note their ages and total number of children under 18.

7. Financial Information

- If you are currently receiving Ontario Works (OW) or Ontario Disability Support Program (ODSP) as the parent/caregiver, then you do not need to include your Notice of Assessment (NOA).
- If you are not on OW or ODSP, please include your combined household income as it is noted on your Notice of Assessment – including your spouse's income if this applies to you.
- If there is a change in your income since your last NOA, please indicate the reason for the change and your current income.
- You can provide pay stubs and other information in addition to your NOA.

8. Medical and Functional Questionnaire

- This section focuses on your child's medical condition as well as how it impacts them.
- Please be mindful that this section will determine if the child meets the needs for a severe disability.
- While your child is more than their disability, for the purpose of this application we want to focus on where they need additional support or supervision throughout their daily activities.
- This part is divided in 2 sections, A and B and each section has multiple questions regarding the child's medical condition, disability, treatments, and functional daily living skills.

Section A. What is the child's medical condition and disability?

- Please note the child's diagnosis (be sure to include all diagnoses if there are more than one) and any information provided by medical practitioners that would be relevant to this application.
- Include if the child uses a g-tube or any other devices to support with their daily function.
- Answer each question based on the condition, frequency, and impact on daily living.

How does the child's disability and medical condition impact their daily life at home?

- This is your opportunity to explain your child's disability and medical condition, how it impacts their life and your family's life and why you need additional funding and support.
- Some prompting questions to help you fill out this section. You do not have to use them, they are only examples to help you out:
 - At home, do they need to be supervised at all times? Explain why they need additional supervision? For example, seizures, safety concerns related to their diagnosis – risk of aspiration.
 - Do they engage in any behaviours that can be considered harmful to themselves or others? Do they hurt themselves or others because of their medical condition/disability? How frequently?
 - Does your child sleep through the night or do they wake several times at night – do they require g-tube feeding overnight, do they wake with seizures?
 - Do they understand what is and is not safe?
 - Are they able to communicate their wants and needs? How do they communicate, for example, nonverbal, ASL, communication device
 - Do they require any physical supports navigating the home?
 - What kind of devices does your child use, for example, wheelchair, walker, g-tube, oxygen, suction, white cane, hearing aids
 - Do they need help accessing different parts of the home, going up or down the stairs etc?
 - Do they need additional supports with daily living activities such as eating, bathing, dressing, toileting and other personal care? For example, how long does it take to eat a meal or be fed by g-tube, how many people does it take to give your child a bath, how much time is spent doing physiotherapy, occupational therapy, speech therapy exercises recommended by your therapists at home?

How does the child's disability and medical condition impact their daily life in the community?

- Some prompting questions to help you fill out this section:
 - In the community, do they need to be supervised at all times?
 - Does this look like holding their hand or eyes on them at all times?
 - Do they understand danger?
 - Will they walk or run away from the group?
 - Are you able to drop your child off at a community program or does someone need to stay with them? What kind of support do they need and why?
 - Do you bring or pack anything that they need that you cannot leave the house without? Diapers, a change of clothes, special diet, medication etc.
 - Do they need support when interacting and playing with other children?
 - How do they communicate and interact with other children?
 - Do they need physical support going over curbs or accessing the playground?
 - Do they use any supportive devices, such as prosthetics, AFOs, wheelchairs, walkers or standers, hearing technology, communication technology?

How does the child's disability and medical condition impact their daily life at school?

- Some prompting questions to help you fill out this section:
 - At school, do they have an educational assistant, special needs assessment, DeafBlind Intervenor-, Vision or Deaf and Hard of Hearing Itinerant teacher or an independent education program? Is it 1:1 support?
 - Do they use any supportive devices such as trike or helmet when at school?
 - Are they able to navigate through the school independently, for example, going up and down the stairs, going from one classroom to another?
 - What additional supports do they require at school?
 - Do they need help with eating or toileting support?
 - Do they need support with schoolwork or playing with their peers?

Has the child required treatment or other interventions from a health care provider in the past year or is on a waitlist for treatment?

- For example, from a doctor, nurse, speech therapist, physiotherapist, occupational therapist, behavioral therapist, infant development worker, vision intervention, etc.
- Indicate all medical professionals and healthcare providers that have been seen for the child in the past 12 months.
- Please also note any treatments or therapies that your child is on the waitlist for.



****Tip:** Note the type of professional or their official title, rather than their names. For example, orthopedic surgeon, occupational therapist**

Did the child require any regular or ongoing visits to a clinic, hospital or treatment/rehabilitation centers in the past year?

- Please note the names of the hospitals, clinics and treatment/rehabilitation centers you have attended in the past 12 months, where your child required/requires ongoing care.

Does the child require any services, supports or assistive devices/aids?

- These include, but are not limited to, wheelchair, mobility devices, hearing technology and vision aids, communication devices, **personal support worker, respite care**, g-tubes, suction, oxygen, etc.
- Please answer yes if the child requires support when attending camps and programs to help with participating in activities.
- Please note the type of support or service they require in this section.

Does the child take medication?

- Please indicate if your child takes medication.
- If they do, also include the names of the medication, how often the medication is taken, if it is taken orally or by g-tube, as well as the dosage. Also note how long it takes to prepare the medication for g-tube and how long it takes to administer the medication (some children take many medications, several times per day and this can take a large amount of time)

Section B. Child's functional daily living skills questionnaire

- Please answer these questions to represent your child in the most accurate way.
- Sometimes what best describes a child's abilities does not fit in the "yes" or "no" categories all the time. Please be mindful if they need support, even occasionally, the answer is could be YES to best represent your child.
- If your child has not been tested for hearing or vision and there are no current concerns, then indicate that they do not have difficulty.
- Cortical Vision Impairment (CVI) is different than legally blind. If your child has CVI explain this in the additional information part of this section.
- If your child is having any testing done because you or your healthcare provider have concerns about your child's development, be sure to explain this in the additional information part of this section.
- You can also add comments, based on their diagnosis or medical condition, if you feel that you would like to further clarify the information provided.

9. Disability Related Expenses

- This portion of the application, along with the income noted, will determine the monthly payment that ACSD provides.

A. Transportation, Accommodation, and Meal

- This section is related to all transportation costs that you may have when taking your child to doctor's appointments and/or treatments. It includes costs for transportation (gas, taxi, uber, TTC...) and also meals or accommodation costs.
- You can claim accommodation costs for overnight stays for the child and one caregiver, when an out-of-town appointment and/or treatment is needed.
- For transportation, indicate if you are currently receiving funding from the Northern Health Travel grant or have applied.
- Please note if you live outside the North Regions then you would not qualify for the Northern Health Travel Grant.

Travel by Car

- If you travel by car to your appointments related to your child's diagnosis, please complete this section
- Note the treatment facility, the reason for travel (medical appointment or therapy session etc) as well as the total kilometers for a round trip from your place of residence to the hospital or appointment and back to complete the calculations. Appointments from the past 12 months can be indicated. You may include appointments that you know you will have over the next 12 months, for example, weekly speech therapy/physiotherapy/occupational therapy
- You may include travel to all appointments and services related to your child's disability or medical condition, including services that you pay for, for example, specialized nursery/preschool



****Tip:** To gather this information you can contact the hospital or treatment center to provide an accurate number of trips. Google maps can be used for an estimate for kilometers as well**

Travel by Trains, Bus, Taxi, and/or Air

- If you travel by train, bus or taxi to your appointments related to your child's diagnosis, please complete this section
- Note the treatment facility, the reason for travel (medical appointment or therapy session etc) as well as the total cost for a round trip from your place of residence and back for one caregiver/parent as well as the child.

Accommodation Costs

- Include any accommodation costs paid if your child needed an appointment out of town and required an overnight stay at a hotel or air bnb.

Meal Costs

- For meal costs, please note the treatment facility/hospital, as well as the type of meal purchased and how many times the specific meal type was purchased.
- Please note this only applies to meals purchased for one caregiver/parent as well as the child they are accompanying to the medical appointment.

Sibling Care

- Indicate any costs related to childcare for children under the age of 12 who needed this support while attending appointments and meetings related to your child with a disability.
- For school aged children, consider childcare/childminding costs for them during the summer when they are not in school and will require sibling care.
- Remember to include the entire length of time you will be away from home (appointment plus travel time)
- This can include payments made to family members as well.

Extra Clothing

- This is for additional costs related to extra clothing the child needs.
- Reasons for needing additional clothing that are related to the child's disability may include frequent vomiting, acid reflux, drooling, spills when feeding, frequent tears from falls, diaper leakages, chewing on clothes etc.

Extra Linen

- Costs for extra linen including extra towels or bibs if they are feeding the child, extra face cloths for wiping drool, bed padding and extra bedding if the child is wearing a diaper, wets the bed or has acid reflux or vomiting, extra pillows for additional support and comfort.

Diapers/Incontinence Supplies

- Diapers and incontinence costs for diapers, gloves, wipes and pull-ups.
- If the child requires additional items to be sent to school, please include this cost as well.
- If the child is over the age of 3 and requires incontinence supplies due to their disability or diagnosis, they may be eligible for the Easter Seals Incontinence Grant. Please find the application here or with the QR code:
<https://services.easterseals.org/incontinence-supplies-grant/>
- If they are already receiving this grant, please indicate the yearly funding they receive.



Extra laundry

- Extra laundry costs that are related to your child's disability including laundry needed to be done due to wear and tear from falls, soiling of clothing from feeding spills, drooling, vomiting or diaper leakages as well as bed wetting accidents – this includes their linens as well.

Shoes, Boots, and Custom Orthotics

- If the child's disability requires them to need additional shoes or boots – wearing AFOs or the way they walk may cause more frequent wear and tear.
- Indicate the number of shoes and boots purchased in addition to what they would regularly need.
- Please also indicate if you have paid out of pocket for custom orthotics or a portion of the price – please note you must include receipts for this as well.

Special Diet

- If the child requires a special diet as recommended by a physician, nurse practitioner or dietitian in relation to their disability, the cost can be indicated here.
- If the child requires pureed foods, you can note the cost of buying foods already pureed or the cost of items purchased such as a blender to accommodate for this special diet, e.g., ketogenic diet supplies

Medical/Surgical Equipment and Supplies

- Please note any out of pocket expenses in relation to medical or surgical equipment, including the cost of mobility devices, communication aids, hearing aids, g-tube supplies, syringes, feeding bags and oxygen tanks.

Family Relief/Respite

- Family relief or respite is the cost of childcare to relieve caregivers as needed by the severity of the child's care or to allow them to spend more time with other children in the family. Please note this can include payments made to family members over the age of 18 who have supported with this care.

Social Programs

- If the child you are applying to this program for has attended any social programs that you have paid for the cost out of pocket, please indicate that here.
- You can also include any future programs you plan on registering them for.

Camp

- Please note the cost of camps the child may have attended or will attend in the near future.

Extraordinary Childcare

- If the child you are completing this application for is over the age of 12 and requires ongoing supervision, please indicate the cost of any childcare you have paid for.

Specialized day Care/Nursery School

- If your child is in daycare or nursery school to build their social skills as it relates to their disability, please include the cost of this.
- If your child attends a specialized nursery school/preschool program, you can include this cost here.
- If you receive daycare subsidy, you may only include the fees that you pay for out of pocket.

Special Learning/Development Equipment

- Special Learning/Development Equipment includes the cost of any items purchased to enhance their learning or development, this can include noise canceling headphones, weighted vests/blankets for sensory needs, any apps that support with learning, books and toys that enhance development, art supplies as well as sensory toys.
- Briefly explain how the toys or equipment will help your child, e.g., books and toys will be used to help my child's communication development, fine or gross motor skills, etc.
- Every applicant can claim \$300 in this category.

Other Expenses

- Other expenses related to the child's disability can include over the counter drugs – such as Tylenol or Advil if they require this frequently for pain management, any household additions or repairs – such as adding carpet or foam floors if the child crawls around the house, the cost of adding gates and locks for the child's safety and any special equipment repairs paid for out of pocket.
- You may add the cost of cleaning supplies if your child vomits, drools, spills their food frequently, has diaper leaks. Estimate the cost of cleaning supplies for your floor, carpet, furniture, walls, etc. per month and then add the cost for the year

Attachments

- Make sure you attach all documents needed before you send your application, including medical and financial documents.
- You can add a note from your child's doctor and/or therapist that clearly explains their medical condition and needs if you think it will help with your case.

Consents

- Please read this section carefully.
- Consent to recover overpayments is where you agree to the recovery of any overpayments made to you. This means if you receive more financial assistance than you are entitled to receive then ACSO will recover this amount.
- Consent to collect and share information means that you consent to the ministry collecting, use and release of your personal information.
- Section A gives consent to SSAH to send personal information to the agency such as Ontario Works, Canada Revenue Agency, Ministry of Health, or any community agency that provides services to your child.
- Section B can be completed if another person helped you fill out the form
- If you have a spouse, Section C is where they can consent to the collection of their personal information.
- If you have added an alternative contact, Section D is where they can consent to the collection of their personal information.



****Tip:** Please keep a copy of the application for your own records. It might be helpful to keep a binder that contains all your applications and documents.**

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

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