



Helping Kids with Physical Disabilities Succeed

Easter Seals Ontario Registration Application Form

Please complete all sections in ink. Please print neatly.

SECTION ONE:

Child's Name: _____ Date of Birth: _____ Sex: _____
Last Name First Name Month, Day, Year

Address: _____

City: _____ Postal Code: _____

Telephone Numbers: Home: () _____ Cell () _____

Parent(s) /Legal Guardian:

(Mother) Last Name First Name ()
Work telephone number

(Father) Last Name First Name ()
Work telephone number

Parent(s)/Legal Guardian's Address: (if different from above)

City: _____ Postal Code: _____

Employer (Mother): _____

Employer (Father): _____

Does your child have any brothers or sisters? Yes No Number: _____

Main Language Spoken at Home: _____ Interpreter Needed? Yes No

How did you find about Easter Seals Ontario? _____

Does your child live in: Family Home Group Home Other _____

Is the Child a Crown Ward of Children's Aid Society? Yes No

Is the child's home wheelchair accessible? Yes No

For Statistical Purposes Only: Please indicate your total household income:

\$0 - \$20,000 \$20,000 - \$40,000 \$40,000 - \$60,000 \$60,000 - \$80,000 \$80,000-\$100,000 Over \$100,000

SECTION TWO:

Information on the child's disability (This section must be completed by a Medical Doctor licensed to practice in Ontario):

Diagnosis (please be specific):

Overview of Gross Motor Functions:

Can the child roll?

Yes

No

Only with assistance

Can the child sit?

Yes

No

Only with assistance

Can the child stand?

Yes

No

Only with assistance

Can the child climb stairs?

Yes

No

Only with assistance

Can the child walk independently?

Yes

No

Only with assistance

Can the child perform some or all acts of daily living?

Yes

No

Specify: _____

Description of disability (how it affects daily living/mobility)

Does the child have any of the following ?

Gastrostomy (G/ NG/ GJ / tube)

Yes

No

Seizures

Yes

No

Tracheostomy/Ventilator Dependent

Yes

No

A Shunt

Yes

No

Impaired Vision

Yes

No

Verbal Skills

Yes

No

Impaired Hearing

Yes

No

Does the child use the following?

Wheelchair

Yes

No

If yes: Manual

Power

Stroller

Yes

No

ADP funded? Yes

No

Stander

Yes

No

ADP funded? Yes

No

Walker

Yes

No

ADP funded? Yes

No

Braces (orthotic devices i.e AFO's etc)

Yes

No

ADP funded? Yes

No

Lifts (porch/van)

Yes

No

If yes Type:

Communication Devices

Yes

No

ADP funded? Yes

No

Oxygen

Yes

No

Physician Name & Signature: _____

Date: _____

Physician's College(CPSO)Certificate Number: _____

Physician Telephone Number:(_____)_____

Section Three

Support and Assistance: Do you receive any of these services?

Special Services at Home (SSAH) funding Yes No

If no, have you applied Yes No

Assistance for Children with Severe Disabilities (ACSD) Yes No

If no, have you applied Yes No

Do you have extended Employer Health Coverage Yes No

Other sources of assistance (please list example: Ontario Works, Ontario Federation for Cerebral Palsy, etc) :

What hospital(s) does your child go to: (please list):

What Treatment Centre does your child go to:(please list):

Does your child go to school Yes No

If yes, name of school and school board:

Section Four: Services Requested

Please indicate what services you would be interested in receiving/participating in from Easter Seals Ontario:

Camping/Recreational Choices Yes No

Financial Assistance Yes No

Special Education Information Yes No

Easter Seals Ontario e-newsletter Yes No

E-mail Address: _____

Section Five: Consents

I consent to be contacted by an Easter Seals staff to be informed about Provincial or local Easter Seals activities (e.g. Events happening in your local area etc). Yes No

I consent to have my name and demographic information be available to Easter Seals fundraising staff for the purpose of raising donations (e.g. Direct Mail). Yes No

You may change your consent at any time with written notification.

I understand that the information provided will only be used by Easter Seals Ontario to ascertain eligibility for registration and to support the needs of my child.

I certify that all the information provided on the application form is true.

Parent/Legal Guardian signature

Date

Office use only:

Reviewed by: _____ Date: _____ Meets ES eligibility criteria No Yes

Entered By: _____ Date: _____

Easter Seals Ontario Registration Application Form Guidelines

Please complete all sections of the registration form in ink and print legibly. **A Medical Physician must complete Section Two only**, you do not need the physician to complete the other sections. Please note, to be eligible for registration the child must be under the age of 19 years, be a legal resident of Ontario, have a long-term **physical disability** that restricts independent mobility and have an impact on performing daily living activities. Eligibility **does not** extend to children with a primary diagnosis of developmental disabilities such as Autism or a correctable condition.

Please be advised that if you are receiving the Incontinence Supplies Grant Program you are not automatically a client of Easter Seals this is a program administered on behalf of Ministry of Health and Long Term Care and is a completely separate program.

Section One:

Complete demographic information on your child and yourself.

Section Two: Your Child's Disability:

Please have your child's Medical Physician complete this section. Easter Seals will then be able to properly assess his/her eligibility to be registered with Easter Seals Ontario. If you have any copies of medical reports that would describe your child's diagnosis, please attach them to the registration form.

Section Three: Support/Assistance:

Please complete all sections. These questions enable Easter Seals to direct you to the appropriate source of support.

Section Four: Services Requested:

Indicate what services you would like to receive.

Section Five: Consents:

Indicate that you consent to be contacted by an Easter Seals volunteer as delegated by Easter Seals' staff to be informed about Provincial or local community Easter Seals' events (e.g. Telethon, Regatta).

Indicate that you consent to have your name be available to Easter Seals fundraising staff for fundraising activities (e.g. Direct Mail)

If your child meets Easter Seals' criteria an information package will be sent to you. If your child does not meet Easter Seals criteria you will be notified by a letter. Please allow 4 weeks for the processing of your application.

If you have any questions, please contact, Provincial Services at 1-866-630-3336 or at (416) 421-8146. Please forward your completed application to:

**Registration
Provincial Services
Easter Seals Ontario
One Concorde Gate, Suite 700
Toronto, Ontario M3C 3N6**

About Easter Seals Ontario

Easter Seals Ontario is dedicated to helping children; youth and young adults with physical disabilities achieve a greater level of acceptance and independence. Services include: financial assistance for mobility equipment and communication devices; fully accessible camp and funding for other summer recreational programs; providing access to information and resources, and public education and awareness.