



Independent Living Services Simcoe County

Accessibility Resources & Connections Referral & Consent Form

Date: _____

Please complete the following form & submit to Accessibility Resources & Connections at ILS to initiate support/guidance for your client.

Eligibility Criteria:

- An adult with an ongoing physical disability and/or limitations, with primary focus on seniors
- Must live in Simcoe County or District of Muskoka
- Must be a permanent resident of Ontario with a valid Ontario Health Card

Funding Search Eligibility:

- Maximum funding search is \$3,000 for any application for an assistive device or home health equipment
- Maximum allowable income for an ARC funding search is: Individual = \$25,212* Couple = \$35,654*
- See Page 5 for list of eligible & ineligible devices/modifications
- ARC cannot guarantee remaining funds will be found

* Both maximums do not apply to Home and Vehicle Modifications as government funding resources maintain different criteria & eligibility.

Referred By:

Agency:
Name:
Position:
Work #:
Cell#
Email:

Primary Contact if other than Client:

Name:	Relationship:
Phone #:	Cell #:
Email:	

Client Information:

Name:
D.O.B. (mm/dd/yy):
Address:
Phone #:
Cell #:
Email:

Marital Status: Single Separated Divorced Married/Common-Law/Life Partner Widowed

Receiving H&CC Support Services PSW Support: Yes No

Income Source: Veteran OAS CPP ODSP OW Insurance Other

Client Physical Disabilities or Age Related Disease(s)/Illness(es):

Please indicate how your client requires support & guidance from ARC. Please provide details below.

Assistive Device:

Home Modification:

Vehicle Modification:

If a Funding Search is requested, please identify all funding resources that have been approached and the outcome:

Funding Source	Approved Amount (\$)	Reason If Denied	Contact Information:
Ministry of Health, ADP			
March of Dimes, Canada, ADP/HVMP			
Client's Health Insurance			
Veteran Affairs			
Disease/Injury Specific Organization (e.g. Multiple Sclerosis, Spinal Cord Injury Ontario, etc.)			
ODSP			
OW Discretionary Fund			
H&CC Support Services Fund			
Other			
Other			

Client Contribution: \$ _____

Required Information:

Amount Remaining for ARC Funding Search: \$ _____

**Independent Living Services Simcoe County
Accessibility Resources & Communications - Consent to Obtain/Release Information**

Client Name:
Address:
Telephone #:
Cell #:

I hereby authorize Independent Living Services Simcoe County to collect, store, use & disclose my information to/from the following for the purpose of funding search assistance and the coordination of assistive devices or home health equipment or modifications to the following:

Relationship	Contact Name	Phone Number
Family:		
Family:		
Family:		
Family:		
Discharge Planner		
Home & Community Care		
Family Physician		
Specialist		
March of Dimes Canada		
Ontario Renovates		
Veterans Affairs Canada		
ODSP		
Ontario Works		
Landlord		
Other Community Service Provider		

- Non-Liability Statement:** I understand that ILS acts as a third-party funder and as such, has no role in prescribing/recommending equipment or vendor selection. ILS makes has no judgement or warranty as to the condition, safety, suitability, or effectiveness of the equipment that is prescribed for purchase or repair. You acknowledge that ILS has no responsibility or liability for the maintenance of this equipment or for loss, damages or expenses resulting from improper inspection, repair, condition or use of the equipment.
- Privacy:** I understand ILS needs my consent to collect, use, and share my personal health and financial information for the purpose of funding search assistance and the coordination of assistive devices or home health equipment. ILS will not give out any of your information without this consent, unless sharing it is permitted by law. ILS Privacy Policy is available on the ILS's website or by request.
- Consent:** I fully understand the reasons ILS has requested my personal health and financial information and I give consent to use my information for the purposes outlined. I also understand that I may withdraw my consent at any time, subject to legal or contractual obligations and reasonable notice, and that ILS will inform me of the implications of such withdrawal.
- Verbal Consent (If Applicable):** I have read, or have been read, this consent form before providing my consent.
- I agree to the general, anonymous use of my story for the purposes of raising awareness about the positive impact of ILS programs.

Authorized By:

Witnessed By:

Name:	Name:
Date:	Date:
Signature:	Signature:

To initiate a funding search through ARC, **ALL of the following documentation must be submitted:**

- Occupational Therapist Letter of Assessment **OR** Prescription from physician **OR** RHCP stating disability, how disability relates to the device, how it will increase their patient's independence/safety, etc. (This letter is also required for device repairs, battery replacement, etc.). Please see Page 5 for eligible equipment and required documentation for ARC funding search.
- Client's Notice of Assessment or most recent year's Income Tax filing form (and for their spouse, if applicable). **No funding application will be actioned unless verification of client income is received.**
- Ministry of Health, ADP (**Vendor Copy Only**) approval form or denial (if applicable). **Do not send in ARC Referral Form until MOH ADP (Vendor Copy Only) has provided this required document.**
- One Vendor Quote (if MOD ADP eligible)
- Two Vendor Quotes, one of which is for used equipment through an authorized vendor.
- Consent to Obtain/Release Information Form
- Copy of any funding applications that have been submitted.

Please forward the documentation to:

**Independent Living Services Simcoe County
Accessibility Resources & Connections**

e-mail: arc@ilssimcoe.ca or **Fax:** 705-737-1874

OR by mail:

15 Cedar Point Drive, Unit 10 Barrie, ON L4N 5R7

Questions?

Call 705-737-3263 ext. 239 Toll Free 1-800-465-1133

Thank you for completing the ARC Referral & Consent Form.

Legend for Required Documentation:

- Occupational Therapist Assessment Required ■ Health Care Professional Prescription Required ▲ Contractor/Vendor Quote Required



Eligible & Ineligible Assistive Devices for Funding Search by ARC



Eligible

- Bath/Shower Chair
- Batteries for Scooters, Power Wheelchairs
- Bedrails
- Canes
- Charger for Scooters, Power Wheelchairs
- Commode
- Crutches
- Easy turn pivot disc
- Grab Bars
- Hand Held Shower on Glide Bar
- Hearing Aids
- Hospital Bed Tray
- Hospital Bed
- Patient Lift
- Pressure Cushion - when MOH approved
- Large Button/braille phone
- Lift Chair
- Raised Toilet Seat/Versa Frames
- Reacher
- Riser Blocks for Furniture
- Scooter Needs to be MOH ADP approved
- Transfer Bench
- Transfer Pole
- Transport Wheelchair
- Walker/Rollator
- Wheelchair cushioning
- Wheelchair



Ineligible

- Alerting systems
- Assistive listening devices other than hearing aids
- Braces
- Braille, Large Print, and Audio Books
- Colostomy supplies
- Compression stockings
- Computers/Electronics
- CPAP machines
- DAISY (Digital Accessible Information System), Braille readers
- Dentures
- Devices for exercises
- Devices for treatment or prevention purposes
- Flashing/Talking Clocks, Alarms, Watches, Monitors, Magnifiers
- Glasses
- Hearing Aid Batteries
- Leisure devices
- Lighting
- Orthotics
- Ostomy supplies
- Pressure cushions, mattresses & inserts
- Prosthetic devices
- Repairs to devices not accepted under ARC
- Respiratory or dialysis equipment
- Scooters that will be used intermittently or as alternative means of transportation
- Special recreation devices
- Speech amplifiers
- TENS machines
- Urinary supplies



Eligible & Ineligible Home Modifications for Funding Search by ARC



Eligible

- Stair Glide
- ▲ Walk In/Roll In Shower
- ▲ Inside/Outside Ramp
- ▲ Inside/Outside Railings
- ▲ Inside/Outside Platform Lift
- ▲ Widening of Doorways
- ▲ Replacement of doors to sliding/folding
- ▲ Rearrangement of bathroom to permit safe use
- ▲ Deck if integral part of an access ramp or lift
- Environmental controls (e.g. door opener, use of telephone)



Ineligible

- Purchase of home
- Whirlpool baths
- Swimming pools
- Hot tubs
- Upgrades or repairs to home
- Construction of additional rooms
- Household appliances
- Second accessible entrance
- Cosmetic improvements to home that are not in need of repair



Eligible & Ineligible Vehicle Modifications for Funding Search by ARC



Eligible

- Lift
- Ramp
- Hand Controls
- Foot Controls
- Specialized seating
- Raising the roof of vehicle
- Barrier free modifications to garages/car ports



Ineligible

- Purchase of vehicle
- Vehicle upgrades (e.g. heated seats, leather, etc.)
- Vehicle repairs unless associated with accessibility equipment