

## Home and Vehicle Modification Program – General Information

The Home and Vehicle Modification Program (HVMP) provides financial assistance to eligible Ontario residents with disabilities who require modifications to a home or vehicle. Individuals and families may apply for funding to assist children and adults with disabilities that restrict mobility to continue living safely in their homes, avoid job loss and participate in their communities. The HVMP is delivered by March of Dimes Canada (MODC) on behalf of the Government of Ontario.

The HVMP is intended to help those people most in need of assistance. Applicants to the HVMP must first access any other sources of available public or private funding before being considered eligible. Applicants with financial means are required to make a contribution towards the cost of modifications.

The program receives a large number of applications. In the event that the program funding available will not cover all of the requests for modifications received from eligible applications, approvals for funding will be based on the priority criteria. The Applicant Assessment Form will help to identify those individuals in greatest need of assistance.

For those interested in applying to the program, it is recommended that you review the Program Guidelines found on our website at [www.marchofdimes.ca](http://www.marchofdimes.ca) or call our office to request a copy at 1-877-369-4867.

## General Program Criteria

In order to be eligible to receive funding from the HVMP, applicants must meet the following program criteria:

- **You must be a permanent Ontario resident.**  
If you are living in Ontario on a Student Visa or another type of Temporary Visitor's permit / Visa, you would not meet this program criterion.
- **You must have an ongoing or recurring disability / impairment that is anticipated to last more than one year.**  
If you are expected to have a full recovery from your impairment within the year, you would not meet this program criterion.
- **Your disability / impairment impedes mobility and results in substantial restrictions in activities of daily living (e.g. personal care and functioning in the community).**

If you do not meet the above program criteria, you are not eligible for assistance from the HVMP. You may choose not to proceed with completing this Applicant Assessment Form.

**Client Contribution Requirement (Financial Calculation Worksheet) – General Information**

Eligible Applicants may qualify for up to \$15,000.00 towards a home and/or vehicle modification.

Applicants to the HVMP with gross annual income(s) of over \$35,000.00 may be required to make a contribution towards the cost of the requested home and/or vehicle modification(s).

The revenue of spouses / common law partners / life partners is considered in determining the amount of the Client Contribution required. In circumstances where the individual with the disability / impairment is a child (under the age of 18), the parents' combined income is considered.

To determine if a contribution is required, your gross income is first reduced by allowable deductions claimed on your personal income tax return, such as child care expenses, attendant care expenses, support payments, amounts for infirm dependents 18 years or older, disability amounts and medical expenses. The amount of 'residual income' over the \$35,000.00 contribution threshold will determine how much you would be required to contribute.

This information is taken from your T1 Income Tax Return Form, your T1 Tax Return Summary, or your Notice of Assessment from Revenue Canada. Copies of these tax documents will be required at a later date for verification purposes.

Included is a Financial Calculation Worksheet that outlines the various Income Tax Return lines that may be taken into consideration. This worksheet will be used to determine if you will be required to make a contribution and how much. Enter the appropriate amounts on the respective lines of the worksheet. Applicants with combined gross annual income greater than \$35,000.00 will be required to complete a Financial Calculation Worksheet.

**Note:** Applicants (a person with a disability or family member / host family applying on behalf of a person with a disability) who are in receipt of ODSP Income Support, Ontario Works, or the Old-Age Security Guaranteed Income Supplement as their only source of income are not required to make a contribution and do not need to complete the Financial Calculation Worksheet.

If a contribution amount is identified, this amount is deducted from the maximum funding available from the HVMP. The balance becomes the maximum amount considered for possible financial assistance.

It is your responsibility to arrange for additional funding assistance to meet the contribution amount required if you are not able to provide it yourself.



**Protection (Privacy) of Applicant Personal Information** *(Please Read Carefully)*

**Purpose**

March of Dimes Canada (MODC) collects personal information for a variety of purposes including the delivery of services, fundraising, quality management, research, billing and meeting legal and regulatory requirements.

MODC utilizes several safeguard measures to protect personal information and keep it confidential and will not share any personal information with any third parties unless it is directly related to the delivery or enhancement of the services that MODC provides or unless a Canadian law requires it.

Personal information that is no longer required to fulfill the identified purposes will be destroyed, erased, or made anonymous. MODC has guidelines and procedures to prevent unauthorized access and to govern the destruction of personal information.

The full MODC Personal Information Protection (Privacy) Policy is available on the MODC website or by request.

**Consent**

I fully understand the reasons March of Dimes Canada (MODC) has requested my personal information and I give consent to MODC to use my personal information for the purposes outlines. I also understand that I may withdraw my consent at any time, subject to legal or contractual obligations and reasonable notice, and that MODC will inform me of the implications of such withdrawal.

<b>Applicant Name</b> <i>(please print):</i>	<b>Signature:</b>	<b>Date:</b> <i>(mm/dd/yy)</i> <input type="text"/>
<b>Designated Contact Person Name</b> <i>(please print):</i>	<b>Signature:</b>	<b>Date:</b> <i>(mm/dd/yy)</i> <input type="text"/>



Information provided on the Applicant Assessment Form will help determine your eligibility for financial assistance from the Home and Vehicle Modification Program. All questions should be answered by, or on behalf of, the person with the disability who is referred to as the 'Applicant.' Please read carefully and answer all required questions. Applicants may be asked to provide additional documentation to support the information provided.

Are you applying for:	<input type="checkbox"/> Home modification funding?	<input type="checkbox"/> Vehicle modification funding?	<input type="checkbox"/> Both Home and Vehicle modification funding?
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**Applicant Information (all fields are required)**

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.	Date of Birth: (mm/dd/yy)
First Name:		Initial:	Last Name:	
Street No:	Street Name:		Apt No:	
City:		Prov:	Postal Code:	
Telephone Number:	Fax Number:	E-mail Address:		

**Designated Contact Person**

If the Applicant is under the age of 18, an adult must be identified here (Parent, legal guardian, etc.).

If the Applicant is over the age of 18, a Designated Contact Person may be identified who will act on behalf of the Applicant.

All communication from the Program will be carried out with the person identified below (if any).

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.
Full Name: (please print)			
Telephone Number:	Fax Number:	E-mail Address:	
Relationship to Applicant:			



<b>General Program Criteria (All questions must be answered on behalf of the Applicant)</b>		
1. Are you a permanent Ontario resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have a disability, or an ongoing or recurring impairment anticipated to last more than one year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does your disability / impairment restrict mobility and result in substantial restrictions to daily living activities e.g. self-care and functioning in the community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you (the Applicant) in receipt of ODSP, OAS, or Ontario Works as your only source of income? Proceed to next question. Note: If you are under 18 years of age and have no income, select "No" as your response.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is your spouse / common law partner / life partner / your parent(s) in receipt of ODSP, OAS, or Ontario Works as their only source of income? a. If Yes, proceed directly to Section 1 to continue. b. If No, complete the Client Contribution Requirement form on Page 5.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Financial Calculation**

The financial calculation is used to determine if there is a required applicant contribution based on income. The Contribution Worksheet referred to in this section is located on page 5.

**Income used for calculation:**

- Applicant
- Spouse / Common Law Partner / Life Partner, if applicable
- both parents' incomes for Applicants under age 18. In single parent situations (single parent, divorced, or widowed), only the income of the single parent is considered.

**Document(s) required to complete the Contribution Worksheet:**

(use most recent taxation year)

- T1 Income Tax Return Form
- T1 Tax Return Summary or
- Notice of Assessment from Revenue Canada (as it relates to income)

**Individuals not required to complete the Contribution Worksheet include:**

- single Applicant in receipt of ODSP, Ontario Works or Old Age Security / Guaranteed Income Supplement
- Applicant and spouse both in receipt of either ODSP, Ontario Works, or Old Age Security / Guaranteed Income Supplement

If you are not required to complete the Contribution Worksheet, please indicate the source of income for yourself / spouse on the Contribution Worksheet page. NB - If your spouse is not in receipt of ODSP, Ontario Works, or Old Age Security, he / she must declare his / her income.

**Client Contribution Percentage Chart**

The following chart outlines the percentage to use to determine the Client Contribution Requirement toward the cost of the requested modification(s). This chart is a reference for completing the Contribution Worksheet (see page 5).

<b>RESIDUAL INCOME</b> (Line E in Contribution Worksheet)	<b>APPLICANT CONTRIBUTION LEVEL</b> % of Residual Income
\$0	0%
\$1 - \$5,000	10%
\$5,001 - \$10,000	20%
\$10,001 - \$15,000	30%
\$15,001 - \$20,000	40%
\$20,001 - \$25,000	50%
\$25,001 - \$30,000	60%
Greater than \$30,000	Not eligible for funding assistance



Contribution Worksheet		Tax Year used: <input type="text"/>	Applicant/ Parent	Spouse/ Parent
(Line 28 ) Total Income			\$	\$
<b>Allowable Deductions:</b>				
<b>Please note that Line Numbers can vary tax year to tax year. When in doubt, compare the line deduction descriptions.</b>				
(Line 33 ) Annual union, professional or like dues				
(Line 35 ) Child Care Expenses				
(Line 36 ) Disability Supports Deduction				
(Line 15 ) Support Payments				
(Line 76 ) Amounts for Infirm Dependents 18+ years				
(Line 80 ) Canada Pension Plan contributions				
(Line 82 ) Employment Insurance Premiums				
(Line 92 ) Disability Amount				<input type="text"/>
<b>OR</b>				
(Line 93 ) Disability Amount transferred from dependent (other than spouse)				<input type="text"/>
(Line 98 ) Medical expenses				<input type="text"/>
Dependent Children Allowance: <i>(For children under 18 who live at home. Only one parent may claim.)</i>				<input type="text"/>
1 Child = \$4,308      2 Children = \$7,164 3 Children = \$9,660      4 Children = \$11,700 5 Children = \$13,404      6 Children or more = \$14,832				
<b>Note:</b> Persons claiming (Line 15 ) Support Payments cannot also claim from this box – in fairness, use the amount that is greater of the two items.				
<b>TOTAL DEDUCTIONS (add all deductions above)</b>			\$	\$
<b>SUBTRACT TOTAL DEDUCTIONS FROM TOTAL INCOME:</b>			A \$	B \$
<b>ASSESSED INCOME (A + B)</b>			C \$	
<b>CONTRIBUTION THRESHOLD</b>			D \$ 35,000.00	
<b>RESIDUAL INCOME (C – D) (if negative, enter zero)</b>			E \$	
<b>CLIENT CONTRIBUTION</b> Multiply the amount on line E by percentage of residual income outlined in Applicant Contribution Percentage Chart (on the previous page). If less than \$100.00, enter zero. If greater then \$100.00, contribution will be deducted from the Program's maximum funding.			F \$	

Requesting Home Modification – please complete sections 1, 2, 5, 6 and 7

Requesting Vehicle Modification – please complete sections 1, 3, 4, 5, 6 and 7

Requesting both Home and Vehicle Modification – please complete all sections of this Application Assessment Form

Please read the questions and response choices carefully. Select the answer which best describes your current situation. Check only one response for each question.

**Section 1 – Functional Mobility** *(to be completed by all Applicants)*

1. Please check the answer which best describes your current mobility requirements:

<input type="checkbox"/>	a.	Require assistance from others for all mobility, transfers, and personal care.
<input type="checkbox"/>	b.	Have upper body strength / am able to independently transfer.
<input type="checkbox"/>	c.	Use a wheelchair for all mobility, but need assistance with transfers.
<input type="checkbox"/>	d.	Require use of a wheelchair and assistance in accessing community.
<input type="checkbox"/>	e.	Use a cane / walker for short distances / within the home, but require a wheelchair / scooter for community access.
<input type="checkbox"/>	f.	Use a cane / walker for all mobility within the home and community.
<input type="checkbox"/>	g.	Do not use a mobility device.

**Section 2 – Relocation Information** *(complete this section if you are requesting Home Modifications)*

1. Did you have or know about your disability when you moved to your current address?

<input type="checkbox"/>	a.	Yes – continue with Question #2
<input type="checkbox"/>	b.	No – proceed directly to next applicable Section
<input type="checkbox"/>	c.	Did not move – proceed directly to next applicable Section

2. Is your current address more accessible than your previous address? (e.g.: previous home was multiple levels and current home is one level; previous home had more barriers than current home does)

<input type="checkbox"/>	a.	Yes, it is more accessible
<input type="checkbox"/>	b.	Accessibility is the same
<input type="checkbox"/>	c.	No, it is less accessible



3. Did you obtain any professional assistance (e.g.: occupational therapist; real estate agent; architect or builder familiar with accessibility concerns; professional engineer familiar with accessibility concerns) in locating suitable housing?

<input type="checkbox"/>	a.	At least one professional service
<input type="checkbox"/>	b.	More than two professional services
<input type="checkbox"/>	c.	None

4. How long did your search for suitable housing take?

<input type="checkbox"/>	a.	Moved in with family members for support
<input type="checkbox"/>	b.	Less than 3 months
<input type="checkbox"/>	c.	More than 3 months and less than 6 months
<input type="checkbox"/>	d.	More than 6 months

5. How many homes did you view / consider?

<input type="checkbox"/>	a.	None, moved in with family members for support
<input type="checkbox"/>	b.	More than 10 homes
<input type="checkbox"/>	c.	Between 6 to 9 homes
<input type="checkbox"/>	d.	Less than 5 homes

6. Is your current community considered to be:

<input type="checkbox"/>	a.	Rural / Small (population of less than 2000)
<input type="checkbox"/>	b.	Urban (population of 2000 or more)

7. Was your previous community considered to be:

<input type="checkbox"/>	a.	Rural / Small (population of less than 2000)
<input type="checkbox"/>	b.	Urban (population of 2000 or more)

8. Why did you move?

<input type="checkbox"/>	a.	Minor change in living situation directly related to my disability / impairment (e.g.: was living with family member for caregiving but moved in with different family member for caregiving)
<input type="checkbox"/>	b.	Substantial change in living situation directly related to my disability / impairment (e.g.: death of primary caregiver and had to move to receive other caregiving; previous home was sold by owner; primary caregiver moved)
<input type="checkbox"/>	c.	I wanted to move to a different location



9. Did you have access to an accessible transportation system at your previous home?

<input type="checkbox"/>	a.	Yes
<input type="checkbox"/>	b.	No

**Section 3 – Transportation Needs** *(Complete this section if you are requesting Vehicle Modifications)*

1. Do you have access to a local transportation system that provides services to individuals with disabilities?

<input type="checkbox"/>	a.	Yes
<input type="checkbox"/>	b.	No – proceed to Question #4

2. Have you ever used this location transportation system?

<input type="checkbox"/>	a.	Yes – if so, did the transportation system:
	<input type="checkbox"/>	i. Meet all of your transportation needs – proceed to Question #4
	<input type="checkbox"/>	ii. Not meet all of your transportation needs – proceed to Question #4
<input type="checkbox"/>	b.	No – proceed to Question #3

3. Why don't you use this local transportation system?

<input type="checkbox"/>	a.	The system cannot address appointments made on short notice.
<input type="checkbox"/>	b.	My medical appointments are outside of the system's service area.
<input type="checkbox"/>	c.	The hours of service are outside of my essential needs.
<input type="checkbox"/>	d.	I require someone with me at all times and the system will not accommodate this need.
<input type="checkbox"/>	e.	I do not qualify or meet the system's criteria to use the system.
<input type="checkbox"/>	f.	I don't know.

4. Do you live in a rural area or small centre without a public transportation system?

<input type="checkbox"/>	a.	Yes
<input type="checkbox"/>	b.	No



**Section 4 – Nature of Trips** *(Complete this section if you are requesting Vehicle Modifications)*

1. You have medical treatments as often as:

<input type="checkbox"/>	a.	More than 4 times per year
<input type="checkbox"/>	b.	Less than 4 times per year
<input type="checkbox"/>	c.	At least 1 time per week
<input type="checkbox"/>	d.	More than 2 times per week
<input type="checkbox"/>	e.	At least 1 time per month

2. You are solely responsible for all essential errands for maintaining a household (e.g.: banking, grocery shopping).

<input type="checkbox"/>	a.	Yes
<input type="checkbox"/>	b.	No
<input type="checkbox"/>	c.	Require constant care, must attend with caregiver

3. You are solely responsible for transportation of dependants for schooling, their medical treatments, etc.

<input type="checkbox"/>	a.	Yes
<input type="checkbox"/>	b.	No
<input type="checkbox"/>	c.	Require constant care, must attend with caregiver

4. You would like access to the community for social purposes.

<input type="checkbox"/>	a.	Yes
<input type="checkbox"/>	b.	No

**Section 5 – Use of Modified Area(s) of the Home / Vehicle** *(to be completed by all Applicants)*

1. The modified area(s) will be used:

<input type="checkbox"/>	a.	Once weekly
<input type="checkbox"/>	b.	Once daily
<input type="checkbox"/>	c.	Multiple times daily
<input type="checkbox"/>	d.	Two to three times weekly

**Section 6 – Personal and Family Supports** *(to be completed by all Applicants)*

Please answer the appropriate sub-section from the perspective of the person with the disability. Consider all of the individuals who live in the same home and select one statement that best suits the Applicant's current living situation.

**I am a single parent / guardian and ...** (e.g.: NO spouse / common law partner / life partner)

<input type="checkbox"/>	a.	I have no other supports available; I am responsible for my own daily care and that of my dependant(s) who do not have a disability.
<input type="checkbox"/>	b.	I have no other supports available; I am responsible for my own daily care and that of my disabled dependant(s).
<input type="checkbox"/>	c.	I have external support / care at scheduled times or when needed for my daily care and that of my disabled dependant(s).
<input type="checkbox"/>	d.	I have support from others living in the same home for my daily care as well as providing support to my dependant(s) who do not have a disability.
<input type="checkbox"/>	e.	I have support from others living in the same home for my daily care as well as providing support to my disabled dependant(s).

**OR**

**I am under the age of 18 and ...**

<input type="checkbox"/>	a.	I live with both parents who provide me with my daily care.
<input type="checkbox"/>	b.	I live with both parents who provide me with my daily care; they are also responsible for my sibling(s) who do not have disabilities.
<input type="checkbox"/>	c.	I live with both parents who provide me with my daily care; they are also responsible for providing support to my disabled sibling(s).
<input type="checkbox"/>	d.	I live with only one parent who provides me with my daily care; he/she is also responsible for my sibling(s) who do not have disabilities.
<input type="checkbox"/>	e.	I live with only one parent who provides me with my daily care; he/she is also responsible for providing support to my disabled sibling(s).
<input type="checkbox"/>	f.	I live with only one parent who provides me with my daily care.
<input type="checkbox"/>	g.	I live with my parent(s) who also have disabilities; he/she provides me with my daily care as well as their own.

**OR**

**I am over the age of 18 and ...** (e.g.: adult child; have spouse / common law partner / life partner)

<input type="checkbox"/>	a.	I live with others who are not able to provide me with support for my daily care; I have no other supports available.
<input type="checkbox"/>	b.	I live with another adult; I am responsible for my own daily care and that of the other adult.
<input type="checkbox"/>	c.	I live alone and have external support care come in at scheduled times / when needed.
<input type="checkbox"/>	d.	I live with others who are able to provide me with support and/or care.
<input type="checkbox"/>	e.	I live alone and am responsible for my own daily care; I have no other supports available.
<input type="checkbox"/>	f.	I live with others and we share the responsibility for my daily care.
<input type="checkbox"/>	g.	I live with other disabled adult(s); we share the responsibility for our disabled dependant(s) and our own daily care; we have no other supports available.
<input type="checkbox"/>	h.	I live with others and we share the responsibility for our disabled dependant(s) and my own daily care.
<input type="checkbox"/>	i.	I live with others and we share the responsibility for my own daily care and that of another adult dependant.
<input type="checkbox"/>	j.	I live with other disabled adult(s); we share the responsibility for our disabled dependant(s); we have external support / care which comes in at scheduled times or when needed.

