President’s Choice® Children’s Charity (PCCC) is dedicated to helping children who are physically or developmentally disabled. Our aim is to remove some of the obstacles that make everyday living extremely difficult and make it easier for the child or family to cope with the disability. We provide direct financial assistance in the purchase of mobility equipment, wheelchair accessible modifications, physical therapy and more.

Checklist for applying for Financial Assistance

- Complete the Application for Financial Assistance Application form.
- Provide a letter telling us about your child, the family situation, what the need is and how our funds will help.
- Provide a photocopy of your child’s Canadian birth certificate or permanent residence card.
- Official documentation confirming that the household gross income, as shown on line 150 of the Canada Revenue Agency (CRA) Notice of Assessment, for the parent(s)/guardian(s) responsible for the child and their spouse/common law partner is less than $70,000.
- Pages 1 and 2 of the corresponding T1 General form to verify marital status.
- A copy of a medical doctor’s diagnosis of your child’s disability. Psychological Assessments do not qualify under these guidelines unless signed by a doctor. Diagnosis/Confirmation of Diagnosis must be from the last two years.
- Provide a letter from a third party (i.e. from a social agency, occupational or physio therapist that helps with your child) supporting the request and giving an independent view of the family situation.
- Attach two estimates from the vendor(s)/service provider(s) on the cost of the items for which financial assistance is being requested.
- If you are requesting assistance for an Accessible Vehicle, please include any other confirmed sources of funding

Granting Policies

- Funding approval is valid for 6 months from date of approval.
- Funds are for use only in Canada.
- Child must have a permanent residence in Canada.
- Child must be 18 years of age or younger.
- Family’s combined gross household income must be $70,000 or less.
- The level of funding assistance may vary based on the cost of the item and the availability of funds at the time the request is received. Funds available are based on donations received.
- The ability to fund all eligible applications received is conditional on the availability of funds. Should there be insufficient funds at the time of the application, a waiting list will be employed (although granting may not be based solely on waiting list order).
- The Application for Financial Assistance form must be submitted and approved prior to the equipment being ordered, purchased or services/programs received.
- Guardians should access all other sources of funding available to them prior to requesting funds.
- It is the family’s choice of which vendor they would like to use, however if the higher quote is chosen then the family is responsible to pay for the difference between the two quotes.
- If any information is missing or the application is incomplete, it will be returned for completion resulting in a delay in processing the request.
- No additional funding for the same piece of equipment will be provided after funding is approved even if: other agencies have not fulfilled their approved funds or changed their funding criteria; items were missed in the quote; increase in size of item; additional items are required for equipment.
- If an invoice is received and the date of delivery is noted to be prior to our approval, then it does not meet our criteria; funding approval will not be granted and the family will be responsible for the full amount to the vendor.
- The family is responsible to order the equipment or schedule the service after receiving our approval letter.
- Payment is made to the vendor not the family.
- Granting policies may be changed by PCCC at any time without notice.
- Applicants agrees that the decisions of PCCC are final and that PCCC accepts no liability in such regard.
Mail your application with all requested information to:

FOR ONTARIO, WESTERN & ATLANTIC CANADA
President’s Choice Children’s Charity
1 President’s Choice Circle
Brampton, ON L6Y 5S5

FOR QUEBEC:
President’s Choice Children’s Charity
400 Sainte-Croix Avenue
Ville Saint-Laurent, PQ H4N 3L4

BE SURE TO KEEP A COPY FOR YOURSELF.

While President’s Choice® Children’s Charity would like to assist all families in need, regrettably demands are extensive and diverse and we must have criteria limitations on certain requests.

We Fund:

Physical Disability
- Angelman Syndrome
- Cerebral Palsy
- Developmental Coordination Disorder
- Epilepsy/Seizures
- Fragile X Syndrome
- Hearing Impaired
- Muscular Dystrophy
- Prader-Willi Syndrome
- Rett Syndrome
- Spina Bifida
- Spinal Muscular Atrophy
- Visually Impaired

Developmental Disability
- Autism
- Down Syndrome
- Intellectual Disability
- Mental Retardation/Global Developmental Delay
- Tourette Syndrome

We do not fund:

Diagnosis
- ADHD
- Developmental Delay
- Dyslexia
- Dyspraxia
- Expressive/Receptive Language Delay
- Fetal Alcohol Syndrome
- Learning Disability
- Mood Disorders
- Obsessive-Compulsive Disorders
- Reactive Attachment Disorder
- Speech Apraxia/Delay
- Stuttering

Equipment
- Vail beds
- Swimming pools
- Hot tubs
- Trampolines

Therapies
- Lipid Replacement Therapy
- Hemispheric Integration Therapy
- Hyperbaric Oxygen Therapy
- Osteopathy and Neuro-Functional Reorganization Therapy
- Naturopathy/supplements
- Music Therapy

If you have questions regarding the eligibility of your diagnosis, please enquire at PCcharity@Loblaw.ca.

Please note that this list is always under review and may change without notice.

If applying for summer camp please submit application prior to May 1. Applications for camp must be received and approved before child attends camp.

If you have any questions about the application or whether we fund certain items/services, please do not hesitate to contact us at 1-866-996-9918, by fax at 905-861-2307 or by email at pccharity@loblaw.ca
APPLICATION FOR FINANCIAL ASSISTANCE

Child’s Name: ___________________________ ___________________________ Date of Birth: ___________________________

Address: ____________________________________________________________

City: ____________________________________ Province: __________________ Postal Code: __________________

Telephone Number: ___________________________ ___________________________ Email Address: ___________________________

Diagnosis: ____________________________________________________________

Have you previously received funding from us? Yes □ No □ Year: __________________

Parent/Guardian: ______________________________________________________

Gross Income: __________________

Marital Status: [ ] Married [ ] Divorced/separated [ ] Common-law [ ] Single [ ] Widow

Spouse/Common-law: ___________________________ ___________________________

Gross Income: __________________

Household Members: (List the name, age, relationship, and gross income of all persons who permanently reside in your home.)

Name ___________________________ Age ______ Relationship __________ Gross Income __________

Name ___________________________ Age ______ Relationship __________ Gross Income __________

Name ___________________________ Age ______ Relationship __________ Gross Income __________

List all the equipment or services for which financial assistance is being requested from the Charity:

Request no. 1

Equipment or service: __________________________________________________________

VENDOR ___________________________ VENDOR ___________________________

$ ___________________________ $ ___________________________

FIRST ESTIMATE ___________________________ SECOND ESTIMATE ___________________________

SECOND ESTIMATE ___________________________ FIRST ESTIMATE ___________________________

What is the store closest to you that sells President’s Choice® products? ___________________________

STORE NAME ___________________________ ADDRESS/CITY ___________________________

STORE MANAGER ___________________________

Where did you hear about us? __________________________________________________________

Other funding sources you have accessed.

Employer Extended Health Care Benefits Yes □ No □ Amount of Funding $ __________________

Other ___________________________ Yes □ No □ Amount of Funding $ __________________
Calculation of Request for Financial Assistance

A) Estimated Cost of Equipment/Service

B) Other Funding

C) Parent Contribution

D) Total Remaining

LINE A – B – C = D

RELEASE OF INFORMATION
I agree that President's Choice® Children's Charity may:

• Contact vendors, once funding has been approved for the equipment/service being requested in this application, for the purpose of facilitating grant payments.

• Carry out inquiries and provide and release pertinent information for the purposes of confirming or clarifying the information submitted, processing the application or addressing an application.

• Contact me for the following purposes:
  – To obtain feedback on the services I received from PCCC.
  – To advise me of new information or services that may be of interest to me.
  – To solicit my view on services or policies affecting people with disabilities.
  – To provide me with an opportunity to contribute to PCCC.

• Disclose any/all of the information in my application to such parties for the purposes set out above.

• Use/publicly display the [FIRST NAME], [PROVINCE], [EQUIPMENT/SERVICE], [GRANT AMOUNT], for the purpose of raising awareness of [campaigns]/[The President's Choice® Children’s Charity].

RELEASE AND WAIVER
I hereby release and indemnify and save harmless President’s Choice® Children’s Charity and its employees from and against any and all expenses related to all claims, demands, liabilities, losses, costs, damages, actions, suits or other proceedings of any nature or kind whomsoever sustained, brought or prosecuted in any manner whatsoever relating to this Application or any funding resulting herefrom, including without limitation based upon, occasioned by or attributable to the negligent act or omissions or the willful or reckless misconduct of the vendor/contractor in the fulfillment of utilizing the funds provided by President’s Choice® Children’s Charity. President’s Choice® Children’s Charity acts solely as a third party funder and as such has no role in prescribing, recommending equipment, selecting a vendor/contractor and in the relationship between the parent and vendor. Payment from President’s Choice® Children’s Charity is not an acknowledgement that the work or equipment was acceptable.

CERTIFICATION
I __________________________ hereby agree with the above and acknowledge that I have read the President’s Choice® Children’s Charity Guidelines for Financial Assistance. I certify that the information provided in this application is true, correct and complete to the best of my ability and the equipment/service has not been received.

Guardian Signature: __________________________ Date: __________________________

• Please review the application form to ensure all information and supporting letters/documentation is provided.

• If any information is missing, the application will be returned for completion, resulting in a delay in processing your request.

• Ensure to keep a copy for yourself.

If you have any questions about the application or whether President’s Choice® Children’s Charity funds certain equipment/service, you can contact us at 1-866-996-9918 or by email at pccharity@loblaw.ca

Confidentiality Policy
The President’s Choice® Children’s Charity (PCCC) is committed to protecting the privacy and the confidentiality of the personal information collected by PCCC, from our employees, donors, clients (PCCC families) and volunteers. Any release of information permitted herein shall be on the basis that the recipient shall treat such information in a confidential manner and PCCC shall not be responsible for the acts of such recipient. Details of our privacy policy are available on our website www.presidentschoice.ca or by contacting the Privacy Officer at (800) 525-7868.