



## JAIDA'S CHALLENGE Alternative Funding Program

### "An Exceptional Community Supporting Exceptional Children"

Jaida's Challenge in collaboration with The Community Living Association of South Simcoe (CLASS), is accepting applications for the Jaida's Challenge Alternative Funding Program. This partnership will endeavor to carry on Jaida Cumberland's legacy in memoriam by reaching out to help children with special needs in this most generous and compassionate community. Despite the toll that Jaida's neuro-muscular disorder took on her physically she never stopped living life to the fullest. Jaida's joyous, courageous and loving spirit served, and continues to serve as an inspiration to family, friends and strangers alike.

This fund has been established to honour the exceptional way that Jaida chose to meet the challenges in her life and in recognition of the contributions that our community made to help Jaida's dreams take flight. Our mission is to provide families with special needs children support that will enhance their quality of life.

#### **Scope:**

Jaida's Challenge: Alternative Funding Program has been established to assist families with meeting unique equipment and support needs that their child or children may be encountering.

#### **Who can Make a Referral:**

Any professional member of a child's developmental support team can submit referrals. i.e. Occupational Therapist, Physio Therapist, Resource Teacher, Speech and Language Therapist

#### **How to make a Referral?**

The application form is in 2 parts.

- Part 1
  - to be completed by family/guardian
  - signed by Family and Referring Agent
- Part 2
  - Completed by referring Agent
  - Quote Or Receipt included

#### **What happens when a referral is made?**

Each referral will be reviewed by the application committee and considered upon receipt.

#### **Eligibility Criteria**

- Must live in South Simcoe (New Tecumseth, Adjala-Tosorontio, Borden/Angus, Essa, Cookstown)

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- Child must be under 18 years of age and in need of specialized equipment or funding
- Provided documented description of disability by a member of their developmental team (i.e. OT, PT, SLP, RT)
- Have applied for funding through the mainstream avenues, i.e. ADP , Easter Seals, insurance, PC Children's charities, ect...

**Who do I send the Referral to?**

For best turnaround time please email your completed application, along with supporting documentation as attachments, to:  
helen@jaidaschallenge.ca

Alternatively, you can mail your application and supporting documents to:  
Jaida's Challenge  
C/O CLASS  
125 Dufferin Street South  
Alliston, ON L9R 1E9

JAIDA'S CHALLENGE: APPLICATION FORM

Section A - To Be completed by Parents/Guardian (please print)

Parent/ Guardian Name:		
Address		
Telephone no.		e-mail
Cell		Best way to contact you?
Name of child(ren) requiring specialized equipment or funding		Date of birth
1.		
2.		
3.		
4.		

Please describe your child and/or family situation.

Please list all funding avenues that have been explored pertaining to this request. Include all sources regardless of the outcome.		
Funding Source	Purpose of Application	Amount received

I have read and agree with all information contained in this application form:

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Referral Agent: \_\_\_\_\_ Date: \_\_\_\_\_

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Section B -

<b>To be completed by Referring Agency:</b>			
Name of agency:			
Address			
Contact Person:		Telephone no.	
e-mail		Cell:	
Frequency and Nature of Agency Contact			
Reason for Referral			
<b>Other Agencies Involved</b>			

<b>Description of Funding Request Including Cost Breakdown</b>

<b>Other Comments or Information:</b>

<b>Please attach quote/receipt</b>	
Quote/Receipt Attached	Y / N

Referring Agent \_\_\_\_\_

Date: \_\_\_\_\_

Authorization to Refer

I, \_\_\_\_\_ name of parent \_\_\_\_\_,  
hereby authorize the sharing of information regarding \_\_\_\_\_ name of  
child \_\_\_\_\_ between \_\_\_\_\_ name of referring  
agency \_\_\_\_\_ and the Jaida's Challenge Funding  
Committee for the sole purpose of determining eligibility for specialized equipment  
loan and funding.

Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_