



Harrison's Application Form For Many Hands, Doing Good

Application Form Checklist for Harrison's Funds

Please remember to retain copies of your application and all supporting documentation

- A completed application form
- A photocopy of your child's birth certificate, Permanent Resident Card or valid passport
- 2 vendor quotes (if applicable) that specifies hourly rate and amount of therapy/services requested
A letter from an independent third party (i.e. Social Worker, priest, cleric, medical doctor, etc) that states why this intervention would be beneficial for your child
- A letter telling us about your child and your family and how the funds will be used
- A copy of documentation confirming that your household's gross income, as shown by line 150 of the Canada Revenue Agency Notice of Assessment is less than \$80,000
- A copy of your most recent Canada Child Tax Benefit Statement

Please mail your completed application form with all supporting documentation to

**Many Hands, Doing Good Art
P.O. Box 34108
Strandherd Post Office
Nepean, Ontario
K2J 5B1**

Funding Policies

1. Many Hands, Doing Good Art (hereafter called Many Hands, Doing Good) funding policies may be changed without notice.
2. Funding once approved, is valid for 6 months.
3. Completed application package must be submitted and approved before therapy begins, else only sessions after approval date are eligible for funding.
4. Child must be a citizen or a permanent resident AND be under 9 yrs old at the start of session.
5. Family's income must be less than \$80,000.
6. Payment for art therapy, music therapy and Gary's bursary is to the vendor or school directly.
7. Reimbursement for Daniel's Dance Fund is to the parent(s) of the child.
8. Applicants agree that the decisions of Many Hands, Doing Good Art is final and that Many Hands, Doing Good accepts no liability.
9. The ability to provide funding to families is conditional on funding availability at the time the completed application form is received by Many Hands, Doing Good Art. If there are insufficient funds at the time the completed application package is received the child will be put on a waiting list.

_____ (parent/guardian initial)



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Indemnity

I will indemnify and save harmless Many Hands, Doing Good Art (hereafter called Many Hands, Doing Good) 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 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 Many Hands, Doing Good. Many Hands, Doing Good acts 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 the Many Hands, Doing Good financial assistance program is not an acknowledgement that the work or equipment was acceptable.

Parent/Guardian Signature

Date

*****Whilst Many Hands, Doing Good would like to assist all families in need, regrettably demand dictates we must have criteria on certain requests*****



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Child's Name: _____
(Last) (First)

Date of Birth: _____
DD/MM/YYYY

Address: _____

City: _____ Province: Ontario Postal Code: _____

Phone number: (H) _____ (W) _____

(C) _____ Email _____

Has your child previously received funding from us? If so, when?

Check here if this child is involved/ward with the Children's Aid Society (CAS).

Financial information is not required when a child is involved /ward with the CAS.

Parent/Guardian Name: _____
(Last) (First)

Address: (if same as child, please leave blank)

City: _____ Province: _____ Postal Code: _____

Gross income (not including Canada Child Tax Benefit): _____

Canada Child Tax Benefit Amount: _____

Parent/Guardian Name: _____
(Last) (First)

Address: (if same as child, please leave blank) _____

City: _____ Province: _____ Postal Code: _____

Gross Income (not including Canada Child Tax Benefit): _____

Canada Child Tax Benefit Amount: _____



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Household members (please include the child for whom the application is being submitted on behalf of)

Name: _____ Age ____ Relationship _____

Gross Income: _____

Name: _____ Age ____ Relationship _____

Gross Income: _____

Name: _____ Age ____ Relationship _____

Gross Income: _____

Name: _____ Age ____ Relationship _____

Gross Income: _____

Name: _____ Age ____ Relationship _____

Gross Income: _____

From Harrison's fund, what type of assistance are you requesting? Please circle or check:

ART THERAPY

MUSIC THERAPY

Please tell us how our funding will help meet your child's needs?



Many Hands,
Doing Good

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What will be your role in achieving these goals?

How will you support your child as he/she achieves their goals?



Many Hands,
Doing Good

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Please list all the quotes for your therapy requests here. *** Please note that payment for art & music therapy fund will go directly to the school/therapist.

Quote 1: Therapist Name: _____

Address: _____

Accredited by: (Please provide full name, website and legal address)

Hourly Rate: _____ Number of Sessions Recommended: _____

How often will sessions occur?: _____

Quote 2: Therapist Name: _____

Address: _____

Accredited by: (Please provide full name, website and legal address)

Hourly Rate: _____ Number of Sessions Recommended: _____

How often will sessions occur?: _____



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Release of Information & Communication Agreement

All application information is treated confidentially. In order to evaluate the application and respect your right to confidentiality it may be necessary for us to:

- Contact the vendors directly to clarify information
- Contact the vendor to arrange for payment information
- Carry out inquiries, provide and release pertinent information for the purposes of confirming or clarifying the information submitted, processing this application or addressing an application
- Contact you (the applicant) to clarify any information in this application
- Disclose any/all of the information contained in this application package to such parties for the purposes set out above

_____ (Parent/Guardian Initial)

Declaration and Consent

I authorize Many Hands, Doing Good Art (hereafter called Many Hands, Doing Good) to release a copy of this application to the appropriate financial assistance committee(s) and to the award donor, including copies of any information attached to this application.

In order to adjudicate my application for a Many Hands, Doing Good bursary, I authorize Many Hands, Doing Good to release my financial need information and Many Hands, Doing Good bursary decision to the appropriate award selection committee(s). I understand that I am responsible for providing all required documentation as indicated on this application or as directed by Many Hands, Doing Good. I understand that if I do not submit the required documentation/information I may not be considered for a financial assistance.

I understand that all income, assets and other resources will be verified using my Many Hands, Doing Good application information, if applicable. I understand that the collection of personal information provided on this application or accompanying documentation is used solely for the purpose of determining my eligibility for financial assistance and verifying income information against my file.

This personal information will be used by Many Hands, Doing Good to administer and finance the bursary.

I declare that all of the information that I have given on this form is true and accurate. If any information is inaccurate, I understand that any bursary awarded may be reassessed and/or withdrawn. I understand that by selecting Harrison's fund that I may not be considered for any other Many Hands, Doing Good funds.

Parent/Guardian Signature

Date



Electronic communication such as email/text is a convenient way for communicating. I understand and acknowledge that there may be privacy risks associated with communicating in this format and/or the storage of the electronic communication. While MHDG will attempt to maintain client confidentiality, they cannot guarantee it via electronic communications. Nevertheless, I consent to the exchange of electronic communications with MHDG including but not limited to the submission of applications and exchange of status updates which may include personal health and/or financial information.

I waive, indemnify and hold harmless MHDG including its directors, officers, members, employees, and volunteers from and against all claims, damages, losses, expenses and costs, including reasonable legal fees relating to or arising from any information shared due to my use of texting and/or email to communicate with MHDG. I agree that MHDG will not be liable for any breaches of confidentiality, whether caused by me, MHDG Volunteer(s), or a third party.

Parent/Guardian Consent

Date

I acknowledge and confirm that my consent has been given to _____ (third party) to submit an application to and/or communicate with MHDG (via electronic communication or otherwise) on my behalf. I understand that any waiver that I have given with respect to electronic communications or otherwise shall also extend to any communications between MHDG and the third party on my behalf. If I wish to remove my consent at any time for MHDG to communicate with this third party on my behalf, I can contact MHDG by emailing admin@manyhandsdoinggood.ca

Parent/Guardian Consent

Date