



## **Milagros' Application Form For Many Hands, Doing Good**

### **Application Form Checklist for Milagros' 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 or Permanent Resident Card
- 2 vendor quotes (if applicable) that specifies hourly rate and amount of therapy/service/sessions suggested
- 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** per year
- 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  
38 Abell Drive  
Brampton, Ontario  
L6V 2V8**

### **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



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

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) 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? \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(Last) (First)

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

City: \_\_\_\_\_ Province: Ontario 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): \_\_\_\_\_



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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 Milagros' fund, what type of assistance are you requesting? Please circle:

**ART THERAPY      MUSIC THERAPY**

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



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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?



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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 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?: \_\_\_\_\_

**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:

