



**The Applicant**

The person with the disability is referred to as the "Applicant." All questions should be answered by the Applicant or on his / her behalf. Please provide information for one Applicant per form. All Applicants must be age 19 or over. Please print clearly.

**I. Applicant Identification**

<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:		Province:	Postal Code:	
Telephone Number: ( )	Fax Number: ( )	E-mail Address:		
Marital Status:				
<input type="checkbox"/> Single / Child	<input type="checkbox"/> Married	<input type="checkbox"/> Common-Law / Life Partner		
<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed		

**II. Alternative Contact Person**

If the Applicant requires someone to manage the application on his / her behalf, he/she may appoint a Power of Attorney or Legal Guardian.

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	Relationship to Applicant:	
First Name:		Initial:	Last Name:	
Street No:	Street Name:		Apt No:	
City:	Country:	Province:	Postal Code:	
Telephone Number: ( )	Fax Number: ( )	E-mail Address:		



III. General Eligibility

- 1. Are you a permanent resident of the Greater Vancouver Area?
2. Do you have a disability that impacts your ability to communicate with others?
3. Are you able to demonstrate that having a tablet would be beneficial to your quality of life?

IV. Tell us about you:

Describe your disability and how it currently impacts your independence or participation in the community:

Three horizontal lines for text input.

V. Financial Information:

What is your source of income?

(this information will be treated as confidential, but is essential in assessing your eligibility)

- Income Assistance Pension Insurance Employment Other
(from a government program, workers compensation)

Total amount after Deductions = \$

What is your spouse's / life partner's / common-law partner's source of income?

- Income Assistance Pension Insurance Employment Other
(from a government program, workers compensation)

Total amount after Deductions = \$

If you live with parents/guardians, what is their source of income?

- Income Assistance Pension Insurance Employment Other
(from a government program, worker's compensation)

Combined total amount after Deductions = \$





**IX. Privacy Statement**

March of Dimes Canada is committed to handling any personal information that we may collect concerning you and your family member(s) in a professional, respectful, and lawful manner. March of Dimes Canada collects, uses, and discloses personal information in accordance with this privacy statement and our privacy policy. The personal information about you and your family member(s) is used for the purposes of:

- i) contacting you about the status of your application
- ii) confirming your information
- iii) providing information about March of Dimes Canada to you
- iv) complying with the laws and regulations that require the collection, use and disclosure of personal information in connection with this initiative.

The personal information collected about you and your family member(s) includes information supplied by you in your Application Form or updated information which we may collect from you in the future.

**X. Applicant Authorization**

- I hereby certify that the information I have provided is true and correct to the best of my knowledge.
- I give March of Dimes Canada permission to publicize any photograph/story of me regarding the tablet on their website and/or in the media, if my application is approved.
- I give March of Dimes Canada permission to release personal information regarding my application to vendors, volunteers, Health Care Providers etc. as needed to provide the tablet and apps that are appropriate for me, if my application is approved.
- I have read and understood the Privacy Statement.

Signature of Applicant / Power of Attorney / Legal Guardian	Date: (mm/dd/yy)
Signature of Alternative Contact Person (if applicable)	Date: (mm/dd/yy)

Return form by:

Fax at 519-432-4923, by email at [amti@marchofdimes.ca](mailto:amti@marchofdimes.ca) or by mail at:

Attention: Carol Barnes  
March of Dimes Canada Assistive Mobile Technology Initiative  
291 King St., 3<sup>rd</sup> Floor  
London, ON N6B 1R8  
If you have any questions please contact: 1-855-660-6632



**Assistive Mobile Technology Initiative  
Checklist of Required Documents  
Greater Vancouver Area**

**Checklist of Required Documents**

**Proof of Income for Applicants**

- T1 General Income Tax and Benefit Return form, with address information fully completed, for the Applicant

And

- T1 General Income Tax and Benefit Return form, with address information fully completed, for the Applicant's Spouse, Common Law Partner/Life Partner if applicable.