Application Assessment Form

Portable Wheelchair Ramp Program

The Navy Street Program (NSP) provides the donation of a Portable Wheelchair Ramp, through the use of donations to eligible Ontario residents with disabilities who require the use of a manual or motorized wheelchair. Healthcare professionals, individuals and families may apply to assist children and adults with disabilities that restrict mobility to continue living safely in their homes, avoid job loss, and participate in their communities. The portable wheelchair ramp is delivered by Navy Street Charity for Persons with Disabilities on behalf of the donors.

The Navy Street Program is intended to help those most in need of assistance. Applicants to the NSP must first access any other resources available public or private funding before being considered eligible.

The program receives a large number of applications. In the event that the program funding available will not cover all the requests received from eligible applications, approvals for funding will be based on the priority criteria. The Applicant Assessment Form will help to identify those individuals in greatest need of assistance.

For those interested in applying to the program, it is recommended that you review the Program Guidelines found on our website at www.navystreet.org.

General Program Criteria

In order to receive a portable wheelchair ramp from NSP, applicants must meet the following program criteria:

1. You must be a permanent resident of Ontario and a Canadian Citizen.
2. You must have a permanent disability / impairment that is anticipated to last indefinitely.
3. Your disability / impairment impedes mobility and requires the permanent use of manual or motorized wheelchair.
4. Your annual income after tax is less than $70,000. (The revenue of spouses, common law partners / life partners are considered. In circumstances where the applicant is a child (under the age of 18), the parents combined income is considered.

If you do not meet the above program criteria, you are not eligible for a donation from the NSP. You may choose not to proceed with completing this application form.

Protection (Privacy) of Applicant Personal Information (Please read carefully)

Navy Street Charity for Persons With Disabilities (NSC) collects personal information for a variety of purposes including the delivery of portable wheelchair ramps, fundraising, quality management, research, billing and meeting legal requirements.

NSC utilizes several safeguard measures to protect personal information and keep it confidential and will not share any personal information and keep it confidential and will not share any personal information with any third parties unless it is directly related to the delivery of the services that NSC provides or unless a Canadian law requires it.

Personal information that is no longer required to fulfill the identified purposes will be destroyed, erased, or made anonymous.

Consent

I fully understand the reasons Navy Street Charity for Persons With Disabilities (NSC) has requested my personal information and I give consent to NSC to use my personal information for the purposes outlined. I also understand that I may withdraw my consent at any time, subject to legal or contractual obligations and reasonable notice, and that NSC will inform me of the implications of such withdrawal.

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| Applicants First Name, Middle Name, Last Name (please print) |
| Signature |
| Date (mm/dd/yy) |
| Designated Contact Person Name (please print) |
| Signature |
| |  | | --- | | **Navy Street Charity For Persons With Disabilities** | | Application Assessment Form |   Information provided on the Application Assessment Form will help determine your eligibility for a donation of a portable wheelchair ramp from The Navy Street Program (NSP). All questions should be answered by, or on behalf of, the person with the disability who is referred to as the 'Applicant.'  Please read carefully and answer all the related questions. Applicants may be asked to provide additional documentation to support the information provided. |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Applicant Information (all fields required)** | | | | | | | | | | | | | | Mr. |  | Mrs. |  | Miss |  | Ms. |  | Date of Birth: (mm/dd/yy) | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | | First Name: | |  |  |  | Initial: |  | Last Name: | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | | Street No: | |  | Street Name: | |  |  |  |  |  |  | Apt No: |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | | City: |  |  |  |  |  |  |  | Prov: |  |  | Postal Code: | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | Telephone: | |  |  |  | Fax: |  |  |  | Email: |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | | **Designated Contact Person** | | | |  |  |  |  |  |  |  |  |  | | If the applicant is under the age of 18, an adult must be identified here (Parent, legal guardian, etc.) | | | | | | | | | | | |  | | If the applicant is over the age of 18, a designated contact person may be identified who will act on behalf of the Applicant. All communication from the program will be carried out with the person identified below (if any). | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | Relationship to Applicant: | | | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | | First Name: | |  |  |  | Initial: |  | Last Name: | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | | Telephone: | |  |  |  | Fax: |  |  |  | Email: |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| **Navy Street Charity For Persons With Disabilities** |
| Application Assessment Form |
| General Program Criteria (All questions must be answered on behalf of the Applicant) |

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| **General Program Criteria (All questions must be answered on behalf of the Applicant)** | | | | |
| 1. Are you a permanent Ontario resident and a Canadian Citizen | yes |  | no |  |
| 2. Do you have a permanent disability / impairment that is anticipated to last indefinitely | yes |  | no |  |
| 3. Does your disability / impairment impede mobility and requires the permanent use of manual or motorized wheelchair | yes |  | no |  |
| 4. Is your annual income after tax is less than $70,000 | yes |  | no |  |
| 5. Do you current live or have a residence in the City of Vaughan or Township of King | yes |  | no |  |
| 6. Do you currently own or have access to a portable wheelchair ramp | yes |  | no |  |
| **Section 1 - Functional Mobility (to be completed by Applicants)**  **Please check the answer which best describes your current mobility requirements:** | | | | |
| Require the assistance from others for all mobility, transfers, and personal care | | | |  |
| Use a wheelchair for all mobility | | | |  |
| Require the use of a wheelchair and assistance in accessing the community | | | |  |
| Use a cane /walker for short distances / within the home, but requires a wheelchair / scooter outside the home and for community access | | | |  |
| Do not use a mobility device | | | |  |
| Uses a manual wheelchair | | | |  |
| Uses a motorized wheelchair | | | |  |
| **Section 2 - Please answer the questions below by entering the number on a scale of 1-10 in the blue box beside each question. With (1) being the least and (10) being the most.** | | | | |
| Is your home wheelchair accessible? | | | |  |
| Do you feel that a portable wheelchair ramp will assist you with mobility and accessibility issues? | | | |  |
| Do you feel that a portable wheelchair ramp will provide you with more freedom? | | | |  |
| Do you feel that a portable wheelchair ramp will assist you to be socially included with loved ones and friends and family members? | | | |  |
| Do you currently suffer from depression as a result of not being social included as a result of accessibility restrictions for a wheelchair? | | | |  |
| Do you feel that a portable wheelchair ramp could help you have more independence? | | | |  |
| **Section 3 - Please explain why a portable wheelchair ramp will help you?** | | | | |
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| **Navy Street Charity For Persons With Disabilities** |
| Application Assessment Form (continued) |
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| **Attached documents are required in order for the application to be processed. Please ensure to check the box below to indicate that you have attached this document.** | | | | |
| 1. Proof of Canadian Citizenship | yes |  | no |  |
| 2. Proof of Ontario Residency / address | yes |  | no |  |
| 3. Health Card | yes |  | no |  |
| 4. T4 | yes |  | no |  |
| 5.Family Doctor information | yes |  | no |  |
| 6. Doctor or medical professional testimonial | yes |  | no |  |

If you meet the eligibility criteria of the Navy Street Program, you will be contacted. If you do not meet the criteria or are put on our waiting list, you will be notified. Please allow several weeks for the processing of your application.

**Completed applications can be sent via:**

Mail:

Navy Street Charity

14 Autumn Ridge Court

Woodbridge, Ontario L4L 0B1

Please note that it is the applicant’s responsibility to follow up with Navy Street to ensure the application has been received. If you have any questions about the application, please contact us via the website contact form available at [www.navystreet.org](http://www.navystreet.org).

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