DISABILITY CAN POUR L'AUTONOMIE | formerly MARCH OF DIMES CANADA anciennement LA MARCHE DES DIX SOUS DU CANADA

Home and Vehicle Modification Program (HVMP) Program Application

Funded by the Ontario Government Ministry for Seniors and Accessibility, March of Dimes Canada's Home and Vehicle Modification Program provides funding for basic home and/or vehicle modifications. By reducing or eliminating physical barriers which create life safety risks, modifications, adaptations, and devices enable children and adults with mobility restrictions to continue living in their homes, avoid job loss, and participate in their communities.

HVMP provides funding for basic and essential solutions directly addressing physical barriers within a home explicitly related to an applicant's disability and current mobility restrictions.

Applications are reviewed according to Program guidelines and priorities and funding is not guaranteed.

Goals of the program include:

- Remove or minimize a life safety risk
- Prevent hospitalization/institutionalization
- Allow discharge from the hospital/institution
- Avoid loss of employment and income
- Allow a caregiver to meet the responsibilities of caring for a dependant with a disability
- Supporting children and adults to participate in developmental/community activities

If eligible, you may apply for:

- Up to $15,000 lifetime maximum for home modifications, adaptions and devices
- Up to $15,000 for vehicle modifications every 10 years

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Important Funding Requirement

- If applying for a stairlift, modular ramp, vertical platform lift, tub cut-out, ceiling track lift, or home modification (construction project), and you or a family member owns the home, you must provide **a Notice of Assessment for each homeowner listed on the property tax bill.**
- Funding is not guaranteed.
- Applications are prioritized based on assessed need and program priorities.
- Funding is limited to basic and essential accessibility solutions that directly address accessibility barriers.
- Construction projects are considered **only after** less costly and less intrusive accessibility solutions have been explored.
- Do not start work, place orders, or make payments before receiving written approval from HVMP. Costs incurred before approval are not eligible for funding.
- HVMP is not a reimbursement program. Applicants are responsible for any expenses incurred before funding approval is received.
- Applications for outdoor lifts and ramps requiring concrete work are accepted only between April 1 and October 31.

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Applicant Information	
First Name:	
Preferred Name (if different):	
Last Name:	
Pronouns:	
Date of Birth (mm/dd/yy)	
Mailing Address:	
City & Postal Code:	
Phone:	
Email Address:	
Marital Status:	☐ Single ☐ Married/Common-Law ☐ Separated ☐ Widowed
Applicant's Source of Income:	☐ CPP/OAS ☐ GAINS ☐ ODSP ☐ Other:

Household Information:

Important: HVMP is a means-tested program, which means household income and household size are considered when determining funding and any required client contribution.

Total number of adults (18 years of age and older) living in the home, including the applicant:

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ More than 4____

If we need to talk to you about your application, how can we best reach you?

☐ Phone Call
☐ Email
☐ Mail
☐ Speak to my Primary Contact

By listing a Primary Contact Person below, I acknowledge that **I, the applicant, will not receive any information** or correspondence about the outcome of my application and the person below is authorized to speak and make decisions on my behalf.

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Primary Contact Person	
First Name:	
Last Name:	
Pronouns:	
Your relationship to the Applicant:	
Mailing Address:	
City & Postal Code:	
Phone:	
Email Address:	

If we need to talk to you about this application, how can we best reach you?

☐ Phone Call
☐ Email
☐ Mail

Applicant Attestations

Any missed initials or lack of full signatures will result in the application being returned and it will not be processed.

Applicant Confirmation of Financial Need

I confirm that I understand this is a household means tested Program intended to serve Ontario residents in the greatest household financial need. If any information I have provided is found to be intentionally falsified, I understand the Home and Vehicle Modification Program may restrict me from receiving financial assistance in the future and may take legal action and may require me to repay any financial assistance that is received.

_____ (Initial) I certify that I am in financial need, and this application package is a true, complete and accurate representation of my financial status.

_____ (Initial) I understand that HVMP is intended to serve as a funding source of last resort. I confirm that I have made reasonable efforts to explore all public and private funding sources available to me, including Workplace Safety and Insurance Board (WSIB), private insurance benefits, Ontario Disability Support Program (ODSP), Veterans Affairs Canada, Non-Insured Health Benefits (NIHB), and the Interim Federal Health Program (IFHP).

Applicant Responsibilities

The Home and Vehicle Modification Program (HVMP) does not select, supervise, or guarantee the work of vendors or contractors. Applicants are responsible for selecting qualified vendors/contractors and ensuring all applicable permits, approvals, and documentation requirements are met.

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Guidance for Homeowners

Know Your Rights When Starting Home Renovations or Repairs: https://www.ontario.ca/page/your-rights-when-starting-home-renovations-or-repairs

____ (Initial) I acknowledge that I am responsible, along with my selected vendor/contractor, for obtaining required permits, ensuring compliance with municipal,
provincial and federal codes, and maintaining copies of required documentation.

____ (Initial) I understand that I am responsible for selecting my contractor and obtaining supporting documentation, including WSIB clearance and liability insurance, and for attempting to resolve any concerns directly with the contractor.

First and Last Name (Print):	
Signature:	**Date (mm//dd//yy):**

Applicant Questions
Please answer from the perspective of the applicant.

1. Are you applying for:

- ☐ Devices and Adaptations
- ☐ Home Modifications
- ☐ Vehicle Modifications

2. How will you pay your required contribution and any project costs not covered by HVMP?

Applicants must demonstrate a realistic plan to cover any required client contribution and any project costs not funded by HVMP. Applications that do not include a clear funding plan will be considered incomplete and will not be processed.

Please confirm in writing:

- **Your acceptance of any required contribution based on household income or remaining balance due to device or project cost; and**
- **How do you intend to pay the amount for which you may be responsible.**

3. What is the ownership status of your home?

☐ Owned
☐ Rented (If rented, you must have your landlord's permission to install the requested equipment and, in some cases, you will need to provide their written consent)
☐ Owned by a family member

4. If your home is rented, do you have your landlord's permission to install the requested equipment?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

5. What type of home do you live in?

- ☐ Bungalow
- ☐ Back Split
- ☐ Side Split
- ☐ Two Storey
- ☐ Town Home
- ☐ Condo
- ☐ Mobile
- ☐ Home Apartment
- ☐ Other: Please explain

6. What is your primary means of mobility?
(Please indicate the last mobility device you received funding for through the Ministry of Health's Assistive Devices Program)

- ☐ Walker
- ☐ Manual Wheelchair
- ☐ Power Wheelchair
- ☐ Scooter
- ☐ I have not received a MOH-funded mobility device

What best describes your reason for needing the requested modifications, only select one.

☐ Remove or minimize a life safety risk

OR

☐ Prevent hospitalization/institutionalization by assisting the individual to continue living safely in their home (with or without assistance)

OR

☐ Allow discharge from hospital/institution by assisting the individual to continue living safely in their home (with or without assistance)

OR

☐ To seek or maintain employment

OR

☐ Allow a caregiver to meet the responsibilities of caring for a dependent with a disability (attend medical appointments, therapy, and community activities etc.).

OR

☐ To support both children and adults to participate in developmental/community activities (Examples: to attend school, church, volunteer work, community activities, etc.).

I agree that March of Dimes Canada may contact me for the following reasons: (check all that apply

☐ Fundraising: To contact me about donating to March of Dimes Canada

☐ Survey: To obtain feedback on services I receive from March of Dimes Canada

Opinion Poll & Research: To solicit my view on services or policies affecting people with disabilities

☐ Receive Information: To advise me of new information, services or opportunities that may be of interest to me but are from third party companies, agencies, or service providers

☐ Volunteer: To provide me with a volunteer opportunity

☐ Do not contact me

Protection (Privacy) of Applicant Personal Information

March of Dimes Canada (MODC) collects personal information for a variety of purposes including the delivery of services, fundraising, quality management, research, billing and meeting legal and regulatory requirements.

MODC utilizes several safeguard measures to protect 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 or enhancement of the services that MODC 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. MODC has guidelines and procedures to prevent unauthorized access and to govern the destruction of personal information.

The full MODC Personal Information Protection (Privacy) Policy is available on the MODC website or by request.

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Consent

I fully understand the reasons March of Dimes Canada (MODC) has requested my personal information, and I give consent to MODC 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 MODC will inform me of the implications of such withdrawal.

Applicant Signature:	**Date (mm//dd//yy):**

Power of Attorney or Substitute Decision Maker

I certify that I am the Applicant's legally authorized Power of Attorney or Substitute Decision Maker and that I have the authority to complete and sign this application on the Applicant's behalf.

First and Last Name (Print):	
Signature:	**Date (mm//dd//yy):**

Submit your completed and signed application with supporting documents to the Home and Vehicle Modification Program. Incomplete application packages will not be processed for funding. One attempt will be made to contact the client or their primary contact person, if assigned, to secure missing information.

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Please be advised that applications sent by mail are re-directed to a P.O. Box. There is no advantage to paying to send documents "with priority".

Submitting by registered mail will not expediate the receipt nor can the Program sign for receipt.

Mailing Address:

Disability Can

595 Bradley Ave, Unit

202 London, ON, N6E 3Z8

Email Address:
hvmp@disabilitycan.ca

Phone:1-877-369-4867

Fax: 519-432-4923

Required Documents Checklist

Required for All Applications

- **Signed Application**
- **Signed Attestations**
- **Required Contribution Confirmation** *(required if request is above $15,000 and/or your household income is in the required contribution range)*

Written confirmation:

- Accepting any required client contribution and/or remaining balance.
- Explaining how the contribution will be paid.

- **Proof of Income**
  - CRA Notice of Assessment from the most recent tax year.
  - Household income includes:
    - Applicant
    - Spouse/common-law partner
    - All household members age 18 and older

Important: If applying for a stairlift, modular ramp, vertical platform lift, tub cut-out, ceiling track lift, or construction-related home modification, and the home is owned by the applicant or a family member, a Notice of Assessment is required for each homeowner listed on the property tax bill.

Disability Verification Provide one of the following (***Only one document is required)***:

- Occupational Therapy (OT) Assessment; or
- HVMP Verification of Disability Form

Price Quote(s)

- Must be provided by a qualified supplier, contractor, or medical vendor.
- Must include a detailed breakdown of costs.
- Construction projects require **two competitive quotes** detailing the same scope of work

Home Modification Requests

Proof of Home Ownership or Permission

- Homeowners/family-owned homes: Current property tax bill.
- Renters: Written landlord approval (where applicable).
- Condominium owners: Written condominium board approval (where applicable).

Pre-Installation Photos, Drawings, and Measurements
Required for:

- Custom or curved stairlifts
- Modular ramps
- Vertical platform lifts

- Ceiling track lifts
- Other applicable construction projects

Please include:

- Pre-installation photographs
- Drawings or sketches
- Measurements

Vehicle Modification Requests

Vehicle Documentation *(if applicable)*
May include:

- Valid driver's license (G/G2)
- Vehicle ownership/permit
- Vehicle insurance
- Vehicle photographs
- Vehicle VIN
- Vehicle Safety Standards Certificate
- Additional documentation related to the proposed modification

Certified Driver Rehabilitation Specialist (CDRS) Assessment Required for requests involving adaptive driving devices.