



## **Down Syndrome Association of Hamilton Bursary Support Program**

**Updated April 2022**

This program is designed to allow members of the association who have a family member with Down Syndrome or the member him or herself with Down syndrome, to access bursary support on an annual basis.

Eligible families will be expected to pay for approved services and in turn, will be reimbursed pending approval, with submission of receipt(s), and the bursary application form. Where it is not possible for a family to pay up front for a qualifying service, upon receiving the bursary application form, the Board will consider assistance in advance of purchase. Please note, in these select cases, payment will be made directly from DSAH to the service provider.

**Funds accessible- \$750.00 for Therapeutic and \$500 for Recreation programs per fiscal year (April 1<sup>st</sup> to March 31<sup>st</sup> of the following year).**

### Purpose of Bursary Support Program:

To allow the individual needs of our membership to be recognized and to give families the opportunity to make personal choices in selecting additional supports to enrich the lives of people with Down syndrome.

### Program Qualifications and Requirements:

- Your membership must be current,
- Your membership must have been active during the time payment was made for the service/aid you are requesting bursary assistance for,
- You must provide original invoices/receipt(s) for service/aid by March 31<sup>st</sup> of the fiscal year in which the service took place, was rendered, or paid for,
- Note that receipts submitted will not be returned,
- Members may not claim expense paid by DSAH on their personal taxes for purposes of a refund,
- To be eligible for this program, any therapeutic services must be registered within their respective field– i.e. registered physiotherapist, occupational therapist, speech and language therapist etc.),
- Where possible, you must first access therapeutic service funding under your private health insurance,
- Please note that any applications made after the year end for the preceding year must be submitted no later than April 15 of the following year -example: if applying for the bursary for expenses incurred in 2019, the application form must be received no later than April 15, 2020.
- Applications submitted past the 15<sup>th</sup> of April of any year can not be applied to expenses incurred during the immediate past year, no exceptions will be made.

### **Administration of the Program:**

The bursary support program will be administered by a designated Board Member and the Treasurer. The program year time-line is April 1<sup>st</sup> to March 31<sup>st</sup>. The Bursary processing and reimbursement period will be within an 8-week window following receipt of application.

Where members have questions about whether or not a certain support/aid would qualify under this program or if they are unsure of their eligibility, the member should contact the DSAH via email at [contactus@dsah.ca](mailto:contactus@dsah.ca) for clarifications.

Please submit your receipts/invoices as soon as possible following the payment of the service/aid or completion of service. All bursaries are tracked and logged to ensure accuracy. Once you have submitted your receipt(s)/invoice and application form you will receive an email or phone call notifying you if your bursary is being processed or if we require further information from you.

While applications can be accepted via email, with receipt images submitted via email, original receipts must be submitted to DSAH by end of year via mail.

Your bursary reimbursement cheque will be mailed to you along with an information sheet. Please keep the information sheet for your reference and records. It will tell you how much you have accessed from the \$750 eligible.

**\*Please be aware that Bursary Processing and Reimbursement mailing can take up to 8-weeks\***

### **Appendix A**

#### **Qualified Therapy Services and Interventions**

- Occupational Therapy
- Physiotherapy
- Music Therapy
- Vision Therapy
- Auditory Therapy
- Art Therapy
- Speech and Language Therapy
- Therapeutic Horse Back Riding
- Support for Extended Hospital Stays including parking

#### **Education**

- Tutoring Assistance (Reading, Writing & Mathematics)
- Employment Skills
- Educational or skill building courses (Cooking class, second language courses, musical instructions etc.....)

#### **Assistive Devices/Aids**

- iPad
- iPod
- Laptops
- Adaptive Bicycles
- Any Recommended Paediatric Equipment

## **Recreation**

- Any physical activity, sport, or team that requires registration fee to join
- Gym Membership
- Summer Camp Registration
- Social/ Recreational Memberships (Community Centres, Specialized Clubs etc....)
- Yoga Classes
- Creative classes/sessions where the focus is artistic and creative and is not provided by a registered therapist. (painting, pottery, woodworking etc....)

Due to the annual increase in membership of the Down Syndrome Association of Hamilton we are informing members that the new policy and procedure for applying to the Bursary support program will be strictly maintained. Please provide your bursary application form and receipt(s)/invoices at the same time so that we may process your request within the allotted 8-week period.

Thank you for your interest in the Down Syndrome Association of Hamilton's Bursary Support Program.



# Down Syndrome Association of Hamilton Bursary Application Form

\*Please note once submitted, the approval and distribution of the bursary takes about 8 weeks\*

## Applicant Information

Date of Submission \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of person who has Down syndrome: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address (if different from applicant): \_\_\_\_\_

Are you a current member of the Down Syndrome Association of Hamilton? Yes No

Please note- You must be a member to receive bursary support. To renew your membership, please visit our website at <https://www.dsah.ca/membership/join-us/>

## Program/Service Information

Name of Service Provider	Description of Program/Service/Device	Date of Service	Payment Date

Note: If you need to provide more information on program/service, please use a separate page.

By submitting this application form you confirm that, where possible, funding for services through private insurance was exhausted before accessing the DSAH bursary.

Email submissions of completes application (Bursary Form and Receipts) are acceptable- please send the filled form to [contactus@dsah.ca](mailto:contactus@dsah.ca)

Please mail copy of the application submitted with your original receipts to DSAH Office located at 26-1/2 Hatt Street, Dundas, ON, L9H 2E8